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Evaluation of Greater Glasgow's Healthy Living Centres

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1 Introduction

1.1 Background

This report is an evaluation of twelve Healthy Living Centres (HLCs) in the Greater Glasgow area.

HLCs were created to reduce health inequalities and to improve the health and well-being of citizens who live in some of Greater Glasgow's most disadvantaged areas.

Funding streams were introduced in 1998 in response to this. HLCs were expected to devise services and activities that focus on the wider determinants of health, using multi-agency partnerships and incorporating a commitment to local community involvement¹.

HLCs were expected to show how they complement local health improvement programmes and contribute to achieving local health priorities. Three key elements were cited at the time of their inception.² These were:

- an opportunity to mobilise community activity in improving health and reducing inequalities;
- a focus for bringing together health promotion in its widest sense across a broad range of interests which do not necessarily have a tradition of working together; and
- the potential to improve access to mainstream services for those who, for whatever reason, do not currently use them, or provide a better alternative to mainstream primary care.

At the time of commissioning twelve HLCs operated within Greater Glasgow on a collective budget of around £14 million for the anticipated duration of the programme. All HLCs aspire to improve the health and well-being of the communities they serve but the centres vary considerably in terms of size, geographical coverage, funding, strategic focus and operational focus. However, there were some characteristic groupings within the twelve which were helpful in evaluation.

1.2 Aims and objectives

The principal aim of the research was to evaluate the impact of Glasgow's HLCs on health improvement within their communities.

The evaluation has sought to avoid the competitive judgement of each of the HLCs, instead, the research aimed to identify higher order characteristics which accounted for strong performance, thereby enabling future work to benefit from HLC derived learning. It was intended that by identifying exemplary practice among the HLCs, the research would highlight the effectiveness of individual HLCs and draw attention to the impact of programme as a whole.

The specific impacts for which research evidence was sought included:

- reach;
- qualitative 'good news' stories;

¹ New Opportunities Fund (1998) Healthy Living Centres: information for applicants

² NHS Executive (1999) Health Service Circular HSC 1999/08 Healthy Living Centres

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- partnership working;
 - community involvement;
 - strategic shift;
 - operational excellence;
 - governance; and
 - overall impact.

The main purpose of this report is to qualitatively evaluate Greater Glasgow's twelve HLCs and to acknowledge the learning and experience acquired from considering the centres' experiences – it does not seek to comprehensively measure their economic impact or overall health status. Practice examples and HLC user reflections feature throughout the report to illustrate the narrative. User reflections (in the form of italicised 'good news stories') feature in text boxes throughout the report and do not necessarily refer to directly adjacent material.

It should also be noted that two of Greater Glasgow's HLCs ceased operation before their funding had ended. Greater Pollok Healthy Living Initiative ceased operation before this report was commissioned and its activities are not covered by this report. Keeping Well in Greater Govan (KWIGG) elected to close shortly after this report was commissioned. It is included in this study and occasional reference is made to it throughout the report. A short summary report of KWIGG's activities has been provided.

2 Method

2.1 Overview

FMR’s research approach was based around a structured investigation into each of the twelve HLCs in its own right, with insights sought into the efficacy of various HLC models.

The method was grounded in two models – the first is a mapping of each of the HLCs against the two constructs of locus and focus. The second is a mapping of the information we required (as outlined in the research brief) against the potential information sources at our disposal.

The mapping of each of the HLCs is shown in the diagram below.

		Locus		
		Centre-based	Centre-based with outreach	Virtual in partnership
Focus	General/ geographic	Annex East End HLC	West Dumbarton HLI Gorbals HLN Barlanark CHS Cambuslang & Rutherglen CHI	North Glasgow HLC Drumchapel LIFE Keeping Well in Greater Govan
	Thematic	Deaf Connections HLC Health Living Deafblind People’s Project Chinese HLC		

This grid/matrix acknowledges the diversity of Glasgow’s twelve HLCs and the unique mission they perform. It was used in the evaluation to ensure the benefits of comparison between HLCs is elevated to informing about the various HLC models that Glasgow has supported and not the comparison between one HLC and another.

The diagram below shows the relationship between the information sought in the evaluation and the information sources available. This was shared with the HLCs at the start of the research and gave the FMR project team and the steering group the ability to ensure all the evaluation information requirements were linked to at least one data source and provided the coverage of the breadth of information requirements in the evaluation.

		Areas of interest							
		Reach	Good news stories	Partnership	Community Involvement	Strategic shift	Oper'l Excellence	Governance	Overall impact
Sources	HLC minutes	Y	Y	Y	Y	Y		Y	Y
	HLC Monitoring info/ user stats	Y		Y			Y		
	HLC staff interviews		Y	Y	Y	Y	Y	Y	Y
	HLC partner interviews		Y	Y	Y	Y	Y	Y	Y
	User/ resident survey	Y		Y	Y	Y	Y		Y
	User focus group		Y	Y	Y	Y	Y	Y	Y
	External/ secondary material		Y	Y	Y	Y	Y	Y	Y

2.2 Secondary research

HLC project managers were contacted to access the qualitative and quantitative data which they possessed. This data primarily took the form of HLC management committee minutes and HLC monitoring information.

2.3 Primary research

Glasgow's HLCs are unique entities and appropriate research methods were employed to reflect their individual missions, constituencies and functions. The insight into the HLCs was informed via a combination of interviews with centre staff, directors, stakeholders, partners and service beneficiaries.

The topic guides which were employed in interviews and focus groups during primary research for this project were developed following the scoping workshop and tailored to reflect the unique services and mission of individual HLCs.

Depth interviews

Overall sixty in-depth interviews were conducted across the twelve centres. This was based on a nominal five interviews per centre, with larger centres having a greater number of interviews and smaller, less complex centres with correspondingly fewer interviews (3 or 4).

User feedback

Two principal methods were employed to gain user feedback.

- Where centres were characterised by a high volume of general users, user feedback was solicited via questionnaires administered by FMR fieldworkers.

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- Where centres catered for more specialised client groups and/or deliver extensive outreach services, user feedback was solicited via focus groups. This method was employed at five centres across two main categories.

A total of 48 one to one interviews and 14 focus groups were conducted with centre users and, as with the in-depth interviews, the distribution of the surveys was weighted to reflect the size and complexity of individual HLCs.

2.4 Data analysis and reporting

Following analysis of primary and secondary data, a report was prepared for each HLC that presented and interpreted the research findings in a clear and concise manner. We used a standard report template across the HLCs. Each HLC was able to comment on their draft evaluation report, to ensure information was presented appropriately and accurately. Copies of the individual evaluation reports can be obtained by contacting NHS Greater Glasgow and Clyde.

In addition, the research findings were considered across NHS Greater Glasgow and Clyde's (NHSGG&C) HLC programme, the results of this analysis are contained in this report. This also was presented in draft form and those involved in the research and consultation in the overall programme were given the opportunity to comment on the draft prior the production of the final document.

Please note. Examples of practice from the HLCs which contributed to this evaluation are included in the report. We have tried to be even-handed about the selection and number of examples and nothing should be interpreted into the merits of the particular HLCs from these examples. Often, more than one HLC had adopted the approach a specific example illustrates, and the inclusion of the example chosen does not attribute the relative merit of one HLC's approach over another's.

3 Results

This section reports the results of the evaluation in relation to Glasgow's HLCs as a collective body. Recognising the variance across the HLCs we have looked at the findings for the HLCs as a collective and, where differences occurred, for the main groupings of HLC's.

The results are presented in the order in which the issues to be considered in the evaluation were presented in the original research brief.

3.1 Reach

3.1.1 Size of target communities

Reach involves the ability of HLCs to engage with their target communities.

The size of target communities across the HLCs varied dramatically. The smallest population was below 500 and the largest around 100,000 people. Thematic HLCs tended to have the smallest target populations (within the Greater Glasgow and Clyde area) and those with a geographic focus, the largest.

Where the size of target communities was comparatively low (under 10,000) there was a tendency for the HLC to have higher numbers of clients from outside of their geographic remit. This comment applies to thematic HLCs as well as those with a more obvious geographic remit.

3.1.2 How reach was measured

Driven primarily by funders' (particularly BLF) monitoring and reporting requirements, the main determination of an HLC's reach was the recording of 'contacts' with individuals. This was irrespective of whether a 'contact' was with the same or different people. This focus for management information meant that the accurate determination of HLC reach was difficult, the most reliable source typically was the HLC manager's opinion, based on their experience of the services his/her HLC provided. The estimates of penetration of target communities ranged from less than 1% to 39%, with the higher penetration figures relating to (mainly thematic) HLCs with smaller and more clearly defined target populations.

HLC annual service delivery activity ranged from 2,000 to 14,000 separate contacts with people (using data from the most recent complete operational year for an HLC), with an average of around 6,000. The depth of engagement ranged from contributing to one-off mass participation events to intimate one-to-one provision over several weeks. Methods of engagement with people from target communities included electronic media, telephone, face to face, individual, group-based, direct and indirect with other organisations. A summary of the nature of services delivered across the HLCs for their most recent full years of operation is appended.

Where more intimate one-to-one provision took place (for example the development of personalised health improvement plans or the provision of a smoking cessation programme), HLCs had a greater ability to log the participation of individuals. One example of such provision is shown below.

- From Deafblind Scotland – Increasing the propensity to exercise regularly (the term 'regularly' meaning 30 minutes of moderate exercise at least three times a week) from 8 members of a sample group of 25 in 2004 to 19 members of the same group in 2005.

In such cases it was easier for the HLC to assess not only health related activity but also, health outcomes.

This was also the case where HLC service users were subject to structured external evaluation. For example, 25 service users of Gorbals HLN were independently researched around their health improvements as a result of their being involved with GHNLN services. Twenty-one (out of the 25) stated their physical health had improved (either a little or a great deal), and 22 stated their state of mind and outlook had improved (a little or a great deal), as a result of their use of GHNLN services. While a small minority felt their physical health and state of mind had remained the same, no-one felt their condition had worsened. The 25 service users had been involved in 33 of GHNLN's services, including cookery/healthy eating, badminton, tai chi and counselling/life coaching. This demonstrated a strong degree of cross-penetration of GHNLN services and users' adoption of activities as well as perceived health benefits.

3.1.3 How HLCs engaged with harder to reach groups

As stated earlier, one of the original elements of the HLC concept was to provide the potential to improve access to mainstream services for those who, for whatever reason, do not currently use them, or provide a better alternative to mainstream primary care.

Multiple methods

Given the diversity of the HLCs it is not surprising that across the HLCs a range of methods were used to engage with a broad spectrum of otherwise excluded groups. Those HLCs who engaged in direct service delivery typically provided a portfolio of programmes and initiatives, and those HLCs whose main modus operandum was via partnerships also demonstrated a variety of approaches, as the examples from North Glasgow Healthy Living Centre (NGHLC) and West Dunbartonshire Healthy Living Initiative show below.

North Glasgow HLC has targeted people who experience mental ill-health (e.g. LifeLink, Scottish Mental Health First Aid training), young parents & single parents (e.g. Get Cooking, Get Shopping), children with learning difficulties (e.g. SEN Schools Events – Special Olympics Programme), people with disabilities (e.g. Healthy Lifeskills Programme for Possil & Milton Forum on Disability), young people (e.g. Springburn Academy Health Awareness Day, Youth Peer Research Programme), and men's health (through the Wellman Clinic).

West Dunbartonshire HLI has targeted people who experience mental ill-health (e.g. ASIST Training, Scottish Mental Health First Aid Training, RESTT, post natal depression), young parents, single parents and people with learning disabilities (e.g. Can't Cook Will Cook, basic cooking skills, food hygiene and budgeting training and Weaning Fairs), young people (e.g. all secondary and most primary schools' Health Fair Days, Youth-2-Youth and the young person's health drop in).

Examples of how engagement was successfully facilitated are shown below.

Service creation

In some cases, hard to reach groups were accessed by HLCs facilitating the establishment of services where gaps existed. The following example from North Glasgow HLC illustrates this.

LifeLink (a suicide and self-harm prevention programme) was established as there was no service provision for people either contemplating suicide or who had attempted suicide – people in this position are usually seen by a psychiatrist then sent home with no support.

The need for additional service provision may be continuous or seasonal. Partick provides relatively few activities for young people and the Annexe tries to fill the breach with activities such as the Studio Youth Arts project, Partick Boyz football club and a summer physical activity programme. The HLC manager is a director of Partick Youth Partnership and is engaged in a consultation exercise to bring additional youth activities to the area. Total service involvements (the product of sessions provided and participants per session) for 0-15 year olds increased by 64% between 2004/5 and 2005/6.

Having a shop front

A prominent physical presence emerged as a valuable method of facilitating access.

Many of those who use the CHS are socially or financially excluded, the location being in a former SIP area and a recognised area of multiple deprivation. Examples of excluded groups that use the service from this location are people with mental health problems, those who abuse alcohol and drugs; those with depression, people in financial difficulty, lone parents and those who are unemployed.

However, the physical location/presence is only part of the recipe. The ambience within needs to resonate with the target group for the recipe to be effective. According to a number of service users the CHS has been successful in providing a welcoming environment. One service user went so far as to describe it as a place where you can "cry out for help". Service users commented that the CHS evoked feelings of acceptance, peace, and confidentiality.

One gentleman attended the CHS for a Narcotics Anonymous meeting after being discharged from Castle Craig drug/alcohol rehabilitation centre. As a result of his situation he was afraid of how he would be treated by staff at the CHS but found that staff treated him with the utmost courtesy and respect. This gentleman would also ask staff advice about personal matters for example he was debating whether or not to go into further education or go back to work. Staff encouraged him to go back to college with the outcome that he is now studying at Strathclyde University. He also cooks lunch every Thursday for those attending Narcotics Anonymous and staff at the CHS. It should also be noted that those attending the Narcotics Anonymous meeting were reluctant at first to go into the building when people were waiting to access other services. They would hang around the front door until they felt that the coast was clear and hurried into the meeting. This has now changed, due to the encouragement of staff at the health shop and those attending the group, and they now have a large group of people who are empowered, and take responsibility for running the group.

'Local' delivery

Not all HLCs had prominent physical premises. And even some of those who did recognised the merit of being able to deliver services by outreach models. Outreach helps people overcome any perceived distance between target communities and service location, be that physical distance or other accessibility dimensions (for example, in the cases where territorialism is an obstruction to people's local travel, or the absence of travel options). Despite having a relatively small (compared to other geographic HLCs) target area, the Gorbals HLN still provided services in over twenty different venues.

Working with partner and/or host agencies to facilitate reach

Many HLCs accessed people with the help of other organisations. In some cases, HLCs worked with partners linked into the HLC management structures, as demonstrated by Drumchapel LIFE's collaboration with Drum Adventure. This

introduced young people in the area to a range of sporting and outward bound activities and the evidence is that many of these young people are now more active and have ambitions/aspirations in life as a result of their horizons being broadened. The programme was designed not only to give young people access to services and activities, but to instil awareness of healthy living and develop positive social attitudes.

Access to communities was sometimes facilitated via parent organisations, particularly in the case of HLCs, which were founded following endeavours of established community oriented organisations.

Being so closely linked with Deaf Connections provides the Deaf Connections HLC with an advantage of 'piggy backing' on the strong profile and reputation of the Deaf Connections brand. In addition, the Deaf Connections HLC operates many of its services from the Deaf Connections headquarters at Norfolk Street, Glasgow. This building is well known and accessible to the vast majority of the Deaf community in Glasgow.

In addition to using 'family members' (partner and associated organisations involved with the HLC) as conduits for accessing communities for service delivery, HLCs recognised the value of family members as promotional channels. Annexe services were widely publicised not only in the Annexe newsletter but also in the Partick Housing Association newsletter and Partick Community Council newsletter.

As a 'gateway' for funders' services

HLCs sometimes functioned as the gateway or 'route to market' for their funders. The HLCs' local presence giving access to communities that would have otherwise been remote from these major organisations. NHSGG&C and Glasgow City Council (GCC) are two of the main funders of the East End HLC. The East End HLC enables both organisations to engage more effectively with people from the East End of Glasgow and encourage people from some of the more marginalised areas of the City to get involved in further education or health improvement programmes. These include the Parents & Children Together Project (PACT), East CHCP and a pain management clinic run by NHSGG&C.

Through 'gateway' service provision

In some cases, the method of accessing people seemed to be a consequence of providing an easy access or 'gateway' service, which presented few barriers to participation by community members.

Fun in the Park (an annual event held in late July and organised by a number of partners led by NGHLC) attracts several thousand people to Springburn Park to participate in a range of fun activities, many of which promote healthy lifestyles or raise awareness of health in some way.

The Annexe was originally founded with a strong emphasis on mental health. Many Sunflower Café volunteers have mental health issues/learning difficulties and (along with the general Annexe ambience) this makes the café and Annexe a welcoming environment for such individuals. The Annexe's services (e.g. Partick Beat Drum Group) are popular with individuals with mental health issues and these activities enable them to interact with others on an equal basis. Reddotart was set up as a therapeutic art group for people with mental health issues, and the group's work has been exhibited in several local venues and is now available globally through a dedicated website.

Free services

With many excluded groups, finance tends to be an issue and a possible barrier to participation. The solution for HLCs was typically to provide services free of charge.

This included mass participation events, where targeting was kept deliberately broad as gateway services, for example the 5k runs staged by Drumchapel LIFE and North Glasgow HLC. Here the events attracted a great many 'first timers', some of whom became participants in the associated programmes. The events also attracted established runners and people who would normally expect to pay an entry fee. There was no attempt to make the entry process 'clumsy' or off putting by discriminating at entry stage (which can only be achieved on the basis of personal declarations which would have been more off-putting to the very people the events were aimed at). Data from North Glasgow HLC helps illustrate this point. The five kilometre fun run (NG5K) organised by NGHLC, staged for the first time in April 2006, proved to be immensely successful in the local community and beyond. The event attracted 1,054 registrants, 56% of whom lived in the local area. Almost all (94%) of registrants had some connection to the area (i.e. they lived, worked or were born in the area).

It also included more focussed services, for example the Chinese HLC's four week course about raising the understanding of late onset diabetes, which was attended by eight people and the East End HLC's Wellman Clinic which has had 21 users at the time of this evaluation.

Tackling other barriers

In addition to responding to the financial circumstances of target communities, HLCs often addressed other barriers known to restrict participation. Examples of this include the free crèches from the East End HLC and free transport that West Dunbartonshire HLI also provides to enable parents and carers to use its wide range of services. The Annexe is installing a stairlift to make all areas of its building accessible.

Pitching services at an appropriate level

Key to achieving good participation is pitching services at an appropriate level, in order that they appear attractive (rather than daunting) to those at which they are aimed. There were numerous examples from the research, including Gorbals HLN and its partners' creation of successful walking groups – a programme which included GCC's Development and Regeneration Services carrying out physical modifications around walking routes to enhance the appropriateness and quality of the service. The Chinese HLC facilitated the opportunity for parent-child relationships to be developed through a series of art and craft workshops which brought families together through craft activities designed for people to explore their relationships with one another.

The NG5K was marketed under the NGHLC brand image, and HLC staff took the lead in organising and co-ordinating the event. More than three-quarters of the funding for the event came from other agencies, which is testimony to NGHLC's ability to influence partners' spending.

3.1.4 How HLCs facilitated personal development

There were many examples of how HLCs were able to facilitate personal development and progression. These included positive impacts on the lives of their service beneficiaries, those volunteering with HLCs, HLC staff and, on occasions, the staff of partner organisations.

The following examples are illustrative rather than a complete representation.

HLC service beneficiaries

One young woman who attended the CHI had a history of drug use and an eating disorder. She had two young children, and also experienced housing difficulties. She completed the Stress Management Core Programme involving the 10-week course and holistic therapies, and became involved with the Stressbusters programme.

Through this, she completed an in-house Reiki 1 course. She has this year started a further education course in Access to Nursing. This will enable her to take up the opportunity of studying for a Nursing Degree at University.

Healthy Living for Deafblind People Project (HLDPP) has trained several users to assist in the delivery of the Deafblind Awareness training programme. The HLDPP believed this had greatly added to the impact and the worth of the training and ensured that the deafblind people involved in the training enjoyed significant benefits in terms of learning new skills, becoming more self confident and developing their self esteem.

Prospects in this regard were encouraging for KWIGG, which is no longer in operation. Service user and stakeholder feedback indicated that several Health Issues in the Community (HIC) students used the course as a springboard to further and higher education and increased community activism. One HIC student joined the HLC Management Committee. The evidence suggested that the 20-week Health Issues in the Community course was an extremely valuable tool for promoting community empowerment and enhancing awareness of the social model of health and worthy of consideration by other HLCs.

HLC volunteers

The overall data for the HLCs' last complete year of operation suggested over 200 people were recruited and are active as volunteers. For example, many of the Deaf Awareness and Hard of Hearing Awareness Training sessions that the Deaf Connections HLC provided to members of staff at NHS GG&C and GCC were provided by HLC staff who were assisted by services users who volunteered.

Also, thirty-five people were supported with vocationally beneficial training, including ten people from the Deaf community who were trained as swimming instructors following Deaf Connections HLC's work with GCC Cultural and Leisure Services (CLS) to provide the training.

One woman, after volunteering with CHI for seven years, returned to employment and is now working at a community café. It is reported she has become more confident, increasingly so on a daily basis, as a result of her interaction with members of the public and the increased responsibility in activities like cooking and stocktaking.

HLC staff

By working directly with GCC CLS, two members of HLC staff were trained as gym instructors, fitness classes are held each week in Deaf Connections and, as a result of a joint application for Active Futures funding, a sports club for Deaf people will be set up in Gorbals Leisure Centre.

The Healthy Living for Deafblind People Project began by arranging a guide/communicator for a deafblind lady once a week to go for a longer walk in her own area. As she became fitter the length of these walks increased until she was walking about 6 miles at a time. After a few months she was keen to go walking more often and a guide/communicator was arranged for an additional day each week allowing her to increase her walks to an average of 10 miles a week. She commented at a visit that the walks had given her a purpose in life.

3.1.5 Difficulties in reaching hard to reach groups

Two key issues emerged very soon into this evaluation.

First, many people who fell into what could be recognised as hard to reach groups had multiple characteristics that created multiple challenges. In some cases HLCs were

able to respond and provide specifically tailored services. With specific reference to Deaf Connections HLC, the Deaf community in itself is an excluded or marginalised group. Within this, Deaf Connections HLC has provided health talks for the Asian Deaf Club at Deaf Connections, illustrating involvement with smaller and potentially marginalised groups within the Deaf community.

Second, there was little evidence to suggest HLC funded/provided services were being used by people who were undeserving and/or not benefiting. The nature of the Glasgow population is that the 'market' for services is always likely to eclipse the level of resources available to provide them.

This means that reference to hard to reach groups whose needs are unmet is not necessarily a criticism of service provision. It would be surprising if this evaluation didn't highlight areas where HLCs weren't able to address the needs of particular groups or communities, for example, Mandarin speakers for the Chinese HLC. Glasgow's Chinese community can be broadly split into Cantonese speakers (who generally originate from Hong Kong, tend to be well established in the UK already, and generally speak good English) and Mandarin speakers (who are generally more recent arrivals from mainland China). As a consequence of having been in the UK for a shorter time, and generally having a poorer knowledge of English, Mandarin speakers are the more excluded of the two main branches of the Chinese community. While the Mandarin speaking community is probably the smaller of the two at present, it is growing very rapidly. Members of the Mandarin speaking community who contributed to this evaluation felt that not only did the HLC need to accommodate their needs more capably, but it also needed to broaden its scope to take account of the needs of Glasgow's broader South-East Asian community.

3.2 Partnership working

3.2.1 Examples of partnership working

HLCs were able to cite examples of the organisations and groups they considered to be operating in partnership with. For the most part, these lists were substantial, and intimated the management time that HLCs have needed to devote to their partnership work. For example, the CHS has developed a number of partnerships with key agencies in its area, including:

- Greater Easterhouse Alcohol Awareness Project;
- Greater Easterhouse Family Forum;
- Eastern Local Health Care Co-operative;
- Greater Easterhouse Community Health Project;
- Greater Easterhouse Women's Aid;
- Sandyford Initiative;
- Eastern Health Care Co-operative - oral health promoter;
- Stepping Stones for Families;
- NHSGG&C Health for You Project;
- Youth Services cultural and leisure;
- Greater Easterhouse Development Company;
- Starting Well;
- SIP Board;
- Wise woman; and
- all agencies within Barlanark when arranging the local carnival.

3.2.2 How partnership working was facilitated

There were several approaches underpinning HLCs' partnership working.

Being 'at the helm'

A key construct behind effectiveness in partnership working is their ability to adopt a central, sometimes catalytic, role in the partnership work.

Some HLCs had partnership working as their main role, specifically Drumchapel LIFE and North Glasgow HLC. For these, it was natural that they assumed a central role in local health related work with partners. In North Glasgow's case, their strong partnership working was built on five years of planning and developing strong personal relationships throughout their local area and minimising unhelpful service duplication.

Other HLCs were also able to demonstrate central roles, for example the CHS led a feasibility study, commissioned by the (then) SIP board which involved engaging with partner agencies around joint working arrangements.

The Annexe development worker has played a catalytic role in drawing representatives from Strathclyde Police, GCC, Partick Housing Association and Glasgow Harbour into Partick Fayre Productions. This new organisation has helped to revive Partick Fayre (which used to be a local gala day) after a ten year hiatus.

Having links with partners at a governance level

Several of Drumchapel LIFE's board directors were involved in the day to day running of third sector services in Drumchapel (e.g. COPE, Drum Adventure & Momentum). This immediately enhanced the potential for partnership working between these organisations and LIFE (which was very much the case in practice), as well as opening up partnership working between LIFE and these other organisations' wider networks. In the absence of a formal working group dedicated to partnership working, the HLC manager was able to take this agenda forward as part of his daily activity and through discussions with the centre's board directors (and their parent organisations) as required.

North Glasgow HLC was able to involve partners via the HLC's Strategic Development Sub-Group. This, which was deemed to cover the principal work of the HLC, is convened every four weeks and attended by the HLC's manager, HLC staff and a wide range of partner organisations including:

- Molendinar Family Learning Centre (also director);
- Opening (employment opportunities for people with disabilities) (also director);
- GCC Social Work Services;
- Possil Stress Centre;
- Cube Housing;
- Balmore Housing Association (linked to GHA);
- Royston Stress Centre;
- Possil & Milton Forum on Disability;
- Springburn Academy;
- Glasgow North Ltd x 2;
- Equal Access; and
- North CHCP.
- Community representative (director)
- Cultural & Leisure Services
- North Glasgow College

Proactive networking and relationship building

Part of effective partnership working emerged as the ability of HLCs to devote time and energy into the development of their networks and relationships. For example, West Dunbartonshire HLI has proactively engaged with Stepping Stones, DACA and Alternatives (all local voluntary organisations who deliver aspects of stress management) to form West Dunbartonshire Stress Network and this new structure contains representatives of all four organisations' boards of directors, staff members and funders. The organisation operates a formal partnership accord to govern, monitor, evaluate and coordinate stress services throughout West Dunbartonshire.

Having processes for exploratory development

Some HLCs had established processes for potential partners to present ideas for partnership working and allow other stakeholders to explore development opportunities with them. These included North Glasgow HLC's Strategic Development Sub-Group which has had development discussions with potential partners such as the Chinese HLC, North Glasgow Community Food Initiative and the catering social enterprise Stappit Fu'.

One woman attending aromatherapy at the CHS suffers from schizophrenia. She hears voices telling her to harm herself and others and can only feel relaxed during aromatherapy, this also enables her to sleep better at night.

Providing resources

In some cases, partnership working was helped by HLCs, making resources available for partners to provide services. Colloquially, Drumchapel LIFE HLC was known by some as the 'Bank of Drumchapel' as a result of the funds it was able to make available to partners to the benefit of the local community, the term reflecting the organisation's ability to distribute and facilitate the employment of resources.

The HLC demonstrated what economists would describe as a high degree of 'wash through', a term for the proportion of funds that is able to pass through an organisation and be devoted to service provision, rather than be consumed by the administration of the organisation.

Mobilising resources

In some cases, work by HLCs was able to facilitate partners making additional and significant contributions of resources into service provision.

The following example from North Glasgow HLC illustrates the ability of HLCs to act as instigator and catalyst. North Glasgow succeeded in mobilising significant resources (in terms of people and money) towards health improvement work in the north Glasgow area. It was able to increase the health improvement work in the community with minimal spending on its own part, after providing the initial impetus. For example, Fun in the Park cost the HLC £10k in its first year (2003) but by 2006, the HLC only spent approximately £225 on Fun in the Park, with the rest of the funding being provided by partners. During this same period, participation increased by almost 900%, from 750 participants in 2003 to 6,500 participants in the latter year.

Capability development in conjunction with partner organisations

Some partnership working involved HLCs working with partners to exchange insight, skills and knowledge.

Deaf Connections HLC staff worked with various sections of NHS GG&C to provide Deaf Awareness training. This enabled the HLC to learn about the work done by the

health board on specific health issues and pass this information on to HLC users. The HLC also worked with Choose Life so that HLC staff could be trained on suicide prevention, helping to make an impact on improving mental health in the Deaf community. Similarly, staff also worked closely with Wise Women, which operates as part of the Glasgow Violence Against Women Partnership and was set up to address experiences of violence and crime, particularly domestic violence. This enabled the centre to address more capably the sexual health and violence against women issue within the Deaf community. Wise Women has organised courses for Deaf women to enable them to overcome communication and confidentiality concerns and talk and learn about how to deal with these issues. Wise Women also ran a series of 10 week Personal Safety and Confidence Building courses specifically designed for Deaf women. In addition, a joint action group (the Deaf Women Against Violence Group) has been set up between Wise Women and Deaf Connections HLC to produce a pack in BSL format to be used to raise awareness about violence against women issues in the Deaf community, and to provide information and guidance on how to access services and assistance for Deaf women.

“At the Launch Day I found out that the Centre had a crèche and this was how I first started using the Centre. At the time I was suffering from postnatal depression, and that time spent having a break from the kids made all the difference to my health and provided me with a lifeline. Once I became more confident I started using the gym to help me get a bit fitter, but also as a means of helping me control my weight which had risen after giving birth. In addition I had been advised that physical exercise would also help me manage my stress levels so it was all beneficial. At the same time I went along to the Alternatives Stress Management Service, and being able to access this combination of activities at the Centre helped me improve my mental and physical health in ways that I didn’t think possible at the time. I have experienced a drop in levels of stress, weight loss, increased physical mobility (including relief from my arthritic knees), and for the first time in 5 years I was able to fully participate in an activity holiday with the kids at the Landmark Centre – I can even run after A now when he makes a break for freedom – something I could never have done before!”

In some instances, the capability development carried out through partner organisations has resulted in skills development for HLC staff, rather than partners’ staff. Deaf Connections HLC staff have trained on the ASIST suicide prevention program through Choose Life. In addition, when the HLC began working with Choose Life it emerged that there was virtually no information on suicide in the Deaf community, so the HLC provided funding for a small research project on suicide in the Deaf community to be undertaken. This HLC is also working in partnership with Wise Women in order to deal with some of the mental health issues associated with domestic violence against women.

A GCC CLS community learning officer has funded Annexe ALN activities and has met with it on a regular basis to discuss and develop community learning programmes. The Annexe’s ALN development worker regularly attends Staff Development Programmes provided by Glasgow Community Learning Partnership and applies the learning gained from this group to his work in the Annexe.

Raising the status of issues on partners’ agendas

Some examples have seen HLCs successfully elevating their issues on partners’ own agendas. This seemed to have very strong benefits, particularly where partners were substantial organisations.

For example, the Healthy Living for Deafblind People Project (HLDPP) had successfully placed awareness of deafblind communication issues on the agenda of GCC CLS. This was evidenced by ongoing Deafblind awareness training conducted with GCC’s leisure staff from 35 centres, 366 staff have received Deafblind awareness

training to date. This joint working relationship has provided added value for both organisations and their service users. It provides greater scope for Deafblind Scotland service users to be more physically active and get involved in more activities, improving their physical fitness and their mental health. It provides GCC CLS with the opportunity to attract marginalised groups to use its services, meaning it has a larger and broader client base together with being able to offer training and career development opportunities for its staff. The HLC was also starting to work with NHSGG&C in order to supply Deafblind Awareness training for health board staff.

Putting 'health' onto the agenda of housing organisations

The previous examples showed HLC/health issues being elevated up the agenda of partner organisations. This section is concerned with examples of HLCs establishing health as an agenda item of partner organisations who maybe would not have seen themselves having a strong role in this area, in particular, housing.

Stakeholders viewed North Glasgow HLC as effective in assisting and encouraging organisations that had traditionally been distant from health improvement work to integrate health into their activities and to deliver tangible benefits, for example providing the LifeLink service via local housing offices. Lifelink is a suicide and self-harm prevention programme which offers mental, emotional and therapeutic support to individuals as close to the initial point of contact as possible. Balmore Housing Association staff (both administrative and frontline) were provided with training to help them identify individuals who might benefit from the LifeLink service and to signpost them to other supportive services. Receiving such training will assist Housing Association staff to identify underlying issues with tenants and help them to address these issues as a means of promoting good community health and stable, long-term tenancies. Housing Association staff also benefited from receiving training which will help them to identify symptoms of stress which they themselves face.

"One mid-30s female who was experiencing anxiety and depression was referred to West Dunbartonshire HLI by her GP as an alternative to prescribing anti-depressants. After attending the HLI for some time, she described it as a "sanctuary" and indicated that she had overcome many of her initial conditions, including stress-related stomach problems, "without taking anti-depressants to numb my emotions." She had participated on the Steps to Excellence course, attended relaxation classes, accessed reiki and flower extract remedies and one to one counselling. She feels considerably less stressed and attributes this to the support she has received from the HLI."

West Dunbartonshire HLI has engaged with local housing associations to deliver services that were identified through a needs assessment of local residents. Housing Association transport has also been used to provide free transport for local residents to HLI events and services. The HLI also uses Housing Association newsletters as a vehicle to provide information about the HLI and create a feedback mechanism to and from local residents about HLI services.

Having a role and 'fitting'

Despite the foregoing ingredients, there was no consistent formula for effective partnership working. One HLC's successful approach was likely to be different to another HLC's effective approach.

A key quality for HLCs in partnership working was the ability to recognise how they fitted within their local organisational environment and were recognised as contributing to the network, adding to what already existed and not being perceived as a threat.

The KWIGG HLC is no longer operational but the nature of the sentiments from those who spoke about its background and period of work drew attention to some of the

tensions in that part of the city (politics with a small 'P') that have made life for such organisations particularly difficult. People felt it was difficult for the wider area to embrace the contribution that a local HLC could have made and, in so doing, narrowed its ability to find a niche and role in the area.

3.2.3 Challenges to successful partnership working

While there were some very strong and varied examples of partnership working in the evaluation, the work also revealed some of the challenges that HLCs face in carrying it out.

Having a 'partnership' intent

One of the barriers to partnership working was organisations who had not fully embraced it as a priority. This was manifest in their structures and activities and evidenced by the sentiments of those close to the organisations. It was suggested of the Chinese HLC that its board and sub committees were 'fearful' of involving other organisations in case it compromised the HLC independence. This HLC is aware of the need to address its approach to partnership working in its final years of operation.

"I know that I have been diabetic for over 25 years, but it is only in the last couple of years, after joining the group, that I have actually understood the condition and what I need to do to manage it and control it. When I was first diagnosed the doctors told me nothing about the importance of controlling my weight, regulating my diet, watching my sugars, taking regular exercise and controlling my insulin dosage because they just thought that I would not understand. I therefore spent 23 years knowing that I was diabetic but also knowing very little about how to deal with it. Since joining the group (via the Deaf Connections Healthy Living Centre) I have gotten my weight down and I have been able to do this by attending the fitness group and the healthy eating group. I understand what I can and cannot eat and I know how important it is to watch my salt and sugar levels. We have had speakers in who have told us about the importance of reading food labels being careful about what ingredients are in my food. I did not do any of this before joining the group and it has totally changed my life and how I feel about myself."

Time to establish links

There was little dispute that it takes time to establish effective network links, a barrier amplified for many HLCs which spent their early operational periods in establishing themselves and creating a sound platform from which to build. The data suggested that aptitude for partnership working strengthens as the HLC develops. Those HLCs who were more recently established, for example East End HLC, were less likely to have strongly developed service delivery partnerships. The East End HLC is still trying to develop closer links with external agencies and outreach partners in order to become more involved in outreach work, community engagement and community consultations on housing, unemployment, addiction, women's health, poverty and mental health with excluded or marginalised groups. The HLC has made progress in these areas, but has recognised the need to engage with outreach partners more effectively in order to work with harder to reach groups who do not currently access the Centre.

3.3 Community involvement

One of the aspirations of HLCs was as an opportunity to mobilise community activity in improving health and reducing inequalities.

The HLCs' approach to community involvement was manifest in several different aspects of their operation. This included community participation at board/ membership level, providing services in tune with community demand, outreach work

and taking services into communities, seeking feedback from service users (and responding to it) and dialogue with clients for public relations activity and case study preparation.

3.3.1 Overall strength of community involvement

The HLCs were generally strong in this area, which maybe was not surprising given they were conceived as a community driven initiative. However, a valuable stakeholder perspective was that the HLCs in the Glasgow area, compared to those in other parts of Scotland, were particularly good at community involvement. For example, those interviewed in relation to the Annexe noted that local people felt a strong sense of 'ownership' over the Annexe. They felt able to influence Annexe services and, as a result, Annexe services were extremely popular and growing in popularity and this was assisted by the Annexe's long-established profile in its local community. The total number of service contacts facilitated by the Annexe (including Sunflower Café users) increased by nearly 40% between 2004/5 and 2005/6.

3.3.2 Methods of community involvement

The research revealed many different routes to effective community involvement.

Board involvement

The most intense form of community involvement was at board level, with community members making substantial commitments on a voluntary basis.

As an illustration, a sizeable proportion all of the directors of Deaf Connections (and most of the staff who work as part of the HLC) are themselves either Deaf or Hard of Hearing, meaning that they have experience of the unique communication issue that Deaf and Hard of Hearing people face when accessing health services or seeking to obtain information, support and advice on health related issues. This has meant the HLC has been seen as a service provided *by* members of the Deaf community *for* members of the Deaf community.

Community representatives on HLC boards should be close to the community they represent. This was the case, for example, for the CHS. According to one stakeholder, this meant the CHS could trust this mechanism to respond to the community by providing services that met needs and demands.

Similarly, at a governance level approximately one third of the members of the management committee of the HLDPP are either deafblind themselves or have family members with multiple sensory impairment, meaning that they have experience of the unique communication issue that deafblind people face when accessing health services or seeking to obtain information, support and advice on health related issues.

Transparent membership structures

Many HLCs benefited from specific legal input into developing the structure of their management committees and boards. This advice assisted in the development of the transparent membership structures and clear protocols for electing committee members and directors which are strong features of all the HLCs covered in this report. The consequence of this expertise and guidance was that HLCs had a clear pathway through the process of group formation, the creation of management committees leading to the establishment of elected community-based boards. With the exception of KWIGG, all HLCs seemed to be relatively strong in this area.

Intermediate layers

Recognising the significant gap between 'membership' level community involvement and 'board' level, some HLCs have created intermediate layers of involvement for

people who want to be involved in shaping HLC policy but who don't want the responsibility of joining the board.

This strategy was developed at the Annexe because, in the board's opinion, many service users were *"vulnerable and at the margins of society"* and *"need to be empowered without being overpowered."* By joining groups such service users can help to shape HLC policy on a limited range of issues for a finite period of time.

One-off events

Beyond regular community contribution, West Dunbartonshire HLI has organised and enabled female residents to participate in International Women's Day. This work has been delivered annually in a collaborative partnership method, and the success of the 2006 event led to the formation of a women's forum.

Being receptive to new ideas and feedback

A key dimension of effective community involvement was providing evidence to people in the community that the HLC was able to take what had been communicated to it by members of the community sincerely and seriously.

Whilst it was expected that HLC provided/funded services were backed-up by feedback mechanisms that encouraged service users to give their views, the provision of the communication channel(s) to service users was only part of the issue.

Success was evidenced when, for example, Annexe HLC staff were described as very open and receptive to ideas suggested by service users. As one service user commented, *"everyone upstairs (the staff) knows all of us, they know you by your first name... it's a very friendly and informal place."*

Receptiveness to new ideas is usually most effectively demonstrated by action. In the case of the Annexe, examples of events originally suggested by service users have included Men's Health Day, Partick Folk Festival (now a nationally recognised folk event) and the Guitars for Fun music group. The management challenge in this regard is being able to accommodate the desires of the community at the same time as staying faithful to the core (health and well-being) focus.

"I have been attending the smoking cessation group run by the (Deaf Connections) Healthy Living Centre for the past four months. So far, I have managed to stop smoking for fourteen weeks thanks to the help and support that I have received from the group. I was initially a little worried when I first stopped smoking because I felt as if I was putting on a great deal of weight. I have now started to attend the healthy eating group and the exercise group that are also run by the HLC in order to bring my weight back down and I feel as if I am making some progress."

Empowering community driven enterprise

Many HLCs were able to draw attention to organisations which have since become independent and self-sustaining having started life in a rudimentary manner in the HLC and received much valuable assistance from HLC staff.

Gorbals HLN recruited 15 local people and facilitated their training as community researchers, focussing specifically on participatory appraisal techniques. Six community consultation activities have been undertaken by Gorbals HLN using its community researchers resource.

Being viewed as accessible

In addition to the 'psychological' accessibility mentioned above, physical accessibility appeared as a valuable community involvement characteristic. For example, the CHS has an open door policy which means members of the community can venture through its door at any given time - in one month there were over 900 enquires made at the CHS for a variety of reasons. According to one stakeholder, the CHS 'created' community involvement in the area. Prior to the CHS community involvement was very limited.

3.3.3 Challenges around community involvement

There were some challenges around community involvement evident in many HLCs.

Board representation

While community board participation was evident, there was a tendency for communities to be represented by people active in other community based organisations and for the profile of community board members not necessarily to represent the profile of the target communities (with particular challenges around involving young people, males and people from particularly disenfranchised groups).

Community reticence

Drumchapel LIFE was considered effective at engaging the local community, but without following any particular model of engagement. Its approach was seen as informal and hands-on. Local people were indirectly involved in LIFE through their involvement on the boards and committees of its various partner organisations. LIFE always attempted to seek feedback from participants in any activities, but admitted that local people can sometimes be a bit reticent. The lack of willingness to participate and to contribute in some communities is a challenge.

Low expectations

Service users' satisfaction with HLC provision, whether direct or indirect, was high. This was evident not only through our primary research in this evaluation but also through service feedback provided by HLCs themselves. The overall sense was of people who are generally appreciative, even grateful, for the services provided by HLCs, yet were not particularly demanding or had high expectations.

Basic service feedback mechanisms

The service feedback mechanisms used by some HLCs were relatively basic and typically comprised the opportunity for informal dialogue and short post-service feedback sheets. The value of the former depends on the diligence of the organisation and the latter is highly unlikely to unearth anything other than aspects around general satisfaction.

Not tackling barriers to access

The same barriers to access that apply in the delivery of a service, appeared to apply in situations around broader community involvement. In some cases, such barriers made it difficult for members of communities to become involved in the development of a service. For example, the 2006 AGM of the Chinese HLC was delivered exclusively in English and Cantonese, without special arrangements being made for Mandarin speakers from the Chinese community. While the Chinese HLC's original remit focussed on the settled Glasgow Chinese community, demographic changes are showing a growth in the City's Mandarin speaking Chinese community. These are now encouraging the Chinese HLC to revise its future focus.

3.4 Strategic shift

3.4.1 How strategic shift was described

Strategic shift looks for evidence that local strategies have been positively influenced by the work of the HLC. Many of the aspects reported below have a strong relationship with the previous views on partnership working, as most strategic shift was apparent at an organisational level.

Like partnership working, the nature of strategic shift varied. One perspective (as an example) probably typified the essence of it – the CHS has been described by stakeholders as the focus and catalyst for health improvement in the South Suburb Greater Easterhouse area. It was believed to have achieved this through making partnerships with other initiatives in the area, and strategically by pulling ‘everything together’ which resulted in a more effective joined-up approach to health improvement in the area.

One 52 year old male was compelled to start attending the Annexe in December 2005 as a result of a community service order. Since attending the Annexe, he has overcome his drug and alcohol dependence and volunteers enthusiastically in a range of Annexe activities (e.g. playing Santa Claus at a Christmas party, helping to organise Partick Folk Festival, participating in West End Festival as a guitar-playing leek, etc). He has moved to Partick and, in his own words, “feels part of a community for the first time ever.” Since joining Partick Half-stoners, he has shed 14lbs and a long-standing haemorrhoid problem was cured following a visit to the Annexe’s Egyptian healing specialist. Gaining in confidence and esteem, he is now a more vocal contributor to his GAMH group and, with support from Annexe staff, he has set up the ‘Guitars for Fun’ music group at the Annexe.

3.4.2 Examples of strategic shift

Creating initiatives

The strongest examples of strategic influence come from the HLCs focussed on strategic influence and partnership working. Strategic influence has, on occasions, translated to the securing of resources from partner organisations to support initiatives that HLCs have promoted.

On the whole geographic HLCs tended to be stronger in the area of strategic influence than the thematic ones. Geographic HLCs were more likely to have a local health forum or similar body in which to participate, whereas thematic HLCs were likely to have the strategic issues dealt with by their parent organisations, the HLCs being largely conceived to address unmet service delivery needs.

Joint strategic planning

According to one stakeholder, involvement in the development of the Health Improvement Action Plan by the CHI can also be described as an indication of good practice, *“it’s not just about having the Plan in place but it is also about the achievement of doing so.”* The wider South Lanarkshire Health Improvement Group (chaired by CHI’s director) has requested and been provided with details of the style and process the group followed in order to adopt it. Through work such as the Health Improvement Action Plan, shared resources are being channelled into health improvement. This has been fully recognised and supported by community planning structures and partnerships, and represents a significant improvement in how resources are focused and delivered. CHI participates in all aspects of the plan in the following ways:

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- CHI promotes affordable fruit and vegetables via the Fruit Barras initiative to encourage healthy eating;
 - in partnership with Changing Places and ICT Strategy Group Partners, CHI has established and developed a wider stress management service to improve individual mental health and well-being;
 - CHI is partnering NHSGG&C and Up For It to improve linkage between existing and new projects through the design, development and introduction of new interagency referral pathways to promote increased physical activity; and
 - CHI is partnering with NHSGG&C and Strathclyde Police to produce a series of workshops for local businesses and workplaces to combat the culture of binge drinking and anti-social behaviour in the area.

Through its partnership working LIFE initiated the successful Action on Tobacco and Action on Alcohol strategies, it has been heavily involved in shaping the local Choose Life agenda, it has been involved at a strategic level in the development of the Drumchapel LHCC Development Plan and the West CHCP Health Improvement Plan, it was a key partner in the design of the new Community Centre, and has had an input into proposals for the new Children & Families Centre. Activity for Health received modest funding of £10k per annum from LIFE over three years, but used this grant as a lever to attract an additional £39k of funding each year from sportscotland and the Robertson Trust. This project used its £49k per annum to deliver services to 3,041 beneficiaries from seven schools in the area, over the three years.

Influencing major organisations

Strategic shift was apparent in the impact that HLCs had on major organisations, including many who were funders.

Deaf people signed a petition organised through Deaf Connections HLC which was sent to the health board who then provided funding for BSL training organised through Deaf Connections HLC for one of its GPs to be BSL trained. Although this GP is still being trained in BSL, the plan is to have a surgery each Thursday solely for Deaf people that will be supported by members of HLC staff at the Thornliebank Health Centre.

In another example from the deaf community, a Deaf person who needs an interpreter could not give blood because they were unable to give direct consent as the donor service will not accept the word of a third party. The HLC had given presentations and lobbied the Blood Transfusion Service and (at the time of writing) was in the process of providing Deaf Awareness training for the Scottish Blood Transfusion Service to minimise the need for communication via an interpreter.

North Glasgow also played a leading role in initiating the campaign to encourage a major supermarket chain to withdraw cheaply available lock knives (with fine points) from its UK stores in spring 2006. Although much of the credit for this initiative was claimed by Strathclyde Police, the HLC manager had played a fundamental role in initiating this campaign by calling the supermarket's head office to request withdrawal of the product and by encouraging the police to make follow-up calls. The HLC manager advised the supermarket's head office of Glasgow's significant problem with knife culture, and this information played a significant role in encouraging the chain to withdraw the product from sale.

Creating services that have become self sustaining

Some HLCs have contributed to the initiation of new services that have gone on to becoming self sustaining. For example, a Seniors Forum was formed with assistance from Annexe staff. It is now self sustaining and continues to use Annexe facilities. The total service contacts for the 65+ age range for the HLC increased by over 30% between 2004/5 and 2005/6.

There is a similar success story for the Partick and Thornwood (Path) disabled group, which was formed with assistance from Annexe staff.

A 40 year old female with a wide range of physical health problems “dropped into the Sunflower Café for a coffee six years ago and I’ve never left.” She made use of the Annexe’s learning opportunities to gain Indian head massage and ALN tutoring qualifications and is now employed as a part-time ALN tutor at the Annexe. The Annexe’s provision of free courses was particularly appreciated as “the Annexe provided the courses which I otherwise couldn’t’ve afforded to do.” She also recently participated in the West End Festival procession as a banana.

3.4.3 How strategic shift influenced the local agenda

In addition to the previous examples, the research helped show what processes were employed to facilitate strategic shift.

Bringing in new funding

The ability to bring money into an area was seen as both a contributor to, and a consequence of strategic shift.

As an example, since the start of the Initiative, £920,901 extra funding has successfully been drawn down on top of the core Big Lottery and major partners funding by the CHI.

Bringing in new partners

While the East End Healthy Living Centre has only been operating for the last year, it has already achieved significant progress in working jointly with East End Health Action to provide Get Cooking Get Shopping training for trainers and course provision. In addition, the East End Healthy Living Centre has also worked with NHS Men’s Health to promote the weekly Wellman Clinic at the Healthy Living Centre. This has included provision of health MOTs for 21 men in the East End and referral on to other services.

Seeding and supporting new ideas

This approach was perhaps the principal outcome of the North Glasgow HLC. Up until this stage, North Glasgow has been ‘seeding’ new interventions (not funding them per se, but supporting their set-up and enabling new projects to access other funding sources). It is now addressing the challenge of mainstreaming these new services to ensure that they continue in a sustainable manner. Though North Glasgow does not provide long-term funding to services, it did give LifeLink two years of match-funding with the first year being about establishing the project and the second year about covering a specific part of its operation (counselling services). The fact this is the one exception is a clear indication that North Glasgow is succeeding in shifting thinking and resource allocation, and not merely funding service delivery.

Enabling local organisations to increase their standing

Strategic shift also took the form of organisations supported by HLCs ‘growing’ in stature to the point that their own position changed. This example from Drumchapel LIFE illustrates. LIFE provided £20,000 to Drumchapel COPE (Caring Over People’s Emotions) for mental health first aid training. As a result of this training, COPE is now being invited to tender to deliver this type of training by Futurebuilders Scotland, a publicly funded investment programme which was created to assist social economy organisations providing services to the public. The programme invests in social economy organisations that are working to achieve the Scottish Executive’s ‘Closing

the Opportunity Gap' objectives and targets, delivering services to the public and endeavouring to increase their financial sustainability..

The D5K fun run is an obvious good news story for LIFE owing to the large-scale participation in the event by local people (including the very young and elderly people) and the sustained impact through people running and exercising both pre and post event. The event provides a relatively pressure-free target for people to train towards, and the substantial number of people joining in makes it easy for people who might not have felt comfortable going out jogging to get active and be part of a wider push towards fitness.

3.5 Operational excellence

3.5.1 Overall operational strength

All HLCs, whether BLF funded or otherwise, underwent the same initial process and the rigor of submitting a detailed bid with supporting business plan. With one exception (KWIGG), the operational management capability of the HLCs was, at minimum, competent and, in many cases, very strong.

3.5.2 High ability to achieve objectives.

There are several aspects by which performance could be judged. One of the most important considerations was their ability to achieve their stated objectives, namely the basis upon which these organisations were funded. These mainly took the form of activities in support of aspirational (but not quantified) aims.

As a further example, the Chinese HLC's objectives are concerned with raising awareness, providing information, improving access to services, and providing opportunities for social interaction to the Chinese community. The centre has excellent links within the settled Chinese community and is strengthening its links with Glasgow's growing community of Chinese refugees and asylum seekers, assisted by the cultural knowledge and expertise of the centre's staff and board. Having almost reached the halfway point in its lifecycle the CHLC is making good progress in achieving its goals and is making substantial progress as it moves forward with its five year business plan.

With the exception of the one HLC, which was performing poorly, performance against objectives was strong. There were some 'business administration' issues, faced by some HLCs but these have to be considered in the context of these HLCs delivering the essence of what they were funded to do. The business administration issues included one HLC that had set itself grossly unrealistic expectations at Stage 2 bid stage, and hadn't sought to renegotiate these with funders (this HLC's performance once established was good in accordance with what might reasonably be expected - which was substantially less than that articulated in the Stage 2 bid). It also included one HLC that had updated its business plan following the Stage 2 bid, but had outlived the time period of this business plan, operating without reference to a documented strategy and targets. A third HLC had difficulties providing the necessary management information to determine its progress towards stated objectives.

It was suspected that BLF funded HLCs might emerge to be more effectively operationally managed than locally funded ones, given the high emphasis that BLF places on period monitoring. This was not the case and there was no substantial difference in this respect across the HLCs in the evaluation. Other funding sources (for example SIP) often carried monitoring obligations over and above BLF requirements and the health board assisted the monitoring practice of some HLCs through provision of the Performance Assessment Framework.

3.5.3 Pivotal role of the HLC manager

It was universally agreed by those interviewed that the appointment of the HLC manager was key to the success of the organisation. This is supported by our insight into the organisations.

Getting the right candidate

For example, according to one stakeholder before the appointment of a new CHI Director in 2003, there was a feeling among those involved that the project was not delivering because of the way in which it was governed. For example, people were not attending meetings or carrying out agreed actions and this was threatening the HLC's existence in an early crucial stage of its development.

Remuneration levels

Some HLCs had to review the levels at which HLC managers were remunerated, after inadequate salary scales were found to attract candidates of insufficient capability to the role. For example, one HLC manager's post was remunerated at less than £20k pa and the individuals attracted to the post were described as competent, but not dynamic. Prior to a new manager being appointed in September 2004, an HLC stakeholder initiated action which increased the pay scale by almost 50%, and as a consequence, an extremely high calibre person was attracted to the post who is having an extremely positive effect on the HLC's performance.

'Unwritten' job role requirements

One stakeholder believed there was a mis-match between the capabilities needed by an HLC manager and the qualities that are usually contained within recruitment advertising for the posts. The stakeholder's view was that familiarity with community/third sector procedures and ability in this arena was a main determinant in the effectiveness of an HLC manager. These, it was felt, equipped candidates well for aspects of the job like partnership working, funding processes (including monitoring and evaluation requirements) and networking. However these aspects weren't necessarily to the fore during the recruitment process. The advertised senior roles were more concerned with comprehension of health issues, generic communication skills, operations management and team management ability.

One male (A) was referred to the Stress Management Programme, as a result of attending alcohol counselling. CHI invited A to attend an information session and find out more about the Stress Management programme and whether he felt it would suit his needs. He was referred to the stress management programme and to CHI's stress clinic for a therapy programme. A enjoyed the course and got a lot out of it: social interaction and making friends, a change towards realistic thinking with a positive attitude, learning about mood foods, relaxation techniques, assertive behaviour and building confidence, a sense of proportion and methods to stop panic attacks. Those attending the course also went to the gym for an induction, using free passes provided. A now attends the gym regularly and has joined in with other CHI Stress Management activities including Stressbusters - learning hand massage and passing it on to others. Several members of the course formed friendships and continue to meet and provide each other with fellowship and support. Outwith CHI, A is now discussing the possibility of starting up a self help group, is volunteering with CHI, and he is attending a computer class which he hopes will help him in his future job search.

3.5.4 Operational management procedures

Third party endorsements

Many HLCs had received accolades about their operational management procedures in the form of endorsements from external organisations. For example, OSCR, the independent regulator and registrar of Scottish Companies was especially complimentary about CHI's financial framework, offering it as a model of best practice is in accordance with new charity regulations. It described the framework as *'the most organised they had ever seen before'*.

A further example, the CHS had been visited by Ministers. BLF had often directed staff from other HLCs to review reports prepared by the CHS staff to learn from best practice.

3.5.5 HLCs and innovative approaches

During the course of the research, HLCs offered examples of practice which were considered innovative.

Drumchapel LIFE led on a no-smoking initiative in buildings/places in advance of the Scottish legislation. This was successful with people stopping smoking as a result. LIFE's success in getting local businesses and organisations in the area to adopt no-smoking policies up to 15 months before the national smoking ban came into effect underpins its ability to influence the health agenda in Drumchapel. The initiative was supported by existing smoking cessation services in the area, and provided both an impetus to quit and the resources (and environments) to make this achievable.

Much of the work conducted by Deaf Connections HLC was viewed as original and breaking new ground. Deaf Connections have now provided Health Visitors with access to Deaf mothers and Deaf Connections HLC is providing the communicating and awareness support to enable Deaf mothers to become part of the Positive Parenting Programme, understand what is going on within it and to learn about positive parenting skills.

The existence of the Healthy Living for Deafblind People Project (HLDPP) was, in itself, innovative, as before it existed there was no health information or education exclusively for deafblind people anywhere in the country. In turn, virtually all of the projects and groups that the HLDPP has been involved in were recognised as breaking new ground. For example, when the HLDPP was still operating as a national project, it successfully ran Rebound Therapy sessions. Rebound Therapy is particularly beneficial for people with complex physical and sensory needs and involved service users being able to use a trampoline under the supervision of trained project staff. Rebound Therapy has significant physical benefits for service users in that it improves co-ordination, balance, muscle tone, stamina and reduces the need to use laxative medications. In addition, project staff noted that service users clearly improved their levels of self confidence, sense of achievement, self esteem and awareness of what they could do with their own bodies after completing Rebound Therapy sessions.

Deliberate 'non-innovation'

In some cases, approaches offered as innovative were perhaps innovative at a local level, but not necessarily on a broader perspective than that. This especially applies to the work of the Gorbals HLN, whose strategy is based around the local application of evidence-based best practice. This included the use of the CORE approach to underpin its counselling service, amongst many others. This HLC deliberately chose to focus on techniques proven to be effective (and hence were not innovative in the true sense of the term) and to apply them to a local context.

Debate about the efficacy of innovative practice

In other cases, local operational practice did not meet with universal support, with different schools of thought existing around particular initiatives. For example, the CHS implemented an initiative called 'Message In a Bottle' in conjunction with Strathclyde Police and the Scottish Ambulance Service. Under this scheme, essential medical details of vulnerable or older people are stored in a plastic container in their fridge. Stickers on the fridge and other doors alert members of the emergency services to the fact that the person has a Message in a Bottle and this provides them with quick access to information on medical conditions, medication and next-of-kin contact details. Strathclyde Police provided the HLC with £5,000 of funding towards this initiative, which was the maximum they will allocate in this situation. At the time of writing, the initiative was soon to be launched throughout the whole of the East CHCP with the CHS leading on the project. There has also been interest to extend the initiative to the whole of Glasgow. That said, there are organisations in the health and personal safety arena who don't support the use of the Message in a Bottle approach, primarily because of concerns in the currency and accuracy of the data being held in the bottle. Other organisations, have previously implemented this scheme.

Innovation beyond service delivery approaches

HLC's innovative work did not only relate to service delivery. For example, the Gorbals HLN led on the development of an operational management approach that relates operational activity to strategic objectives/targets. This framework, which enables the portfolio of an organisation's activities to be matched to each funding source's performance management and monitoring requirements, is aimed at an organisation's operational management capability rather than service delivery capability. This innovation has applicability beyond the management of HLCs.

One lady volunteered for CHI for approximately seven years and from this she was then encouraged to become involved in sessional work at various events, including weaning fayres and community events. She then went on to do various training courses in cooking, health and hygiene. She was also an integral part of a women's group which holds a big community event every year and eventually left CHI as a volunteer two years ago to take up employment in a community café. This has impacted on her in the following ways. She is still working at the community café and has become more confident which is increasing on a daily basis as a consequence of interacting with members of the public and taking responsibility for cooking and stocktaking.

3.6 Governance

3.6.1 Ingredients of effective governance

With two exceptions, the governance of the HLCs was considered by stakeholders to be sound. One of these exceptions was a BLF funded project and the other a locally funded project. The BLF funded HLC had suffered from being beyond the management capability of its previous senior employee, being unusually large for an HLC. The locally funded project was adversely affected by political issues in its local environment and perhaps a clear lack of focus amplified by a time lag (over a year) from its proposal in the form of a funding bid to its securing resources.

The research revealed several ingredients of effective governance in HLC contexts. Strong governance involved active community board members, supportive and involved partners, a clear focus or sense of purpose for the HLC and senior executive staff capable of managing community organisations.

No single recipe

There were no firm approaches to the size and structure of HLC boards, with the exception that a blend of community representation, partner involvement and HLC management was considered essential in most cases.

Some HLCs were 'stand-alone' enterprises and others were part of established organisations. There seemed no significant strengths or shortcomings in either approach that impacted on HLC effectiveness, with both models offering positives and negatives.

As a stand-alone board, the CHS board of directors had executive responsibility for all financial and operational matters. The board consists of community representatives, advisory members, and external legal and accountancy representatives, and it oversees all operations. Community representatives account for 75% of the board, Deaf Connections HLC, for example, found it advantageous to be part of a well respected, established and recognisable organisation with established links within the Deaf community and with external agencies and bodies. The Board of Directors had a range of different backgrounds and a wealth of knowledge and were very experienced in Deaf issues, clearly understanding the work/projects of the Deaf Connections HLC.

Conversely, Deaf Connections HLC also found being closely linked with Deaf Connections meant it could be easy for HLC staff and management to get drawn into non HLC matters and issues. For example, when the HLC was established it was agreed that the HLC would manage the Deaf Connections Cancer, Heart Health and Volunteering projects, despite the fact that the funding for these projects was provided by funders who were not paying towards the HLC. Fortunately the funders of these projects recognised that as health related projects it was best that they were overseen by the HLC. However, the HLC is still part of the Deaf Connections senior management team and so can be drawn into non-health related issues such as HR, health and safety, and building maintenance. Granted these issues would still have to be addressed if the HLC operated as a standalone body, but it would be on a smaller scale.

A lady was pressurised to go to her GP by friends and family, and her GP prescribed anti-depressants for her. She decided that she didn't want to 'medicalise' a life event and went to the health shop and to try an alternative approach. She started attending reiki and resolved her issues in a supportive and healing way. As a result she was able to move on and complete the first degree of reiki training for herself and will progress through training as she is able.

Different HLCs adopted different approaches to who they considered to be representatives of their target communities. The Chinese HLC's board is more corporate than most, with professionals from Cantonese backgrounds. This, the HLC saw, as a particular strength. However, others saw this as a negative, saying that board members who are (affluent middle-class) professionals might bring particular skills but their connection to the centre's target communities was questioned, as was their knowledge of health related issues.

Professional advisors on the board

Some HLCs (for example the CHS) had professional advisors, for example accountants, in a non voting capacity on the board. This enabled some HLCs to benefit from specific expertise which was typically beyond the scope of community representatives or boards' input from partners. The drawbacks of this approach seemed to centre on an expected allegiance to professional advisors attending board meetings and/or the challenge of securing the continued input from such people. Some HLC boards has community representative directors who were members of the

professions and, as such, able to contribute their expertise under the auspices of being elected from their communities.

Clear meeting structures

Supporting board operations, good practice involved regular board meetings (e.g. quarterly), the use of sub-groups within the governance structure, and periodic strategic review (sometimes using proven models and approaches and sometimes externally facilitated). Some HLCs, for example Gorbals HLN, separated operational issues from regular board content to enable the board to concentrate on more strategic issues.

Several HLCs used sub-groups, some of which were standing groups while others were time-limited by project durations (for example 'property'). There were no strong patterns in relation to sub-group structures across the HLCs, with the exception that HLCs appeared to perform more effectively in the areas for which they had sub-groups.

It should be noted that HLCs had been able to benefit from board-level development input under the Healthy Organisation Service (HOS). HOS is a contracted service between the Glasgow Council of Voluntary Services (GCVS) and NHSGG&C which was set up to provide a range of developmental support services to voluntary and community-based groups to be delivered via HOS. The service commenced in November 2004, is contracted until June 2008 and is currently provided by GCVS to around 46 organisations. To be eligible for HOS assistance, projects must be contributing to the local health improvement agenda, be within the voluntary sector/part of the social economy and locally managed; and in receipt of NHS funding. Based on baseline information of identified needs and ongoing review of each organisation's work plans, a package of services is provided to staff, volunteers and management members in the following areas – strategic planning; training needs analysis and team building; financial management support; employment issues; review and action plan; mentoring for managers; ICT support; management committee development; legal advice; and evaluation development.

Capability development of the community board members and boards

Stakeholders interviewed noted that the capability of community board members had, in their opinion, increased through their involvement with the HLCs, the process of board involvement being developmental to the individuals involved. For such an outcome, it necessitates a continued commitment of community representation to the boards. Stakeholders stated, for example, that the Annexe board became *"increasingly professional"* during 2005 and 2006 and was able to give additional support to the Annexe manager and staff.

Some HLCs had invested in developmental work at board level, which had the dual benefit of enhancing the strategic capability of the HLC as well as the capability of its board members. The Gorbals HLN, for example, has used SCVO's The Big Picture to help. The Big Picture is a strategy development process that has been designed specifically for community and voluntary organisations and has been proven efficacious in its use across the third sector. It gives leadership teams an agenda and road map through the strategy development process, which enables a board to confidently follow a pathway which ensures the key determinants of a sound strategy are addressed.

Keeping a focus on strategic issues seemed an important aspect of well respected boards. The CHS for example was extremely focused on future strategy. The 2006/09 Business Plan was used as a focus at board meetings. Evidently from discussions with stakeholders it has operated in a democratic and accountable manner. Community representatives advised that there was a good rapport amongst

board members with no single person or group said to dominate discussions and/or decision making.

KWIGG provided an example of an HLC where the management committee failed to develop into a full board and this contributed significantly to the HLC's demise. Representatives of some partner organisations failed to attend committee meetings on a regular basis and, as a result, committee meetings were often found to be inquorate. Voluntary management committee members received helpful training from GCVS and the Healthy City Partnership but indicated that they often lacked the time needed to work effectively in the HLC and overcome its problems.

3.6.2 Challenges to strong governance

The evaluation revealed some challenges around governance approaches.

The importance of board participation

Some HLCs expressed concerns about the participation of board members within board structures that appeared intrinsically sound.

While Drumchapel LIFE had a strong board overall, it was acknowledged that some directors could be more involved, and a future action might be to review the board's membership and the level of commitment of the various directors.

The East End HLC had a board of directors, comprising three representatives from GCC, three places for voluntary sector representatives and four places for community representatives. This was a typical recipe and the East End HLC found it useful to have a close working relationship with its main funders. It has also found it particularly beneficial to have such strong community representation on the board. In terms of disadvantages, two of the board places that are taken by GCC are taken by elected members (councillors) who do not attend board meetings very often. The East End HLC would like to either see these elected members attend more regularly or allow their position on the board to be taken by representatives who will play a more active role in the operations and direction of the East End HLC. However, the HLC is relatively powerless to assure this improvement.

Realistic expectations of and support for boards

Evidence from the former KWIGG suggested that investing authority in a voluntary management committee (VMC) of community members with significant job and family responsibilities is not always the best way forward for an HLC. Many stakeholders (and some VMC members) suggested that some of this HLC's most fundamental problems stemmed from control being vested in a voluntary management committee. No major criticism was offered of individual committee members but some stakeholders (and VMC members themselves) felt that they lacked the time and experience needed to deal with this troubled HLC's fundamental issues, particularly as the VMC received less than fulsome support from some of its partner agencies.

Time for governance procedures to become established

Alongside this was a feeling that, in some cases, it has taken time for HLCs to develop their governance ability (for example the CHI), the present picture being superior to the situation two years ago.

Essentially, according to another stakeholder, the centre is three years behind where it should be and since 2003 there has been a lot of time and effort put into CHI in terms of governance and deliverance to improve it as a whole. There has been development work surrounding the role of the board in terms of the difference between operations and governance. This has resulted in a dramatic turnaround of the project in that it is now better governed than before.

3.7 Additional insight

The evaluation revealed examples of the potential legacy of HLCs and areas where they have demonstrated practice of value to future approaches. In addition to the aspects already reported, other examples of the legacy of HLCs were as follows.

- Drumchapel LIFE's non-centre based approach and its use of existing physical resources and skills in the area has been seen as its key strength, and one that has fuelled partnership working and the development of new ideas. Being a non-statutory fund-holding body with a strategic role in health improvement was also viewed as being important: when statutory bodies outsource work that can be done in-house this sometimes creates tensions, however, as LIFE is not a deliverer, no such tensions arise. One stakeholder perceived that LIFE's strengths lie primarily in its ability to operate independently of traditional mainstream structures: this allows them to develop different approaches to tackle health inequalities, and to assist partners to address these inequalities with a range of innovative (and sometimes speculative work) that mainstream operators might not have had the freedom to do.
- Deaf Connections HLC has provided energy behind a direct, respected and recognised route for external bodies to work with the Deaf community. Organisations such as Wise Women, Choose Life, West Dunbartonshire Council, NHSGG&C and GCC have started to recognise that the most effective way to work with excluded or marginalised groups is to work in partnership with organisations who work directly with these groups. Deaf Connections HLC is becoming recognised as the experts in the field of carrying out health related projects with the Deaf community and this provides external organisations with the opportunity and link to work with the Deaf community.
- At a governance level, one of the main positives is that both of the organisations (Deafblind Scotland and Sense Scotland) that operate under the HLDPP banner are particularly service user led and focused. Most of the board of directors at Deafblind Scotland (70%) are themselves deafblind, while 70% of the board of trustees at Sense Scotland are families of service users, meaning that the HLDPP is very much run by the people and community that it is designed to serve and is able to stay focused upon the needs of deafblind people. Operating with two organisations (Deafblind Scotland and Sense Scotland) under the single HLDPP banner has enabled both organisations to learn a great deal from each other, creating a sharing of ideas and information on the best ways to assist service users. Sense Scotland staff have learned a great deal about how to assist service users with acquired deafblindness from Deafblind Scotland staff and Deafblind Scotland staff have learned a great deal about how to work with service users with congenital deafblindness. The sharing of resources has also increased the number of activities and events that have been organised.
- The Annexe started life as a community centre and currently views itself as a "*community centre with an emphasis of health*". As a result, it has developed a broadly holistic approach to health which emphasises music, arts and learning activities in addition to more directly-focused health activities. Stakeholders also noted that the Annexe performed a strong 'catalytic' role in the local community by initiating and championing local events. This was deemed to be particularly significant as Partick was not part of a SIP and had little tradition of partnership working. By initiating events such as Partick Fayre and Partick Folk Festival and by enthusiastically contributing to the West End Festival, the Annexe was seen to provide a significant degree of

local leadership and performed some of the roles that would have otherwise been performed by SIPs.

- The Chinese HLC's strengths were clearly seen as its cultural know-how, its understanding of the mindset of its client group, and its ability to take this understanding and apply it to their health partnerships. Coupled with what another stakeholder described as one of the centre's strengths was the commitment of staff, and their desire to see the job done. This gives the City's service funders an ability to access a growing and distinctive group of the city's citizens.
- The Gorbals HLN has provided experience of possibly a growing role for HLCs, namely the linking of policy level bodies and communities. It has worked with Glasgow's Centre for Population Health on the development of Participatory Appraisal research technique. As well as providing the technique development capability, the HLC was able to act as a conduit between people in local communities and an influential commentator on health issues.
- The East End HLC (EEHLC) has been designed as a hub from which a co-ordinated programme of health promotional and educational activity will have a focus for health gains throughout the whole community. It is important to recognise that the East End HLC has only been in active operation for the last year and, in that period, the East End HLC has already exceeded its targets in terms of encouraging people to participate in physical activity. The HLC has recognised that it does need to improve and expand upon the amount of partnership working that it is involved in to assist it in making progress in its other key social, lifestyle, educational and environmental aims. It is likely, however, that once the remaining key partnership organisations move into the HLC building and the current reorganisation of East Calton Community Planning and East Community Health Care Partnerships is complete, this will assist the HLC to make progress in its other key aims.
- North Glasgow HLC has demonstrated the value and role of an HLC in facilitating very effective community consultation. A specific example was consultation to inform the Fare4All transport strategy, as one of six pilot areas across Greater Glasgow. The HLC's work to inform their Public Partnership Forum (PPF) framework stood out as being significantly more inclusive than most other areas of the city reaching 205 organisations, promoting engagement through 3 local health centres, 3 public meetings, 12 local roadshows and by in-gathering 165 questionnaire returns from local residents.
- The Community Health Shop emerged from a community campaign to relocate the dilapidated GP surgery in the area and has developed considerably since then. It was recently visited by Northern Irish delegates and the purpose of this visit was to provide an opportunity for delegates to view best practice examples of community-based health initiatives in and around the city of Glasgow. Four Healthy Living Centres were visited and the delegates were strongly impressed by the vast number of programmes being organised within the small CHS premises, and the way staff brought all the community together under one roof and offered counselling to people in trouble. They were also impressed by the safe and friendly environment of the CHS and the unconditional acceptance they offered to all people who attended the CHS.
- The Cambuslang and Rutherglen Health Initiative developed a robust financial framework which has been described by OSCR (the independent regulator and registrar of Scottish Charities) as *"the most organised they had ever seen."* CHI developed the financial framework and guidance in line with OSCR's requirements and it can be demonstrated as a model which displays

new charity regulations. In addition, CHI is very involved in community consultation and engages with the community through a diverse range of methods which include individual contact; focus group contact; learning and training; educational appraisal; volunteering; sessional staff; permanent staff (most of whom are local); and partnership work with local carers. CHI also organises community events such as gala days and is developing a local radio station to communicate with the local community and provide information on a variety of health issues.

- West Dunbartonshire HLI has used a community lay health worker model and employed seven local residents who were offered supported employment and training opportunities. Several of these individuals went on to participate in Glasgow University's Community Learning and Development certificate, and two are currently in the final year of their degree course.

4 Discussion

This section discusses the implications of our key findings.

4.1 Performance of Healthy Living Centres

4.1.1 Overall impact

It is difficult to make a general comment about the effectiveness of the HLCs as a collective body, given that they are diverse in nature and some have performed more strongly than others. However, the prevailing view is that HLCs have made a contribution, but maybe not to the degree that might have been hoped for.

This was not an economic orientated evaluation and the following points are raised in relation to the determination of HLC impact.

- Harder to reach groups and disenfranchised communities cost more to engage with (this is evident in the performance data).
- When HLCs are getting themselves established, operational effectiveness is very low and the question of how society is expected to see a return on this investment over the short life (5 years) of projects merits consideration.
- Most HLC performance management is focussed at what could be described as the 'process outcome' level, with monitoring centred on how many people participate in activities. These 'touches' are what were typically measured. This style was driven by funders' (particularly BLF) requirements. Using such an approach makes it difficult to determine the degree to which individuals used services on more than one occasion or used more than one HLC service. A 'case' or 'CRM' (customer relationship management) approach would have made impact assessment more easy to determine.
- The degree to which a 'touch' (a specific interaction between a member of a target community and an HLC enabled service) is unique is questionable, especially when an HLC has been working in partnership on a project. This makes the clear determination of additionality more challenging.
- As well as delivering or facilitating the delivery of services, HLCs have a range of duties (depending on the HLC) in relation to partnership/strategic level work, which does not register on a 'touch' count, and has the effect of increasing any calculated cost per touch.

In addition, it must be recognised that, for the most part, HLCs have delivered the activities (process outcomes) that they were funded to deliver.

4.1.2 Challenges with the assessment of HLC performance

It seemed that HLC performance management systems were geared around the requirements of the major funder, BLF. It should be remembered that even those HLCs that didn't win BLF support had developed business plans and 'stage 2' bids for BLF consideration, and these included embryonic performance management frameworks constructed in accordance with BLF's orientation around activities and process outcomes.

The 'process outcome' measurement of HLC performance, while not perfect in its current form, has a strong pragmatic basis given some of the contextual issues.

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- It is recognised that it often takes a substantial length of time (longer than the present funding span of HLCs) for health improvement activities to have positive impacts on their target communities' health, at the level of the national health priorities (e.g. coronary heart disease, cancer, smoking, mental health). It must also be noted that some HLCs in the evaluation have been operating for less than two years.
 - In working with communities that are not necessarily engaged in mainstream health and well-being practice, much of an HLC's work should be seen as both preparatory and essential, in that if preparatory work is not complete an individual will never be likely to proceed to more positive health and well-being behaviour.
 - HLCs were tasked to respond to community derived health priorities and were funded on that basis. The onus was placed on community derived health priorities, whatever they were considered to be, rather than 'top down' national ones.

We have summarised and appended the performance of the HLCs within this evaluation (for their most recent full year of operation), relating reported process outcomes to the national and local health priorities.

4.2 Recipes for HLC success

4.2.1 Strong variance in HLC approach

There was much variation in structure, focus and style of the HLCs under evaluation and there are no categorical structural/focus/style variables that account for the variance in their performance. The variance is evident in the research findings documented in the previous section.

This is an important finding as the evaluation is unable to offer an optimum profile for a successful HLC. The reasons why some HLCs perform better than others are different in nature to whether the organisations are BLF funded, geographic or thematic; whether strategic/influential or engaged in service delivery; and whether based around central premises or outreach work.

Those HLCs which worked effectively at a strategic level tended to achieve this through being very clear about their role in relation to service deliverers (including community health projects) and the statutory sector. Those who performed strongly in service delivery served gaps in the market (geographic and/or service type) without undermining/duplicating the work of other providers.

It was suspected that BLF funded HLCs might emerge to be operationally more effectively managed than locally funded ones, given the higher emphasis that BLF places on period monitoring. This was not the case and there was no difference in this respect. Other funding sources (for example SIP funding) often carried monitoring obligations.

Please note that all HLCs, whether BLF funded or not, were subject to the same rigorous two-stage business planning and funding application process. However, those HLCs which did not receive BLF funding had to wait longer for their funding to be confirmed/made available, and this occasionally produced a loss of momentum. However, HLCs such as North Glasgow maintained momentum while they waited for confirmation of funding by continuing to work constructively with partners who had been brought together by the local SIP and who were all committed to promoting good community health and well-being.

4.2.2 Factors which account for variances in HLC performance

Despite the previous comments that there is no clear evidence that one particular model of HLC is necessarily superior to any other, the evaluation has revealed factors which help to account for the (relative) performance of HLCs. The main factors appear to be:

- having robust HLC governance/management arrangements (including board members);
- prudent and timely recruitment of executive team (especially the HLC manager/co-ordinator);
- the ability of an HLC to have a clear role and 'fit' with other service provision, partners and funding (including the clarity with which the strategic aims were drawn up and followed);
- having a focus on performance management;
- community homogeneity (or the ability to manage diverse communities);
- the relationships with local partners and strength of ongoing dialogue; and
- the length of time an HLC has been 'operational'.

The points around HLC management arrangements, prudent recruitment, strategic aims, and relationships are noted in section three. In some instances, HLCs took longer than anticipated to get themselves established, which resulted in under-performance during their initial periods of funding. The reasons for this were mainly down to recruitment challenges, not having key staff in place, and delays through other external factors more under the control of partner organisations (for example, having premises). The impact of longer than expected time to start up has not helped some HLCs, including the Chinese HLC and the East End HLC.

4.3 Other emergent points

There were some related issues to emerge from the evaluation.

4.3.1 'Undemanding' service beneficiaries

On the whole, HLC service users were sufficiently well satisfied with HLC provision. However, our dialogue with service users did not portray them as demanding audiences and their tone ranged from grateful to lightly engaged. This is perhaps not surprising given the role of HLCs and the nature of the people they were designed to service – if people have faced multi-faceted challenges and a lack of ability to participate or have their needs addressed, it is difficult for them to be empowered.

Maybe one of the roles of an HLC is to help empower such groups, but this is more likely to be the result of a sustained period of endeavour rather than a starting point.

4.3.2 The emphasised need for prioritisation

The prevailing view in this evaluation is that the need for health improvement services is likely to be stronger than the funding available for such work. This is supported by the evidence from HLCs themselves.

There are likely to be more deserving cases than the available resources can service. Whilst the vast majority of HLC service provision is likely to benefit people in communities, there was evidence in the evaluation that, in some cases, HLCs had identified health improvement needs in people with multiple deprivation characteristics, but had not secured the resources or organisational remit to address them.

Based on the work achieved by HLCs to date, it is reasonable to expect that a consideration for future support of HLCs will be the degree of 'distance' that specific communities have from participation in positive health and well-being practice.

4.3.3 The changing context

This evaluation was carried out in the recognition of significant changes to the organisational infrastructure surrounding the HLCs. Key components of this are:

- a move towards greater local autonomy, with the re-organisation into CPP/CHCP structures and their use as funding conduits;
- the general move towards the funding of programmes (of activity/service) rather than projects (organisations with lives beyond the contacted service);
- a widespread view that CHCP-wide could be too broad a geographical remit for a single organisation's ability to provide community-based services; and
- no assumption that an HLC should remain as the most appropriate way of meeting health improvement needs which it may have identified/addressed over the past few years.

4.3.4 Working collectively

Greater Glasgow (in particular) and Clyde is unique within Scottish (and perhaps UK) HLC practice in that it has a very high concentration of HLCs. Whilst this is not surprising given the area's health statistics, it has provided an additional beneficial dimension, namely the relative ease with which the area's HLCs can interact with each other.

HLCs commented that the periodic bringing together of HLC managers was viewed as helpful in the development of their work. The particular dimensions appreciated were sharing of ideas, building up networks, becoming aware of emergent issues and meeting 'like minded souls' to reflect on operational practice. The efforts of the Health Board and the former Glasgow Healthy City Partnership were recognised in this regard. This process should not be lost with any re-structuring. In fact, if the designation between HLCs and other community health improvement initiatives continues to erode, there is merit in extending its scope.

5 Recommendations

As stated by the commissioning steering group, it is beyond the scope of this report to make recommendations for the support of any or all of the HLCs involved in this evaluation. However, there are some aspects that have emerged from research which merit consideration as recommendations.

5.1 Making the most of the learning from HLCs

The evaluation has revealed six aspects which account for the vast majority of variance/excellence in HLC performance. All six (including the length of time an organisation has been in existence) merit use as a framework for assessing the intrinsic health of an HLC or prospective HLC-type organisation.

In the revision of community-based health improvement, we expect each CHCP to consider the evaluations of the HLCs in their area, together with the assessments of other community health improvement provision and the nature/needs of their communities. Each CHCP might wish to consider where it locates each of these four aspects of community-based health improvement:

- the strategic coordinator of local health improvement activity;
- the voice of the community (and the community-led articulation of health priorities);
- facilitating community empowerment in relation to health improvement; and
- the service delivery vehicles/routes into the community.

We believe all HLCs are aware of the likely changes (some have already made good progress along this route) and it is perhaps unlikely that any geographic HLC will remain unaffected.

5.2 The potential for sharper prioritisation

This is not an easy issue to reconcile given that resources for health improvement work are likely to be exceeded by the need for health and well-being interventions within communities.

The evidence indicates that HLC services are being used by appropriate beneficiaries. However, the evaluation has recognised that there remain individuals/groups with unmet health and well-being needs, many of whom have multiple barriers to participation.

The question that HLCs and funders might ask themselves is, what is the opportunity for a sharper focus on those people who are more disengaged from appropriate health and well-being behaviour?

5.3 Understanding 'fit'

One of the dimensions for HLC success was having a clear 'fit' with the context. To help translate this construct into a more grounded basis for management decisions, HLCs might wish to reflect on where they see their roles in relation to these five components of fit.

- The strategic coordinator of local health improvement activity.
- The funding conduit for community orientated health improvement work.
- The voice of the community (and the community-led articulation of health priorities).

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- Facilitating community empowerment in relation to health improvement.
 - Service delivery vehicles/routes into the community.

Clarity in this regard might help HLCs, funders and partners recognise their respective roles.

5.4 Performance measurement

The current approach to performance measurement, based around service activity and process outcomes, has worked reasonably well. The management information requirements are clear and HLCs have developed the appropriate mechanisms. The main vulnerability of this approach is the difficulty of tracking an individual's journey or progress. Without management information systems being orientated in this way, it is particularly difficult to look at improvements in individuals' health and well-being.

Some HLCs have embraced this for some aspects of their provision. It may be time for HLCs to move more strongly into this area. Systems capable of reporting on an individual, as well as an activity, basis exist (for example, those used by Smoking Cessation, Live Active, Prince's Trust etc.) so it may be appropriate to use this technology more widely in the future.

5.5 The future value of the Healthy Living Centre label

The aims for Healthy Living Centres were built around:

- an opportunity to mobilise community activity in improving health and reducing inequalities;
- a focus for bringing together health promotion in its widest sense across a broad range of interests which do not necessarily have a tradition of working together; and
- the potential to improve access to mainstream services for those who, for whatever reason, do not currently use them, or to provide a better alternative to mainstream primary care.

It can be difficult, on occasions, to see the difference between an HLC and a community health project. There is a helpful perspective which sees the role of an HLC as a 'beacon' for their communities in respect of health matters – strong voluntary sector bodies with credibility within their local communities, which could be the community health voice with partners and funders. That said, the focus for most, but not all HLCs, has tended to gravitate towards service delivery.

The Healthy Living Centre brand emerged with a clear association to a particular funding stream and perhaps this is where the distinction between an HLC and a competent community health project most strongly lies. For Greater Glasgow and Clyde, HLCs were seen in part as an opportunity to bring additional but time-limited funding into the area. The creation of HLCs introduced another category of organisation into community based health provision, in some cases adding surprisingly to the existing fabric. In the foreseeable rationalisation of community based health provision it might be time to take the lead from some of the HLCs in the area, and move away from the HLC label for these organisations.

Appendices

- Appendix 1 HLC process outcomes for their last complete operational year
Appendix 2 Glossary: selected acronyms, abbreviations, and organisations

Appendix 1 HLC process outcomes for their last complete operational year

A recognised perspective is to assess health improvement work on the basis of the provision of appropriate services in accordance with recognised health themes. The national health and local health priorities give plenty of scope to accommodate the vast majority of HLC work. Below is a representation of the activities, with 'process outcomes' – formerly referred to as outputs where applicable, provided by/facilitated by the HLCs for their most recent full year of trading.

Health dimension	National priority	Local priority	Other	Process outcomes (amount of service provided)
Coronary heart disease	X			1,522 heart health project
Cancer	X			
Smoking	X			192 smoking cessation 42 awareness raising events
Alcohol abuse	X			37 counselling (and referrals to) 150 alcohol awareness day 500 alcohol free cocktail book dist. 8 teenage girls programme 1,544 input into schools safer drinking
Teenage pregnancy	X	X		
Dental health	X			53 oral health info
Diet	X			652 milk token initiative 263 get shopping/cooking 1,414 healthy eating promotion 636 weaning fayres 5,108 fruit barra 1,635 food events/courses 20 late onset diabetes programme/support 1,500 café provision 28 training kitchen
Physical activity	X			80 yoga 63 martial art 724 dance 681 walking programme 34 leisure centre passes 15,820 misc exercise inc gym 1,777 run 1679 active playground 373 badminton 340 netball 16 trained as games/sports instructors
Cerebrovascular disease	X			
Mental health		X		1015 unspecified 234 counselling 1099 awareness raising 179 mental health first aid 1892 stress management 165 violence against women project 24 emotional literacy pilot
Sexual health		X		90 sexual health info 78 condom services
Support for carers and old people		X		34 elderly forum 1,231 Kids and Co/crèche provision 80 tea dances
Healthy safe workplace		X		
Mutual respect for citizens		X		
Drugs			X	417 narcotics anonymous 2000 needs assess/services report dist.
Income			X	828 money advice 533 law and money advice
General health			X	813 health lifestyle checks/health plans 880 complementary therapy 7,954 social activities/events 4,190 health awareness raising events 195 introduction to the internet/computer 143 library and health info services 745 community health development events
Employment/employability			X	300 Reed in Partnership 202 volunteers recruited

Health dimension	National priority	Local priority	Other	Process outcomes (amount of service provided)
Training for officers/org reps			X	434 deaf awareness training 366 Deafblind awareness training 7 Healthy eating/café training

The above table should be considered with the following in mind:

- National priorities were drawn from Towards a Healthier Scotland (1999) and local priorities from Glasgow Community Plan (2005);
- the 15,820 figure for miscellaneous exercise includes 10,723 from East End HLC using the gym and track facilities;
- the 7,954 social activities/events are mainly 'light touch', for example attendees at fairs where an HLC was exhibiting;
- there is some activity not captured in the above table, namely facility and room hire for groups, gardening related interventions and some community development work; and
- some areas of activity have not yet been quantified by HLCs and therefore there are no process outcomes to register against them.

Appendix 2 Glossary: selected acronyms, abbreviations, and organisations

ALN	Adult Literacy and Numeracy
ASIST Suicide Prevention Training	ASIST (Applied Suicide Intervention Skills Training) is now by far the most widely used suicide intervention skills training in the world.
Big Picture	A framework and process developed by SCVO to help the strategy development of organisations in the voluntary sector.
BLF	Big Lottery Fund
BSL	British Sign Language, the language used by most Deaf people in Britain
CHCP	Community Health & Care Partnership
CHI	Cambuslang and Rutherglen Community Health Initiative
CHLC	Chinese Healthy Living Centre
CHS	The Community Health Shop, Barlanark
COPE	Caring Over People's Emotions
CORE	Clinical Outcomes for Routine Evaluation
CPP	Community Planning Partnership
Deaf	Throughout this report, the capitalised form of the word <i>Deaf</i> is used to describe people who perceive themselves to be part of the Deaf community and who immerse themselves in Deaf culture. This is underpinned by the use of British Sign Language (BSL) as the preferred means of communication, and has meant that the Deaf community has increasingly sought recognition as a linguistic minority group.
Deaf Connections	Deaf Connections Healthy Living Centre
Deafblind Scotland	Deafblind Scotland is a charitable organisation that works with adults who have become dual sensory impaired later in life.
Drumchapel LIFE	Drumchapel Living Is For Everyone Healthy Living Centre
East End HLC	East End Healthy Living Centre
Futurebuilders Scotland	Futurebuilders Scotland is an investment programme to help social economy organisations that provide services to the public.
GCC CLS	Glasgow City Council, Culture and Leisure Services

GCVS	Glasgow Council for the Voluntary Sector
Gorbals HLN	Gorbals Healthy Living Network
HLDPP	Healthy Living for Deafblind People Project (the Healthy Living Centre). Deafblind Scotland and Sense Scotland offer services under the single banner of the HLDPP.
HOS	Healthy Organisation Service
KWIGG	Keeping Well In Greater Govan Healthy Living Centre
LHCC	Local Health Care Cooperative
Lifelink	A suicide and self-harm prevention programme offering mental, emotional and therapeutic support as close to the initial point of contact as possible.
NGHLC	North Glasgow Healthy Living Community
NHSGG&C	NHS Greater Glasgow and Clyde
OSCR	Office of the Scottish Charity Regulator
PPF	Public Partnership Forum
Reddotart	An art and artists community network holding exhibitions and events. Paintings gallery and online shop.
RESTT	Relaxation, Exercise, Stress Management, Therapies and Talk
SEAL	South East Area Lifestyle – a community health project in Gorbals and Govanhill areas
Sense Scotland	Sense Scotland is a charitable organisation that works with and supports children and adults who have communication support needs because of deafblindness, sensory impairment, learning and physical disabilities.
SIP	Social Inclusion Partnership
The Annexe	The Annexe Healthy Living Centre
VMC	Voluntary Management Committee
WDHLI	West Dunbartonshire Healthy Living Initiative