

Scotland: Building Healthier and Happier Communities

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	Yes
Verification of the Good Practice	Yes
Evaluation of the Good Practice	No
Type of the Good Practice	Promising practice

Part 2: Description of the Good Practice

Name of the Good Practice	Building Healthier and Happier Communities
Short name (Acronym)	BHCC
URL of the Good Practice	http://www.scvo.org.uk/building-healthier-and-happier-communities/
Geographical scope	Local level
Country	Scotland
Region(s) involved	East Dunbartonshire
Status of the Good Practice	Completed
Stakeholders involved	<ul style="list-style-type: none"> • Day care centres • Informal caregivers • Housing organisations • Private companies • NGOs • Regional public authorities • Local public authorities • Advocacy organisations of patients/users • NGO umbrella organisations
Size of population covered	1,000-9,999
Targeted audience	18-49; 50-64; 65-79; 80+

Summary of the Good Practice

Building Healthier and Happier Communities (BHHC) is a fresh approach to improving the health and quality of life of people and communities across Scotland. It is a national programme that is delivered locally. BHHC evidences the proposition that greater investment in the third sector's capacity can significantly enhance the quality of life for people living in their own communities.

Charities, community groups, social enterprises and voluntary organisations of all shapes and sizes already make significant impacts in areas like early intervention, prevention and care, and support for people with complex and multiple conditions. With the right support, there is scope for them to make even more of a difference.

BHHC sought to improve understanding of how a strategic investment in the capacity of the third sector can manage demand for statutory services and improve the quality of life for people in their own communities.

A pathfinder (pilot) for the national programme took place in East Dunbartonshire between October 2013 and March 2015. Its aim was to understand how a change in community capacity can enable prevention at the locality and primary care levels.

The learning and experience of the pathfinder is documented in reports, all of which present compelling evidence to demonstrate that the objective was achieved, and as such will now inform future developments.

Key words: Co-production, collaboration, prevention, community

Good practice being part of the larger programme	No
---	----

Challenges / problems addressed by the good practice

Mental health, disability, fitness, creative approaches to therapy and recovery - are some of the areas where third sector health groups are providing specialist support and pioneering ideas.

Our challenge was to highlight where collaboration within the third sector, between the third sector and statutory agencies (particularly the NHS) could work better, and to explore how health care could be better integrated with social care to help address social isolation in East Dunbartonshire. Joining up the dots will help provide a holistic approach to our health and our happiness, especially as the Scottish health and social care integration agenda gets underway.

Importance of the challenges / problems before starting to implement good practice

The project was launched as the statutory infrastructure for health and social care

was evolving. The immediate pressure on the project was to identify the key role that the third sector could play in the delivery of integrated public health and social care services, and ensure credible representation was secured to enable genuine partnership.

Environment before the good practice was implemented

The relationships between the third sector and the statutory service providers were, in the main, enabled through short-term contracts and service level agreements. These relationships were often maintained without a more strategic overview of the opportunities for more equitable cooperation and co-production build on trust, partnership building embracing a genuine understanding of the benefits to both service delivery and community wellbeing. To a great extent, any review of the relationships between the third sector and statutory service providers was limited to discretionary (and arguably, underfunded) involvement of the TSI (the local third sector umbrella organisation) through its nominated members on committees of the local health and social care partnership.

Key innovative elements of the good practice and how the good practice improved situation compared to previous practice

BHHC has:

- enabled greater awareness and understanding of the role of the third sector in public service provision;
- secured greater connectivity and collaboration around the delivery of community based care; and
- promoted wider knowledge of how community assets can be better used to co-produce the national health and wellbeing outcomes

The process of jointly exploring collaborative work has left a legacy of measures and partnerships that has built a movement of people from all sectors committed to ongoing development of services aimed at measurable improvement in the health and happiness of individuals and the wider community.

Learning from the BHHC approach can provide a partnership option to integration authorities as they consider how best to deliver community based approaches to care and to third sector organisation as to how they might contribute to national health and wellbeing outcomes.

Part 3: Transferability of the Good Practice

Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)	Equal costs, improved outcomes
Resources required for the deployment of the good practice (personnel,	

equipment, facilities, ICT and other resources required	
<p>The project was jointly facilitated by staff from SCVO (2.5FTE - Programme Manager, Development Officer and part time Evaluation Officer) and EDVA (1FTE), along with active participation and support from statutory service providers, notably East Dunbartonshire council, ED Community Health Partnership and NHS Greater Glasgow and Clyde. The pilot was funded by the Scottish Government (£510,000) that covered staffing and development work, delivery (including events) and evaluation. Having undertaken this pilot project rollout costs in other localities would be significantly less.</p>	
Total budget of the Good Practice	€100.00 - €499,999
Source of funding	Regional funding
The main actions that have to be done to deploy the Good Practice	
<p>Preliminary consultation was facilitated between the third and statutory sectors. One of the criteria for selecting East Dunbartonshire was the established relationships between the key players so this introductory stage was relatively straight forward. The detailed project was delivered through a series of overlapping and inter-related actions, including logic Model workshops, networking events, a meet the funder event, evaluation surgeries and shared learning events. We also provided direct funding to nine local organisations to act as case studies on practice and opportunities for enhanced community care.</p>	
Issues during the implementation of the Good Practice	
<p>A number of issues were identified as part of the initial scoping exercise, many of which centred mainly on the perceived cultural differences between the third and statutory sector.</p> <p>In particular issues for the third sector were:</p> <ul style="list-style-type: none"> • Lack of awareness of the range of activities and services provided by the sector (and by other organisations across the sector) • Limited communication and networking between service sector service providers (and between communities across the locality) • Difficulty in securing funding and subsequently meeting reporting requirements • The need to develop and strengthen key skills • Other practical difficulties such as accessibility, travel costs and differential venue availability. 	
Additional resources required to scale up Good Practice	No
Basis to support sustainability of the Good Practice	
<p>The published evaluation report on the pilot project has clearly evidenced the short and long term benefit of the BHHC approach.</p>	

Evidence to observe the Good Practice

The good practice is observed via the report - <http://www.scvo.org.uk/wp-content/uploads/2015/10/BHHC-Outcomes-screen.pdf>

Part 4: Viability assessment of the Good Practice

Time needed to deploy the Good Practice

Less than a year;

The importance of quality engagement was a key principle of the development team at SCVO. The pilot was built on the established relationships between the third sector and the statutory service providers and so implementation was relatively straightforward once resources were in place. Similar infrastructure is in place across Scotland through the network of third Sector interfaces' participation in the process of health and social care integration. As part of the delivery of the project 4 local, open-to-all, introductory events were held across the pilot. These were promoted through a variety of media and coordinated by the local third sector Interface. This ensured an interest and understanding from a cohort of local groups and community organisations from the outset. Our evaluation report identifies 7 magic ingredients: 1. Engagement with key partners 2. Mutual understanding and agreement of a co-production approach 3. Mapping of assets and widespread third sector engagement 4. Identification of barriers and a shared approach to overcoming them 5. Opportunities for cross sector learning through networking 6. Capacity building within the third sector 7. Developing structures to embed sustain and develop change.

Investment per citizens / patient / client in terms of financial resources

No available calculation.

Evidence behind the Good Practice

Documented evidence. Evidence is based on systematic qualitative and quantitative studies.

Part of the funding for the pilot was devoted to action research and a post-delivery evaluation report. A key element of the initial work with both the third sector and statutory services was the development of a robust logic model which identified, by consensus, a key set of outputs and a targeted new paradigm. This logic model is included in the evaluation report.

<http://www.scvo.org.uk/wp-content/uploads/2015/10/BHHC-Outcomes-screen.pdf>

<p>Maturity of the Good Practice</p> <p>The practice is “on the market” and integrated in routine use. There is proven market impact, in terms of job creation, spin-off creation or other company growth.</p> <p>The pilot was a stand-alone initiative that has now been adopted by participating partners. SCVO are working with partners in other localities to deliver similar and related projects building on community asset mapping and third sector networking.</p>
<p>Estimated time of impact of the Good Practice</p> <p>Long term and sustainable impact - e.g. a long time after the pilot project ended and routine day-to-day operation began</p>
<p>Impact observed</p> <p>Better quality of life</p>
<p>Transferability of the Good Practice</p> <p>Ready for transfer, but the innovative practice has not been transferred yet. The innovative practice has been developed on local/regional/national level and transferability has been considered and structural, political and systematic recommendations have been presented. However, the innovative practice has not been transferred yet.</p> <p>Please explain the transferability that you have identified and how you have identified it, (max. 250 words). Insert relevant web-based links if possible. As noted above (Q35) SCVO are working with a number of partners on initial community asset mapping and intra-sectoral networking. SCVO are also in discussion with the Scottish Government and a number of the regional health bodies about funding further development work on an area-by-area basis using the pilot as a model.</p>

Part 5: Your organisation

Name of the organisation	The Scottish Council for Voluntary Organisations (SCVO)
Address of the organisation	Mansfield Traquair Centre, 15 Mansfield Place, Edinburgh, EH3 6BB
Type of organisation	NGOs
Name of the contact person	Sarah Curie
Email address of the contact person	Sarah.curie@scvo.org.uk