Argyll & Bute CPP Management Team
06 December 2006

Report from the Health and Wellbeing Theme Group

The CPP Management Committee is asked to:

- **Note the discussion from the HWTG and the agreements that they have sought:**
    - **Agreement from Argyll and Bute CHP for non-recurring funding of Islay Healthy Living Centre of £20,000 pending the outcome from Big Lottery Fund**
    - **Agreement in principle from Argyll and Bute CHP to identify £40,000 pa for five years for Islay Healthy Living Centre**
    - **Agreement in principle from Argyll and Bute CHP to identify resources to provide core funding for Bute Healthy Living Centre**
    - **Support from Argyll and Bute CHP for a bid going forward for Kintyre Healthy Living initiative for future BLF monies but using the Bute and Islay model**
    - **Agreement in principle from Argyll and Bute CHP to identify resources for Kintyre Healthy Living initiative to provide core funding should such a bid be put forward**
    - **Agreement in principle from Argyll and Bute CHP to identify non-recurring resources to support community development work in Dunoon and Helensburgh**
    - **Endorsement from Argyll and Bute CHP of the action that the local public health network in Oban, Lorn and Isles considers how best to meet the issue of health inequalities and deprivation in its area**
- **The HWTG also asks the other CPP organisations to help identify other sources of funding that could be considered as appropriate to be used for health improvement activity.**

1. Background and summary

Current health improvement funds received by the CHP total £175,000 (HIF). £26,200 is spent on public health capacity and community planning posts in Argyll and Bute Council and £50,500 is allocated to Islay and Bute Healthy Living Centres on an annual basis. The remainder of the HIF is spent on the Joint Health Improvement Plan (JHIP) actions across the seven localities within the CHP. The ability to provide some monies to the localities has been seen not only to improve partnership working but also to have direct impact on the agreed JHIP actions. As well as Big Lottery Fund (BLF) monies for the healthy living centres (HLCs), money also comes into the area through the local authority by way of the Community Regeneration Fund (CRF) (this need not be directed towards health inequalities but in reality much of it is).

At its last meeting the HWTG discussed in full the future health improvement funding from the CHP in relation to the timed expiry of current BLF funding. In particular it highlighted the need to target health inequalities through the targeting of deprivation in a remote and

rural context. It also noted that other CPP organisations should be asked as to whether other monies can be directed to health improvement activities.

2. Where should we direct our resources?

Datazones and deprivation

The HWTG is aware of the problems of measuring deprivation in remote and rural areas. The populations are heterogeneous with very different economic and social profiles within each small area. Not all those who live in one of the more multiply deprived datazones experiences deprivation and conversely the opposite is also true. That said the Scottish Index of Deprivation (SIMD) that uses datazones is a useful starting point to help allocate resources. Given that the distribution of deprivation is more scattered than in a large urban population, it is also helpful that the HWTG is able to allocate the small HIF resources to the localities so that they can make sensitive choices based on local knowledge.

A number of points are drawn from the information in Table 1 (see below):

- Islay is facing an imminent funding issue (although out with defined area of multiple deprivation)
- Dunoon and Helensburgh each have a datazone in the 5% most deprived datazones but only attract CRF funding and no additional health monies to tackle health inequalities
- Oban does not currently have any additional funding

Table 1 – Datazones and funding streams

Datazone	**Funding currently being received per annum**	**Funding ceases**
Islay/Jura – outwith 15% most deprived (project beneficiaries pa = 2,400)	Healthy Living Centre: BLF £106,900;NHS (HIF) £24,000 **Total £130,900 Spend pp £54**	March 2007
Kintyre – 1 dz within most deprived 10% and 1 dz within 15% most deprived (pop = 1,527)	Healthy Living Centre: BLF £193,000; CRF: £74,100 **Total £267,100 Spend pp £175**	December 2007 March 2008
Bute – 2 dz within 15% most deprived (pop = 1,074)	Healthy Living Centre: BLF £165,000; NHS (HIF) £26,000 CRF: £51,300 **Total £242,300 Spend pp £226**	March 2008 March 2008
Helensburgh – 1 dz in most deprived 5% and 1 dz in 15% most deprived (pop = 1,188)	CRF: £57,000 **Total £57,000 Spend pp £48**	March 2008
Dunoon – 1 dz in 5% most deprived, 1 dz in 10% most deprived and 1 dz in 15% most deprived (pop = 2,030)	CRF: £102,600 **Total £102,600 Spend pp £51**	March 2008
Oban – 1 dz in 15% most deprived (pop = 603)	No current funding – received only transitional CRF for a previous dz	

Islay Healthy Living Centre

Islay Healthy Living Centre has been operational since May 2002. It evolved from a Health Promotion Project funded by Argyll & Clyde Health Board (1996-2002) supported by a Health Alliance of key local partners. Its current funding ceases at the end of March 2007.

The points below describe the findings of national evaluations undertaken with Islay HLC and findings of evaluations of Healthy Living Centres in general:

- Help people to become healthier, both in the short and long term

- Safeguard the health and well being of their regular users
- Use a variety of successful strategies to involve local people and enable them to tackle the issues that affect their lives
- Enhance life skills, encourage change in health related lifestyles, and tackle fundamental determinants of ill health
- Help people and organisations to learn and to be part of a closer community
- Develop, improve and organise local partnerships and networks
- Many HLC activities will be sustained beyond BIG's grant but in a different form
- Provide more than a health promotion service and frequently involve giving local people the opportunity to address issues that affect their lives
- Prove their ability to engage hard to reach client groups and achieve social inclusion goals and encourage use of services
- Have ability to help CHPs and CPPs achieve meaningful community engagement
- Aid and complement local statutory service delivery

Much has been achieved by Islay HLC. However it considers that a further period of funding is required before it can develop a self-sustainable funding model. It has been invited by BLF to submit a 2nd stage application for the *Life Transitions* component of the 'Investing in Communities' funding stream. The project aims to submit the application towards the end of December and whilst the current funding does not run out until the end of March 2007 any delays in a decision from BLF would threaten continuity of the project. The CHP is to be asked to provide non-recurring revenue (maximum £20,000) to cover any delays in a decision from BLF. The project is asking for £830,074 from BLF over five years. It is also to ask the CHP for £40,000 per annum to support core funding for the project.

Bute and Kintyre

Both areas have a healthy living centre. Bute is run on a similar model to Islay and whilst it had a later starting time than Islay it has shown good results. Its funds cease in March 2008. It has begun to consider application to the BLF for further monies. Should a submission be made to BLF the CHP is to be asked to agree in principle to identify resources to provide core funding in a similar vein to Islay.

Kintyre Healthy Living Partnership adopted a different model to Islay and Bute and the Partnership is run as a virtual organisation with different local organisations delivering the work plan through funding from the central resource. It is not unfair to say that this has not been as successful as the other projects and it would not be the HWTG's recommendation that this be continued in future years. However there is a tremendous need in Kintyre and the CHP is to be asked to support a bid going forward for future BLF monies but using the Bute and Islay model.

Dunoon, Helensburgh and Oban

Dunoon and Helensburgh have the least nominal spend per person despite being the two areas where there is a datazone that is categorised as the 5% most deprived in Scotland. The public health networks in these areas should be encouraged to consider the best way to lever in additional monies to address health inequalities. It is neither possible nor desirable to foist a healthy living centre upon an area. Community development work has to go on in area prior to such a development to generate a desire for the community to engage in such an enterprise. However community development itself requires investment and whilst there are some local authority monies directed to this (Community Voices) across all the deprived datazones in Argyll and Bute, these two areas need special attention. It may be that non-recurring monies could be used to carry out such work with a view to building enthusiasm for a community-based project. The HWTG has recommended that the CHP agree in principle to identify resources to support community development work in Dunoon and Helensburgh.

In recent times Soroba in Oban has improved in its deprivation ranking and is now out with the worst 15% and the area has now embarked on a social enterprise model of funding. The HWTG has recognised that they are in their early days of attracting funding and have given them specific project monies to work on JHIP actions. However with the publication of the 2005 SIMD data an area around Quarry Road/Miller Road has now moved into the worst 15% most deprived. The local public health network should consider how best to meet this area's needs. The CHP has been asked to endorse this action.

3. Conclusions

Healthy living centres and local public health networks can shape and influence local services but can also support the implementation of service delivery across many of the partnership organisations. They have begun to tackle inequalities and health, removing the barriers to access and are already making an impact in the community, focussing on health improvement and can maximise service provision locally through their existing partnerships with communities.

The CHP has been asked to financially support the necessary infrastructure to allow this work to continue. The HWTG also asks the CPP Management Committee to help identify other sources of funding that could be considered as appropriate to be used for health improvement activity.

Elaine C Garman
Chair, Health and Wellbeing Theme Group
20 November 2006