

**London Health Commission
Bid to the Big Lottery Wellbeing Fund programme**

Consultation event 3 July 2006.

Your views on this bid for London?

- Brings agencies together
- Lacking some big powerful partners...education, construction
- Too big?
- Too top down/heavy? (4)
- ...too much emphasis on who will be delivery partners. Will enough filter down to the community groups?
- Enough money?
- Concern seems all about children...what about older people and community in general
- Health outcomes and wellbeing (Not community development) should be used as the focus of the bid
- Need to be realistic what can be achieved across London
- Good joined up Stage 1 thinking needs to be applied at Stage 2
- Overall...needs to be measurable, show value for money etc...start with demo sites in year 1...to pin point replicable models
- Make clear how will feed back into policy
- Need to start mapping ASAP in year 1...if money to have impact
- Template for local action...engagement process with local communities
- Sponsorship?...match funding...link with existing funding streams?
- Additionality...difficult to show....link with long term impact
- (IB table)
- Too much emphasis on sport? Include non-competitive physical activity
- useful to be under LHC umbrella and overarching 'framework'
- Clarify relationship to LAAs
- Needs to fit with current local strategies

How can we strengthen this bid?

- Make difference on ground
- Criteria
- Monitoring and evaluation...qualitative and quantitative
- Links with other existing structures...LINKAGES!
- Money for innovation as well as building on what works
- Who will be responsible for monitoring?
- Build on existing community infrastructure
- Structure to deliver evidence as well as programmes
- Clearly identify target groups (children, older people, BAME etc)
- How can reach out to grass roots organisation...
- Not too much of resource into management
- Clearer vision
- Look to mainstreaming and sustainability at the outset
- How different from other funding programmes
- Definition of CD...means different things to different people
- Define the intervention – what is it, who will do it, how long for? A template for local action.

- Consider ways to liberate existing funding and explore sponsorship opportunities.
- Be clear on the mechanism of influencing policy and practice
- Decide geographical areas at the outset – insufficient resources to map the whole of London
- Funding starts funding to maintain momentum in existing projects
- Work that defines the intervention....to overcome inconsistencies
- Local Authority interest
- Need to have some impact on the 45-50+ age group to impact on inequalities.
- target inequality, via a combination of the most deprived boroughs and particularly deprived areas in a few others
- import to improve access to health services as well as just community development, for disenfranchised groups
- Social marketing techniques
- Community development takes long time to show improved health outcomes
- Consistent delivery
- Strict evaluation and monitoring mechanism and framework
- Needs to be validated
- Incrementally important for statutory sector who have high budgets but much is already committed
- Evidence base and 'base lining' is key – playing to key audiences. Use PCT & other existing indicators relating to Obesity & CPA
- Commissioning evaluation and outcome indicators
- Not too output driven
- Additionality
- Evidence delivery mechanism
- Outcomes
- Mainstreaming and sustainability from the outset...link to LA...PCT agendas
- Structure around organisations or around themes?

Examples of where the community development approach to health is already working in London?

- Southwark
- FGM
- Older Persons...self
- Women's Muslim group (RP)
- Greenwich example (IB)
- Hackney and Haringey...indeed all HLCs healthy living centre (x2)
- Health trainers...community nutrition advisors (Haringey eg)
- Active East...as eg of sub regional delivery
- Lots of good examples...but all hit the long-term funding wall
- Household approach?
- Work with Local authorities to identify areas

Suggestions of criteria for identifying the local communities?

- Work through healthy schools, existing people and structures
- Try to reach those not yet ill...not most obvious to target

- (RP)
- Agree clear definition of 'local communities' (geography, client groups, age etc) Ward, street, household all possible
- Look for matched funding from councils and in longer term
- Either sound evidence or tied to evaluation strategy...how can be replicated.
- Sustainability as key theme
- Mental health and wellbeing and the built environment (IB)
- Where there is a track record of delivery
- Include transient communities
- Communities with multiple needs
- Target most deprived communities...include other criteria where would make good demo projects (2)
- Must not replicate existing programmes...Haz...NRF etc
- Match funding as principle...to buy long term sustainability
- Other mechanisms to buy sustainability ...changing policy....need buy-in from PCTs, LAs etc..other 'gateway' organisations
- Explicit links to stat org targets...as lever for matched and longer term funding....new stat target on inequalities in LAAs
- Establish a Community Panel from early stage to give community perspective into bid development
- Set up regional demonstration projects
- Linked/ deprived areas e.g. Olympic Park boroughs

Next steps

- Timescales are tight – writing team are working to deadline of 17 July to give sufficient time for sign off
- The steering group and writing team will pick up the points raised above
- 11 July reception will be opportunity for community groups to consult on the bid
- Regular updates will be posted on the LHC website – www.londonhealth.gov.uk
- Work will continue on the bid after the deadline on 28 July up to the decision from the Big Lottery Fund on whether the bid goes through to Stage 2.