Blueprint for a Healthier Scotland

Scottish Communities for Health & Wellbeing

A Proposal to the Scottish Government

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Introduction

John Cassidy, *Chair, Scottish Communities for Health and Wellbeing*

THERE IS arguably no greater challenge facing politicians today than delivery of cost-effective health solutions to the population of Scotland. Demands are incessant, evolution of delivery models is restrained, financial resources finite. Solutions to this complex equation call for vision and imagination. This document, we contend, offers both – and in so doing presents a dynamic and exciting opportunity for the future health and wellbeing of our nation.

I represent *Scottish Communities for Health and Wellbeing* (SCHW) a consortium of 78 community-led organisations across the country. When we first met the Scottish Government in 2009, we were a group of 26 healthy living centres. Today our tripled growth underlines the success we have had in enabling local people to help themselves. Their legacy continues to be passed on to others – building capacity and reducing dependency on statutory services. As I write, these organisations are rapidly stepping up to the challenge of supporting their communities through the Covid-19 pandemic.

But the survival and potential growth of our sector rests on the shakiest of financial foundations.

Academics, policy-makers and practitioners interested in our community-led approaches to mental health and health improvement have increasingly studied our methods during the last five years, including groups from Canada, USA, Denmark and Northern Ireland: the community and voluntary sector in Scotland is at the forefront in many ways. However, as a nation we still have some way to go to reduce inequalities and establish a healthier and fairer society.

Scottish Communities for Health & Wellbeing

To help reset the balance of resourcing between the medical and social models of health delivery, SCHW is today making a game-changing proposal which we firmly believe will deliver dramatic and permanent improvements in the health and wellbeing of our most disadvantaged communities.

So what is it?

This is a proposal for a partnership with Scottish Government to provide a programme of core support that will allow community-led health organisations – and the framework which supports them – to boost their delivery of health and wellbeing at local levels: it is an investment in their future. These are communities which are already working to overcome health inequalities and which meet agreed national public health priorities. Government support will provide the

conditions that enable and empower local communities themselves to develop, to plan, to grow and to take responsibility for their own health and wellbeing.

This we argue, will deliver a substantial and effective nationwide contribution towards eradicating health inequality especially in localities or situations where statutory bodies find it difficult or impossible to engage effectively.

This does not mean an investment in a new infrastructure, nor money for a new intermediary body. Neither is it new money nor in addition to funds the Scottish Government is already investing, either in health spend overall or in health improvement.

It does, however, present a challenge of using resources more effectively.

SCHW is unique: it will play a facilitative and quality management role only – receiving a reducing contribution of just two per cent in Year 5 of the envisaged funding programme. Our experience demonstrates that we can yield highly impressive returns on any Scottish Government investment directly into local communities. For example, for an outlay of £1.88 million, 25 community-led health improvement organisations (CHIOs) will, we predict, support and generate £9 million of additional health and wellbeing spending directly into the localities they serve.

Hundreds of thousands of end-users will be reached individually in our programme – set out in detail overleaf. Those returns and numbers of users will increase year on year. This is prevention in action – and a far-reaching blueprint for the future.

We have a vision and a firm determination to see Scotland at the top of European health league tables with communities placed at the centre of this transformation. We believe this transition has already started and that by embracing our strategy, the Scottish Government and Scotland as a whole, can lead the way in the UK and far beyond – recognised as a leader in health delivery.

The future we believe begins here.

1 Executive summary

Blueprint for a Healthier Scotland

SCHW, which today comprises 78 community organisations, plans to support the Scottish Government by facilitating a dynamic new approach to the delivery of vital national health and wellbeing priorities – tackling inequality, loneliness and isolation, and reducing mental illness.

The key to unlocking many of those seemingly intractable problems which exist at the heart of our most disadvantaged communities lies in those communities themselves. Our approach complements the traditional medical model. We engage across the policy spectrum from education to employment and from community development to community buy-out. Delivery is measured in terms of high-value services, support and motivation for individuals, families, and communities – and overall astonishing value for money.

100 Organisations
800 Staff
4800 Volunteers
500,000 End-users

With Scottish Government support we aim to mobilise over four years, 100 community-led organisations, more than 800 staff, 4,800 volunteers and make direct contact with over 500,000 end-users. This will build and sustain the heart of those groups which are needed to enable their communities to respond to local opportunities and so trigger very significant increased direct investment in health improvement.

We are acutely aware of Scottish Government investment in the third sector and of how that sector itself functions. This document demonstrates that our proposals fit well in this context. Our strategy implies an annual investment of a modest 4% of national resources for health improvement (representing just 0.2% of total Primary Health Care funds) directly into communities utilising SCHW's established expertise. We have an enviable track-record of working with community-led groups, co-ordinating multi-organisation projects, establishing effective partnerships and setting high standards of accountability, quality management, review, evaluation and reporting.

Far reaching /...

This far-reaching blueprint shifts power from established agencies to grass-roots health groups. It releases an army of volunteers and vast supporting resources utilising low-cost administration. And it promises potentially huge returns. Reduced NHS spending, identifiable health improvements and stronger partnerships between primary health care services and the communities which they serve, all wait to be seized by government as outlined in *Outcomes* on *P14.*

This is a low-risk opportunity to make a dramatic impact in ensuring the delivery of current priorities and policies in the following areas:

- the Community Empowerment Act;
- the Integration of Health and Social Care;
- the Mental Health Strategy
- the National Strategy to tackle Loneliness and Isolation;
- the Fairer Scotland Action Plan.

. . . and our two Policy Context sections explain how.

2 Background /...

2 Background

SCHW and community-led health in practice

Many people work to tackle health inequalities and promote health and wellbeing in communities. They do this in a wide variety of public services and voluntary organisations. SCHW brings together groups which are community-led and for whom promoting health and wellbeing is the principal focus. They are independent grass-roots bodies. They often play a key *anchor*[1] role for communities, building their capacity for wider action, rather than focusing only on one particular group or issue. A survey of the existing SCHW organisations in autumn 2019 detailed on *P33* shows 78 organisations which:

- have a wide range of activity, but whose key mission is health and wellbeing;
- are independent and rooted in the communities they serve;
- reach hundreds of thousands of people each year, mobilising large numbers of volunteers;
- are typically dependent on short-term funding – with the National Lottery being the most common source, well ahead of the NHS;
- depend on multiple short-term funders even for the core costs of management and administration.

External and internal evaluations[2] of community-led health and wellbeing organisations (CHIOs) conclude that they:

- provide services to substantial numbers of people living in disadvantaged communities, many of whom would be considered *hard to reach* by conventional means;.
- impact positively on the physical and mental health of users and improve health-enhancing behaviours;
- mobilise an increase in volunteering and other forms of participation;
- increase the range of services available to local people ensuring they are responsive and accessible;
- respond to changing policy and practice, and capitalise quickly on new opportunities.

What makes us distinctive /...

[1] Community anchor organisation (CAO): Community-led organisations with multi-purpose functions, which provide a focal point for localities and groups and for community services. They often own and manage community assets and support small groups to reach out across the community.

[2] • Wood S, Finnis A, Khan H, Ejbye J. "At the Heart of Health: Realising the value of people and communities" London Nesta 2016.
• The Health Foundation. "Effective networks for improvement: Developing and managing effective networks to support quality improvement in healthcare" London. The Health Foundation 2014.
• Community Development Foundation. "Tailor-made: How community groups improve people's lives" 2014 papers 1-7.
• Improvement and Development Agency. "A glass half-full: How and asset approach can improve community health and well-being" IDEA 2010.
• The Tavistock Institute "Evaluation of the Big Lottery Healthy Living Programme" Tavistock Institute 2008.
• Research Unit in Health Behaviour and Change. "Evaluation of the Healthy Living programme in Scotland" University of Edinburgh 2007.
• NHS Scotland "Exploring the use of economic evidence to support the health improvement contribution of the third sector" NHS Scotland 2011.
• Foot J. "What makes us healthy? The asset approach in practice: evidence, action, evaluation" 2012.
• Scottish Community Development Centre "Understanding a Community Led Approach to Health Improvement" SCDC 2008.

What makes us distinctive?

Community-led health organisations –

- reach a wide range of people whose support requires non-traditional approaches;
- help provide individual, holistic solutions to deep-seated multiple problems;
- encourage people to build a personal pathway to improving their health and wellbeing, not off-the-peg solutions;
- foster attachment and connectedness.

We are also frequently the impetus for community renewal and empowerment – key drivers of a more equitable society, forming partnerships with other local groups, the NHS and local government.

What we do

In practical terms, CHIOs . . .

- provide direct services, including – cooking, diet and fitness classes; walking and exercise groups; addiction support; signposting to services; fruit and vegetable supply; digital inclusion; community engagement; community transport; local radio; counselling and therapy services; arts and music; and youth sports, among others;
- deliver social prescribing – working with individuals and primary health care professionals to co-produce unique health pathways with agreed personal health and wellbeing outcomes utilising community organisations and resources to actively develop new activities that deliver these outcomes in communities;
- help overcome isolation – connecting people to practical help, group activities, informal social interaction and volunteering;
- strengthen communities and places – building on community capacities and energy to take action together on health and the social determinants of health and influence local decision-making
- provide volunteer and peer support –facilitating the provision of advice, information and support or organising activities, shared experiences and expertise around health and wellbeing
- build partnerships – working with local services to identify needs and deliver solutions.

3 Our Proposal /...

3 Our Proposal

A long-term strategic partnership

We propose a long-term strategic partnership between Scottish Government and SCHW that will sustain, further develop and empower community-led health and wellbeing improvement organisations (CHIOs) across the country.

SCHW is the only body of its kind in Scotland solely comprising health and wellbeing organisations. We are a Scottish charitable incorporated organisation (SCIO), governed by a board of volunteer directors. Our members focus on the local delivery of health improvements in some of of the nation's poorest communities. Many already play a lead role in their areas: others are emerging and have the potential to develop further into this role.

Our investment model envisages

1. SCHW will oversee a national programme of investment directly into supporting the core costs[3] of CHIOs. This will provide an average of £70,000 investment per organisation per annum up to a maximum £100,000, rolled out as summarised in *Appendix A Action Programme (P21)*. We anticipate that the number of organisations supported will rise to 100 over five years. Some will be part of our existing alliance, others not.
2. The creation of a National Partnership Agreement (NPA) between the Scottish Government and SCHW. This will define the criteria for inclusion and selection (based on key factors, outlined, right); the requirements for accountability and quality management; and specifically which core costs will be eligible for support.
3. The NPA will define the funding and budget management process. Options include:

Fig. i - Selection criteria

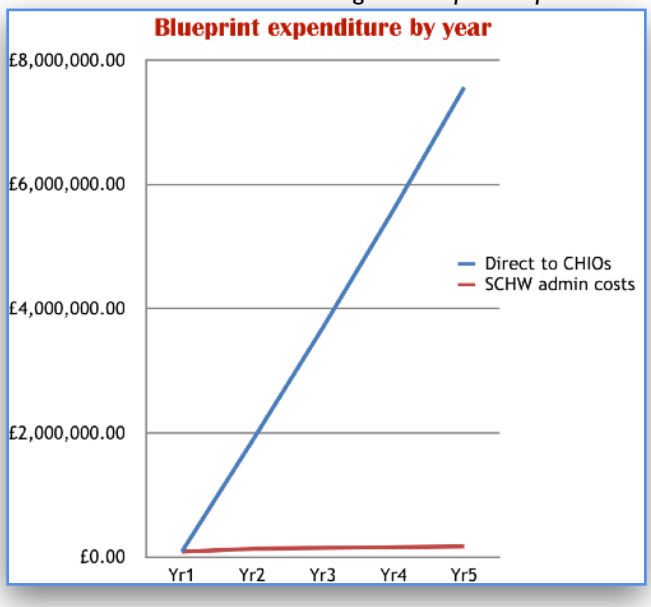
/ ….

[3] Core Costs: the central administration costs of CHIOs.

- funds distributed by SCHW;
- funds distributed directly by the Scottish Government to organisations selected, supported and monitored under the NPA;
- or funds distributed by a third-party, such as Corra.

4. SCHW will use its existing low-cost organisational structure to facilitate the NPA. The additional resources set up in SCHW would amount to the appointment of an overall manager for Scotland, a development role and administrative support. These would be hosted in an SCHW organisation, with minimal costs required. We envisage management and capacity-building costs would amount to about 7% of budget in Year 2, reducing as a percentage year-on-year until Year 5 when they would amount to around 2% (including any administration costs of a funding distributor) – (*Fig. ii.)*

Fig. ii - Blueprint expenditure



The role of SCHW in delivering this proposal will be to:

- Bring together existing and emerging community-led-led health improvement organisations;
- Identify, working with appropriate partners, the organisations to be supported, including underrepresented areas of Scotland and types of community;
- Recommend specific sums of investment for each organisation, related to its current funding, staffing and scale of activity;
- Establish local partnership agreements and regular communication with the organisations in the national programme;
- Establish a common approach to quality management and framework for recording, reporting and performance reviews across all participants;
- Provide *light touch* support and trouble-shooting for participants;
- Create and monitor a process of continuous risk assessment. A preliminary risk analysis is set out on *P32* and will be further detailed within the NPA;
- Encourage and support new organisations to join the programme, using the expertise of existing participants;
- Bring the organisations involved together to share learning with each other and more widely;
- Report annually or at pre-agreed intervals, to the Scottish Government;

We predict /…

. . . in the first full year an investment of £1.88m will generate funding of over £9m . . .

We predict the investment will trigger significantly increased overall resourcing for community-led health improvement *(Fig.iii)*. We anticipate that in the first full year alone (Year 2) an investment of £1.88 million will support and generate over £9 million[4] of levered-in funding[5] for activity in communities as illustrated below.

Just as importantly, as we argue in *Outcomes*, that activity will reduce cost pressures on services, both through cost savings and through a much wider preventative impact, increasing people's health and wellbeing and reducing failure demand on services.

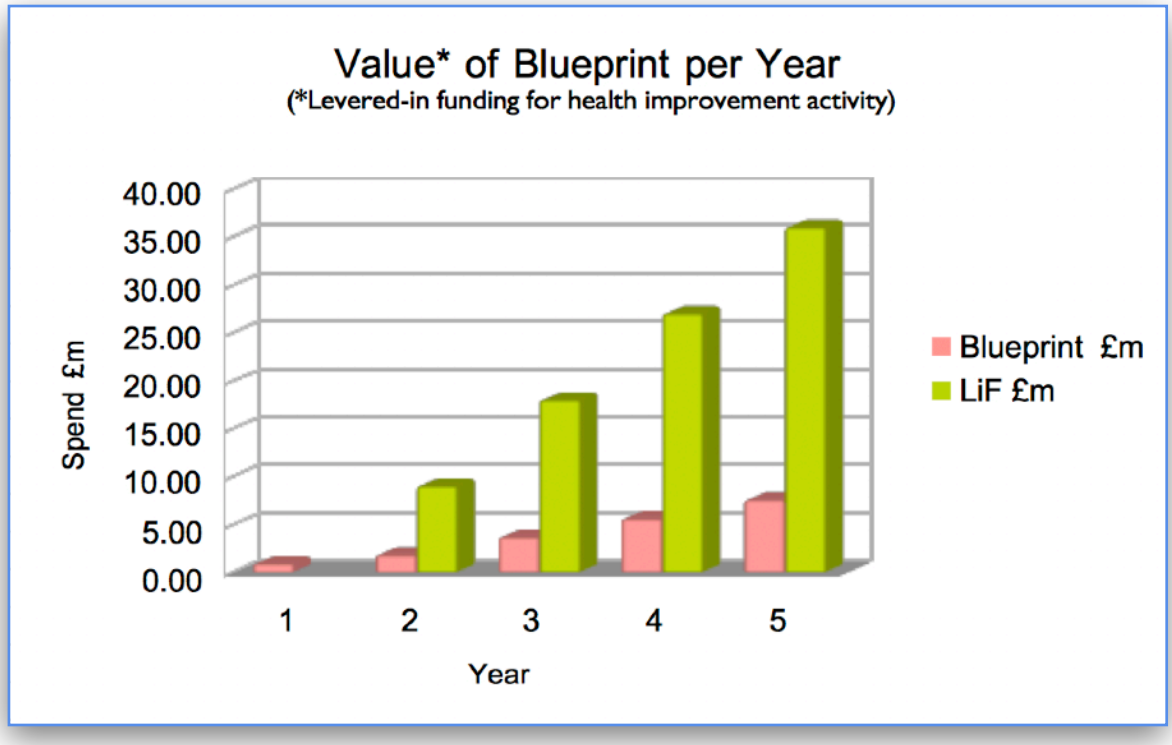


Fig. iii - Value of Blueprint per Year

Yet we estimate that the proposed Year 2 outlay equates to only 1.7% of the national health improvement budget[6], rising to 6.9% in Year 5. In terms of the Primary Care Services budget, this represents a much smaller share – from 0.2% to 0.8% *(Fig.iv)*. /…

[4] Based on ratio of average proposed core support to the current average total turnover of purely local organisations in our alliance.

[5] Levered-in Funding (LiF) – the money that CHIOs raise locally for activities in the community beyond their core costs

[6] Based on total expenditure on Health Improvement and Protection (Departmental Allocations), NHS Health Scotland and Active Healthy Lives, Scottish Government budget 2019/20. Since this excludes expenditure by territorial Boards, the proposed investment would actually represent a *much lower* percentage of all Scottish health improvement expenditure.

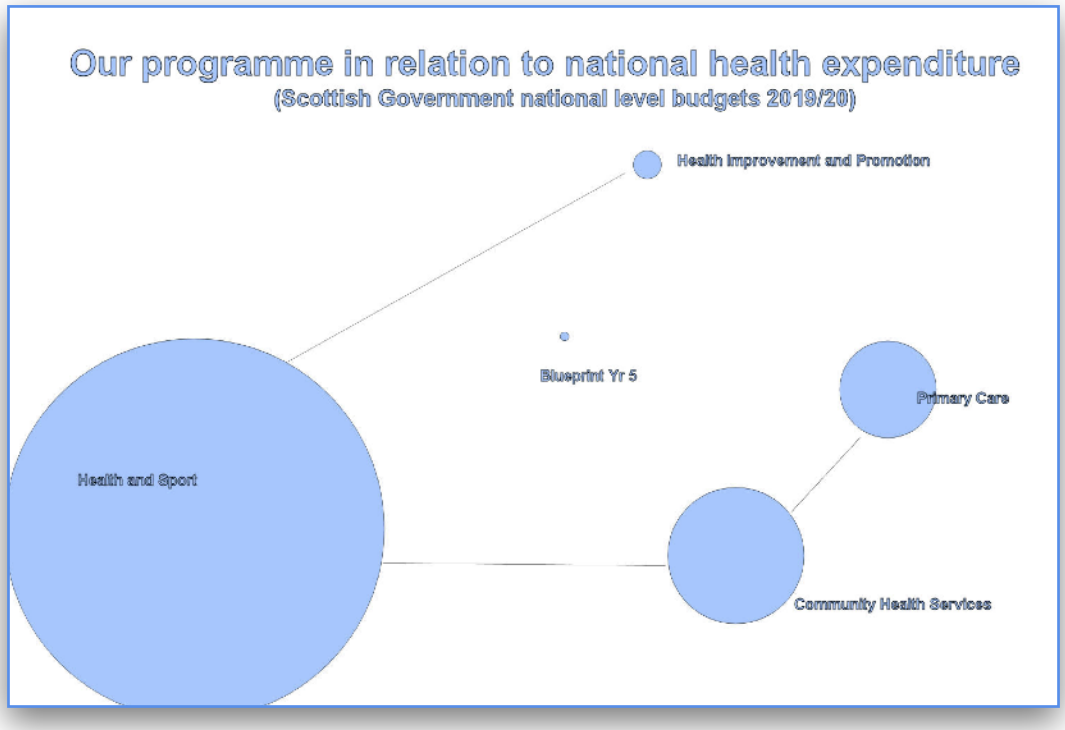


Fig. iv - Blueprint costs v. NHS Primary Care spend

A national cross-portfolio investment by the Scottish Government could also be an option if it so desires. That would reflect the central importance of healthy communities to the delivery of a wide range of National Outcomes..

An initial risk assessment of the delivery of the programme has been carried out and shows the actions that would be required to mitigate issues arising. What we do know, however, is that there are serious risks involved in doing nothing: there would be a persistent shortfall in the ability of community organisations to deliver as well as expected on the aspirations that are laid out for them in national policies on health improvement, tacking inequalities and community empowerment

4 Outcomes /...

4 Outcomes

Cost-effective health improvement

The SCHW Blueprint envisages a long-term national investment in the core costs of community-led health improvement organisations. Fully implemented it will unquestionably help to sustain, embed and grow a strong and cost-effective community-led health improvement sector. Community-led approaches will become an integral part of national health and wellbeing strategies, policy and services. This will empower and enable a national network of grass-roots organisations to increase their capacity to respond to local needs, to mobilise additional local resources and to improve health and wellbeing for individuals and communities.

A major contribution will be made to establishing a wellbeing economy in many of Scotland's most disadvantaged communities.

This modest investment will:

SCOTTISH COMMUNITIES FOR HEALTH & WELLBEING	
BLUEPRINT Figures at a Glance	
Investment	
Programme (Year 2)	£1.88m
Programme (Year 5)	£7.57m
Investment as %age of NHS Primary Care (Year 1)	0.20%
Investment as %age of NHS Primary Care (Year 5)	0.80%
Community-led Health Improvement Organisations (CHIOs):	
Number (Year 2)	25
Number (Year 5)	100
Total Staff (Year 5)	800
Total Volunteers (Year 5)	4,800
Numbers of end-users (Year 5)	500,000
Averages per CHIO per year	
Investment	£70,000
Levered-in funding	£280,000
No of end-users	5,261
No. of volunteers	49
No of volunteer board members	10
National comparatives	
Cost of Social Worker per hour	£55.00
Cost of GP appointment (17min)	£67.00
Cost of prescription per GP consultation	£43.90
Cost of out-patient attendance	£111.00
Cost of unplanned in-patient admission	£2,160.00
Estimated cost of CHIO activity per user, per wk	£1.00
Value of 1x volunteer per year (Cabinet Office figure)	£13,500.00

Fig.v - Figures at a Glance

Eight key outcomes /…

1 **Enable and empower community-led organisations.** National recognition will have a transformational effect. Never before will they have had a commitment to long-term enabling funding. They will gain new confidence to plan for the future.

2 **Deliver an important message.** It will embed the role of communities in improving health and wellbeing, substituting direct action for hitherto positive rhetoric but ambiguous response in practice.

3 **Build on existing community-based assets.** **A**sset-based approaches work at both local and national levels. Community-led groups supported by this investment will increase impact and status in many of our poorest communities. CHIOs constitute a vital national asset. National investment will ensure this asset grows, develops and thrives.

4 **Empower communities.** Our community-led members are governed by local people and their priorities are shaped by local priorities. National investment will be a statement of trust by the Scottish Government in local communities, supporting grass-roots democracy and empowering localities to improve the health and wellbeing of their citizens. This will ensure that decisions are made locally for their medium- and long-term needs with security that investment to strengthen their capacity will continue.

5 **Tackle intractable health issues**. Our most intractable health issues need new approaches. The issues include the six public health so-called *epidemics* – mental health, loneliness and isolation, self-harming, prescription drug addiction, substance misuse and obesity. Our mantra is enabling people to help themselves and deliver local solutions to address locally identified priorities. We work with individuals, communities and local partners and use holistic strategies which take account of the often complex set of inter-related problems that individuals face.

6 **Support wider preventative action.** Community-led organisations engage a wide range of people in local activities and services that protect and improve their health and wellbeing and thus help to prevent avoidable illness. A central feature of our method is the ability to integrate users at an early stage in any difficulties, into local activities where they can make new connections, feel valued and gain the confidence to become active in tackling personal issues. This can play a key role in overcoming loneliness and isolation.

Tackle 'failure demand' /…

7 **Tackle "failure demand"[7].** Failure demand occurs when individuals are bounced from one health agency to another. Individuals re-enter or re-present to the system at various points, seeking action and feedback on their condition. Individual cases are re-worked due to bureaucratic complications. It has been suggested that 80% of demand in some health and social care services is failure demand. In our network, organisations and local health professionals understand its causes and share a commitment to ensure that early, holistic intervention at a local level can, and does, reduce the chances of it happening at all.

8 **Create direct and indirect savings.** Community-led activity will reduce cost pressures on health and many other services, in some cases through direct cost savings. But, as a comprehensive review[8] of the case for the health and care system to work with communities has illustrated (*Fig. vi*), the long-term impact on costs may be much greater through the preventative impact of improving people's health and wellbeing and reducing their dependence on more costly services.

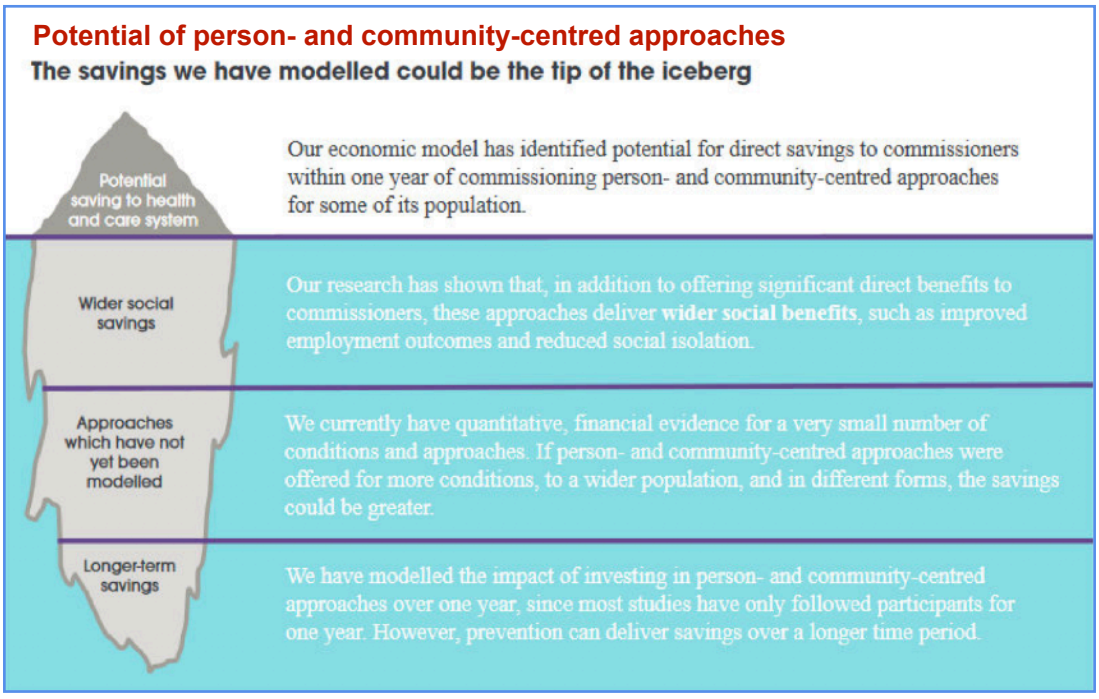


Fig.vi - Tip of the Iceberg – CHIO potential (Source – Health Foundation: See Footnote 8)

Policy Context in brief /. . .

[7] Failure Demand – "Demand caused by a failure to do something or do something right for the customer". (John Seddon, 2003).

[8] "Realising the value: Ten key actions to put people and communities at the heart of health and wellbeing" Health Foundation, London 2016 https://www.health.org.uk/sites/default/files/RtVRealisingTheValue10KeyActions.pdf 'Realising the Value' was a programme funded by NHS England and delivered by the Health Foundation and NESTA.

5 Policy Context in brief

Community action is central to improving health

Planning for a nation's future health is a political imperative for any government. However, it is also true that delivery is subject to many constraints, including the requirement that subjects government performance to regular electoral scrutiny: five years can seem like a short breath in historical terms. SCHW recognises that Holyrood elections in 2021 present an opportunity for the current Government in deciding how to react to this Blueprint.

There is unlikely to be a better time for immediate action. We are confident that all political parties will support our vision and expect them to appreciate the tangible benefits it offers at low risk and low cost. The benefits, we suggest, will be quantifiable in terms of vastly improved public health, but also in terms of the long-term recognition and thanks of the country.

In this section, we summarise how investment in this Blueprint dovetails with so many critical health and social care policies and target outcomes, especially those affecting up to 100 of the country's poorest communities. We explain why the ability of community-led health to deliver flexibility, innovation and rapid response to local needs, is so compelling. (Policy Context in detail – Appendix B.)

Among the most important National Outcomes set by the Scottish Government are three fundamentals:

- we live longer, healthier lives;
- we have tackled the significant inequalities in Scottish society; and
- we have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

Each of these objectives mirrors the results which SCHW organisations currently deliver in their localities. Although we were not created by government, we consistently make vital contributions to achieving policy outcomes successfully.

In the plan, ***A Fairer Healthier Scotland: 2017 – 2022,*** which addresses the delivery of health and social care, the government identifies “five strategic priorities . . . based on evidence of what works”. And the evidence quoted to support Strategic Priority 4 – *Healthy and Sustainable Places* – states: “A strong and resilient community-led health sector has effectively contributed to policy and practice to improve the health and wellbeing of those in greatest need.”

We say /…

We say - Community-led approaches are central to national strategies to improve health and wellbeing and reduce health inequalities.

As a result of the ***Integration of Health and Social Care*** plan, integration authorities are now responsible for £8.5 billion of funding for local services – money that was previously managed separately by NHS boards and local authorities. Integration principles state that services should be planned in ways that:

take account of the participation by service-users in the community in which they live; and

are planned and led locally in a way which is engaged with the community (including in particular service-users, and those who look after service-users).

We say - Community-led organisations do not only involve people in planning services but actively work to improve their health and wellbeing.

Prevention of f*ailure demand* for services and of avoidable ill-health, compounded by inequality and social pressures, has remained an important aspiration for government since at least the 2011 report of the ***Christie Commission*** whose key recommendations included:

- Maximising scarce resources by utilising all available alternatives from public, private and third sectors, individuals, groups and communities;
- Working closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance, and build resilience;
- Prioritising preventative measures to reduce demand and lessen inequalities.

What Works Scotland has found[9] that this is still "very much an area of developing and evolving policy and practice", but the insights that emerged from their work included:

- Co-production can lay the groundwork for prevention;
- The community sector can act as a long-term voice for sustaining a focus on preventing inequalities;
- Good community anchors are well placed as leaders in work that aims to mitigate the worst excesses of inequality. They can help to develop sustainable initiatives that boost the local economy, tackle poverty and reduce harm.

We work - with people before pressure builds on public services – delivering social prescribing, eradicating loneliness and isolation and easing the burden on medical interventions.

Scotland's Public Health Priorities /…

[9] *What Works Scotland* operated from 2014 to 2020, as a collaborative initiative researching public service development and reform. Quotations are from its summary of 'Research Insights' on Prevention http://whatworksscotland.ac.uk/key-messages-about-psr-in-scotland/prevention/

Scotland's Public Health Priorities *(Scottish Government 2018)* are to create a nation where we all:

- live in vibrant, healthy and safe places and communities;
- flourish in our early years;
- have good mental wellbeing;
- reduce the use of and harm from alcohol, tobacco and other drugs;
- have a sustainable, inclusive economy with equality of outcomes for all;
- eat well, have a healthy weight and are physically active.

We show – that every community-led health organisation works towards delivering several of these priorities.

In each of the target health plans identified below, basic objectives closely match the fundamental tenets of the SCHW organisations which back this document. For example in:

- ***A Fairer Scotland for Older People: Framework for Action,*** *(Scottish Government, 2019)* older people said that they wanted action to ensure they have access to opportunities to remain actively engaged with, and involved in, their communities.
- ***Mental Healthcare for Young People:*** the review task-force called for a stronger focus on prevention and more community-based care[10].
- The ***Suicide Prevention Action Plan*** *(Scottish Government, 2018)* a key strategic aim is to create a Scotland "where through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities".
- The ***Active Scotland Delivery Plan*** *(Scottish Government, 2018)* promises to "pursue asset-based approaches which empower communities to identify their own goals and meet their own needs through physical activity and sport" as a means of increasing wellbeing, self-esteem and physical health.
- For ***Becoming a Good Food Nation*** *(Scottish Government, 2014)* by 2025, a key to Scotland's aspiration "will be working with communities, seeking to embed change relevant to their circumstances".
- ***Volunteering for All,*** the national outcomes framework *(Scottish Government, 2019)* recognises the impact that voluntary work can have – increasing social and civil participation, empowering communities, reducing loneliness and isolation and improving mental and physical health.
- Finally, the ***Community Empowerment (Scotland) Act 2015*** recognises that communities have a significant contribution to make to achieving shared outcomes, and that they are entitled to request a clear and recognised role in doing this, as well as being partners in deciding and delivering local outcomes as a whole.

Tackling Poverty /…

[10] "Children and Young People's Mental Health Task Force: Recommendations" Scottish Government 2019

Tackling poverty and inequality is central to the success of all of these policies. The ***Fairer Scotland Action Plan*** *(Scottish Government, 2016)* sets out 50 remedial actions to help build a fairer and more inclusive Scotland. It states: “Community organisations are well placed to bring about change and we will continue to support them to deliver a range of activities including tackling environmental issues, promoting local economies, supporting vulnerable people, promoting good health, helping young people and delivering arts and cultural activity”.

this Blueprint demonstrates on every level how closely we meet the aspirations, objectives and planned outcomes of the Government.

We are willing to play our part in delivering that change.

Programme for Action - Timeline /. . .

6 Proposals in detail

Appendix A – Programme for Action

Timeline – Years 1 - 5

1 Total Budget £88,200

ACTIVITY –

SCHW Negotiate National Partnership Agreement with Scottish Govt
- Roles of SCHW, national and local partners
- Accountability and reporting processes
- Quality management arrangements
- Funding and budget management processes
- Set selection criteria
- Set criteria for core costs support
- Establish management group

SCHW Roll-out
- Year 2 planning
  - Discussions with up to 25 SCHW organisations about becoming part of the Blueprint network in year 2.
  - Local Partnership Agreements with Year 2 Blueprint network organisations (up to 25).
  - Establish strategy for supporting participant organisations
  - Identify 25 potential participants for Year 3.

SCHW Reporting
- Quality management
- Accountability
- Establish impact and evaluation strategy

Estimated LiF Year 1 – £nil**

2 Total Budget £1.88 million

ACTIVITY –

25 CHIOs* Delivery of pre-agreed health improvement programmes.
- Estimated number of end-users: 110,000

SCHW Roll-out
- Year 3 planning
  - Discussions with second tranche of 25 CHIOs supported by existing organisations.
  - Local Partnership Agreements with Year 3 members
  - Identify 25 potential participants for Year 4

SCHW Reporting
- Six-monthly interim reports to SCHW
  - Impact assessment; end-user feedback;
- Annual report to Scottish Government
  - Impact assessment; end-user feedback; added-value
- Annual conference/workshop on progress
  - Experience sharing; issues and future developments

Estimated LiF Year 2 – £9 million**

3 Total Budget £3.70 million

ACTIVITY –

50 CHIOs* Delivery of pre-agreed health improvement programmes.
- Estimated number of end-users: 250,000

SCHW Roll-out
- Year 4 planning
  - Discussions with third tranche of 25 SCHW organisations supported by existing organisations.
  - Local Partnership Agreements with Year 3 members
  - Identify 25 potential participants for Year 5

SCHW Reporting
- Six-monthly interim reports to SCHW
  - Impact assessment; end-user feedback;
- Annual report to Scottish Government
  - Impact assessment; end-user feedback; added-value
- Annual conference/workshop on progress
  - Experience sharing; issues and future developments

Estimated LiF Year 3 – £18 million**

4 Total Budget £5.60 million

ACTIVITY –

75 CHIOs* Delivery of pre-agreed health improvement programmes.
- Estimated number of end-users: 250,000

SCHW Roll-out
- Year 5 planning
  - Discussions with fourth tranche of 25 SCHW organisations supported by existing organisations.
  - Local Partnership Agreements with Year 5 members

SCHW Reporting
- Six-monthly interim reports to SCHW
  - Impact assessment; end-user feedback;
- Annual report to Scottish Government
  - Impact assessment; end-user feedback; added-value
- Annual conference/workshop on progress
  - Experience sharing; issues and future developments

Estimated LiF Year 4 – £27 million**

5 Total Budget £7.57 million

ACTIVITY –

100 CHIOs* Delivery of pre-agreed health improvement programmes.
- Estimated number of end-users: 500,000

Reporting
- Six-monthly interim reports to SCHW
  - Impact assessment; end-user feedback;
- Major performance report and analysis to Scottish Government
  - Impact assessment; end-user feedback; added-value; savings estimates
- Annual conference/workshop on progress
  - Experience sharing; issues and future developments

Estimated LiF Year 5 – £36 million**

* CHIO	Community-led Health Improvement Organisation
** LiF	Levered-in Funding – the money that CHIOs raise locally for activities in the community beyond their core costs.

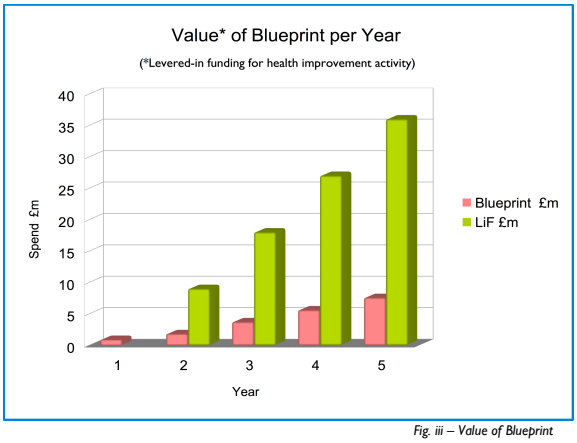


Fig. iii – Value of Blueprint

Appendix B – Policy Context in detail

SCHW organisations were not created by Scottish Government policy. But they have been supported by it and they consistently make vital contributions to achieving its policy outcomes successfully. In February 2020 the parliamentary debate on the report of the Health and Sport Committee into Social Prescribing highlighted cross-party support for the principle of greater investment in community-based health delivery. Public Health, Sport and Wellbeing Minister, Joe Fitzpatrick, told MSPs:

> I emphasise that there are huge benefits to be gained from strong connections between healthcare practitioners and the voluntary and community organisations that provide the opportunity for people to improve their health and wellbeing within their local communities. Social prescribing is all about realising those benefits. Nevertheless, the committee is right to highlight that we must be mindful of the capacity and capability of the third sector to respond to additional demand through social prescribing.

Others agreed. Deputy committee convener, Emma Harper, stated:

> The Scottish Government, NHS boards and integration authorities should promote the wider scope of social prescribing and promote social environments, community assets and local connectedness as key drivers in increasing individual health and population wellbeing. We recommended that a spending target of not less than 5 per cent be achieved within two years.

In this section we illustrate in detail the close fit between our Blueprint and the delivery of National Outcomes and Scottish Government policies and priorities in 100 of Scotland's poorest communities. Low-cost, flexible, innovative and responsive to local contexts, community-led approaches are vital.

First, they contribute to the achievement of several **National Outcomes**, including:

- We live longer, healthier lives.
- We have tackled the significant inequalities in Scottish society.
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

And to the United Nations Sustainable Development Goal 3:

- Ensure healthy lives and promote wellbeing for all at all ages.

Second /…

Second, community-led approaches contribute to the delivery of all the strategies highlighted below.

- ***A Fairer Healthier Scotland: 2017 – 2022,*** the Health and Social Care Delivery Plan, identifies "five strategic priorities . . . based on evidence of what works". Strategic priority 4, states: that *Healthy and Sustainable Places* includes as part of that evidence, "A strong and resilient community - led health sector has effectively contributed to policy and practice to improve the health and wellbeing of those in greatest need."

> ***Blueprint:***
> **Our proposals offer a way to strengthen the capacity of that sector and to ensure its continuing contribution.**

- The Scottish Government's ***2020 Vision for Health and Social Care*** set a target that by the current year, everyone should be able to live longer healthier lives at home, or in a homely setting and, that we should have a healthcare system where:
  - We have integrated health and social care
  - There is a focus on prevention, anticipation and supported self-management.

- As a result of the ***Integration of Health and Social Care*** integration authorities are now responsible for £8.5 billion of funding for local services that was previously managed separately by NHS boards and local authorities. Integration principles include that services should be planned in ways that:
  - take account of the participation by service-users in the community in which they live.
  - are planned and led locally in a way which is engaged with the community (including in particular service-users, and those who look after service-users).

> ***Blueprint:***
> **Community-led organisations not only involve people in planning services, they actively work to improve their health and wellbeing.**

Prevention of failure demand /…

Prevention of *failure demand* for services and of avoidable ill-health, compounded by inequality and social pressures, has remained an important aspiration for government since at least the 2011 report of the ***Christie Commission*** whose key recommendations included:

- Maximising scarce resources by utilising all available alternatives from public, private and third sectors, individuals, groups and communities;
- Working closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance, and build resilience;
- Prioritising preventative measures to reduce demand and lessen inequalities.
- *What Works Scotland* has found[11] that this is still "very much an area of developing and evolving policy and practice", but the insights that emerged from their work included:
- Co-production can lay the groundwork for prevention;
- The community sector can act as a long-term voice for sustaining a focus on preventing inequalities;
- Good community anchors are well placed as leaders in work that aims to mitigate the worst excesses of inequality. They can help to develop sustainable initiatives that boost the local economy, tackle poverty and reduce harm.

Blueprint:

We work with people before pressure builds on public services – delivering social prescribing, eradicating loneliness and isolation and easing the burden on medical interventions.

The ***2018 Scottish General Medical Services Contract*** took an important approach to delivering health outcomes. It sets a new direction for General Practice in Scotland particularly through expansion of the primary care multi-disciplinary team. The target is to recruit 250 ***Community Link Workers*** within practices. This is an excellent step. But we suggest it also provides scope for working more proactively with community organisations to ensure that they can respond effectively, following the SCHW model of social prescribing. We need to move before and beyond social prescribing and provide support that reduces initial demands on primary care.

Blueprint:

We offer strong community partners in an extensive network that offers huge capacity for primary health care services to work effectively with communities.

Public health reform /…

[11] What Works Scotland operated from 2014 to 2020, as a collaborative initiative researching public service development and reform. Quotations are from its summary of 'Research Insights' on Prevention http://whatworksscotland.ac.uk/key-messages-about-psr-in-scotland/prevention/

- The Scottish Government's programme of **public health reform** "aims to challenge our current ways of working, put more decisions directly in the hands of citizens and provide support to local communities to develop their own approaches and solutions to local population health challenges"[12]. The consultation on the new Public Health Scotland body proposes that it "will recognise that communities are independently able and often wish to organise themselves and use their inherent assets and resources to improve the health and wellbeing of those who live within them". SCHW commented that it is not easy to uncover how this view is currently reflected in the proposals for the new body.

Blueprint:

We offer the chance to support and build partnerships with strong community organisations as a practical means of delivering many of the key public health reform aspirations.

Blueprint:

Every CHIO works towards delivering several of these priorities.

Loneliness and isolation /…

[12] https://www.gov.scot/policies/health-improvement/

- ***A Connected Scotland: Strategy for Reducing Loneliness and Isolation.*** Launching the consultation in 2018 the Public Health, Sport and Wellbeing Minister said "... we want communities and society to lead it. We believe communities themselves are the best places to ensure people who may be at risk of becoming isolated or lonely can access the support they need."

> ***Blueprint:***
>
> **Our approach to overcoming isolation by bringing people together with others in their locality is central to how a community-based solution improves health and wellbeing. It also addresses many contributory issues – from self-confidence to transport.**

- ***A Fairer Scotland for Older People: Framework for Action*** has been developed to challenge the inequalities people can face as they age and to celebrate the nation's elderly. Older people said that they wanted action to ensure they have access to opportunities to remain actively engaged with, and involved in, their communities.

> ***Blueprint:***
>
> **Community-led approaches can and do contribute to meeting the health and wellbeing needs of all ages. The growing elderly population does have particular needs often linked to isolation. We have proven results in combating this issue.**

Mental health strategy /…

- The ***Mental Health Strategy for Scotland*** recognises the role of communities and the third sector particularly, in promoting "participation and empowerment in a rights - based approach" and physical wellbeing. The task-force reviewing ***Mental Healthcare for Young People*** called for a stronger focus on prevention and more community-based care. In addition the ***Suicide Prevention Action Plan*** includes in its key strategic aims, a Scotland 'where through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities".

> ***Blueprint:***
>
> **We offer support and integration in communities which can be a vital aid to improving the situation of people challenged by mental illness.**

- The ***Active Scotland Delivery Plan*** presents actions to increase physical activity in order to increase wellbeing, self-esteem and physical health. It recognises the need for "enabling and facilitating the wide range of others – third sector organisations, communities, individuals – who play crucial roles in making the practical changes" necessary, and promises to "pursue asset-based approaches which empower communities to identify their own goals and meet their own needs through physical activity and sport".
- ***Becoming a Good Food Nation,*** the national food and drink policy, set a vision: that by 2025 Scotland will be "a Good Food Nation, where people from every walk of life take pride and pleasure in, and benefit from, the food they produce, buy, cook, serve, and eat each day." It adds: "A key to our aspiration will be working with communities, seeking to embed change relevant to their circumstances" and continues noting that "local food initiatives are thriving the length and breadth of the country".

> ***Blueprint:***
>
> **Community-led health organisations are involved in a wide variety of activities in response to local needs; among them, we widely offer opportunities for physical activity and healthier, more affordable eating.**

Place Principle /…

- The Scottish Government and COSLA have agreed to adopt the ***Place Principle*** to guide regeneration and other place-based work. This means that all those responsible for providing services and looking after assets in a specific location, need to work and plan together within that community to deliver better lives, support inclusive and sustainable economic growth and create more successful places.

> ***Blueprint:***
> **Anchor organisations are key to building successful places. And we have expertise in creating, identifying and maintaining these bodies.**

- The ***Climate Change Plan*** *(Scottish Government, 2018)* sets out how the nation will move towards a low-carbon economy creating a greener, fairer and healthier Scotland by 2032. Some community-led projects which lead to reduction of carbon emissions have been directly funded. But a much wider range of action by community organisations also contributes.

> ***Blueprint:***
> **Our CHIOs promote active low carbon travel, community growing and healthy low waste diets among many others.**

- ***Volunteering for All,*** the national Volunteering Outcomes Framework, recognises the impact that voluntary work can have – increasing social and civil participation, empowering communities, reducing loneliness and isolation and improving mental and physical health.
- In addition, ***Scotland's Social Enterprise Strategy 2016-2026*** *(Scottish Government, 2016)* states that "by investing in social enterprise models, we recognise the potential to reduce future demand on Scotland's public services. This is central to our commitments relating to health and social care integration".

> ***Blueprint:***
> **CHIOs often offer volunteering opportunities as an intrinsic part of their approach to improving health, and provide many innovative examples of developing social enterprise.**

Community empowerment /…

- The ***Community Empowerment (Scotland) Act 2015*** recognises that communities have a significant contribution to make to achieving shared outcomes, and that they are entitled to request a clear and recognised role in doing this, as well as being partners in deciding and delivering local outcomes as a whole.
- Following the ***Democracy Matters*** conversation, the Scottish Government and COSLA are carrying out a ***Local Governance Review*** proposing to devolve more power to more local levels. Launching the conversation in 2018 the government suggested that in addition to "communities having a stronger voice when decisions about them are taken" we should consider them "having the powers and resources to use as they think best".
- Audit Scotland has produced ***Principles for Community Empowerment*** on behalf of the Strategic Scrutiny Group which brings together Scotland's main public-sector scrutiny bodies. These principles call for strong and clear public sector leadership on community empowerment to provide a clear and consistent message, set clear objectives and priorities, encourage ideas and innovation … and support communities to develop sustainable approaches.

Blueprint:

We are well placed to use the powers and opportunities for participation and empowerment offered by both current and possible future legislation because of our role delivering improved health and wellbeing.

- Tackling poverty and inequality is central to the success of all of these policies. The ***Fairer Scotland Action Plan*** sets out 50 actions to help tackle poverty, reduce inequality and build a fairer and more inclusive Scotland. It states that "Community organisations are well placed to bring about change and we will continue to support them to deliver a range of activities including tackling environmental issues, promoting local economies, supporting vulnerable people, promoting good health, helping young people and delivering arts and cultural activity".

Blueprint:

We welcome the opportunity to play our part in delivering that change.

Appendix C - Quality Management /…

Appendix C – Quality management and accountability

Standards

SCHW is committed to quality management and high standards of delivery and accountability. Our members have a demonstrable track record of delivering effectively on the outcomes of funded projects. Many of them have won local, regional and national awards for their work.

Community-led groups already have to meet a range of criteria to join the SCHW alliance. To be supported by the Blueprint programme they will have to meet a further set of criteria. These will include adopting the Charity Excellence Framework, which we describe below.

Management tools

SCHW organisations currently use a variety of quality management tools - including balanced score card, feedback loops and SWOT analysis. These help them to ensure that they reconcile the need for evidence of impact, whilst maintaining informal and flexible approaches to working with people. Quality management tools are also used rigorously in the management of governance, risk, finance, people and leadership. The overall aim being to enable managers to develop a robust set of performance measures that is visibly linked to the key strategies and priorities of the organisation.

Management and organisational learning, links to continuous improvement so that in the next planning cycle, learning and experience from the last set of results can improve performance further. Communities are involved appropriately at all stages of the quality management process.

The Charity Excellence Framework

All Blueprint organisations will be expected to use the Charity Excellence Framework[13] (CEF) to support quality delivery and quality management and to ensure high levels of accountability. This free-to-use framework has been designed specifically to help community-led organisations meet the management and governance challenges they face.

The platform requires a low workload. It creates[14] a unique model for each organisation, based on its size, location, role and activities. It comprises eight diagnostic questionnaires, reported via a dashboard *(Fig. vii)*. Reports are optimised for the organisation's specific priorities and can be

/ …

[13] https://www.charityexcellence.co.uk/

[14] As reported by Charity Digital News

Fig.vii - CEF Dashboard

exported in action plan format. Each of the hundreds of metrics that can be reported is individually linked to relevant guidance and support from across the web.

The community and voluntary sector is heavily regulated, it faces growing demand for services, and is under greater public scrutiny than ever before. The CEF assessment covers every area of activity: promoting good governance, maximising strategic impact, effectively leading and managing people, maximising operational delivery, effectively managing risk, efficient use of finance and resources, maximising income generation and developing communications effectiveness.

The system also assesses other key areas, such as impact, leadership, realism and capability, legal and compliance, delivering value for money, sustainability and how personal safety.

All Blueprint organisations will use the CEF to produce detailed performance reports against shared outcomes. The reports for Blueprint organisations will be collated and analysed and used to produce six monthly and annual reports to the Scottish Government in an agreed format.

Risk Assessment /…

Key:

Two levels of risk assumed – (1) Scottish Office; (2) within CHIO network

Risk Level
- Low (1-5)
- Medium (6-10)
- High (11-15)

P Probability – Rated 1-4 (e.g. low, moderate, high, very high)
I Impact – Rated 1-5 (e.g. minimal, minor, moderate, significant, severe)

Appendix D: Risk Assessment

	Nature of Risk	P	I	Gross Risk (P x I) – Responsibility	Existing Controls	Action	Review
1a	Funding not enough to operate the central SCHW Blueprint office	1	5	4 – SCHW Blueprint Management Group		• Maintain up to date knowledge of funding landscape • Develop promotional pack for use in the identification and securing of potential matched funding across Government departments • Establish finance sub-group to ensure rigorous financial management and reporting processes	3 monthly
1b	Funding not enough to operate the Blueprint organisations' core requirements	1	5	5 – Scottish Manager		• Promote use of SCHW consortium model to engage SCHW organisations seeking additional funding • Regular reviews of impact/cost benefit of Blueprint funding across all Blueprint organisations	3 monthly
2	Not securing the right staff for central SCHW Blueprint office	1	5	5 – SCHW Management Group	Quality recruitment processes	• Produce accurate job description and person specification • Ensure employment and staff policies are fit for purpose and up to date	As req.
3	Blueprint organisations not developing and delivering local targets as expected	1	5	5 – Scottish Manager		• Partnership agreements in place with all Blueprint organisations • Impact measurements agreed with Blueprint organisations: identifying how core funding has impacted on community wellbeing factors • Partnership conditions outline range of responses to underperformance and/or not meeting partnership conditions. These options include removal from the Blueprint network • Use of carefully managed partnerships among Blueprint organisations to provide peer support to reverse under-performance	3 monthly
4	GDPR rules are breached	1	5	5 – Scottish Manager	Current GDPR Policy	• Review policy and procedures • Scottish staff attend regular GDPR training • Include as part of quality management framework	Annually
5	Demand lower than expected from organisations who fit the community-led health improvement criteria	2	3	6 – Scottish Manager	Regular communication with SCHW organisations Forging local connections across Scotland Marketing and communicating the Blueprint offer Joint promotion with other agencies	• Development and production of an attractive induction pack for potential new SCHW organisations • Identification and contact with CHIOs who are not SCHW organisations • Organise series of introductory workshops across Scotland • Expand network • Partnering of SCHW organisations with newly identified CHIOs • Identification of champion for the Blueprint among CHIOs	6 monthly
6	Blueprint office: loss of key staff / poor staff retention	2	5	10 – SCHW Management Group		• Good terms and conditions for staff • Include probationary period • Rigorous and positive performance review process for central Blueprint Scottish Manager	As req.
7	Reporting information not enough to release funds	2	4	8 – SCHW Management Group	Treasurer prepares monthly finance reports	• Accurate management accounts prepared • Continuous communication with key Government personnel to ensure evaluation questions related to the impact of the Blueprint funding are regularly reviewed and updated • Regular reporting data is focused on agreed key evaluation questions • Report value for money as key reporting theme • Threats/risks to continuous funding are identified early and appropriate • Mitigation strategies implemented	3 monthly
8	Quality of local delivery not to agreed standard	2	5	10 – Scottish Manager		• Blueprint organisations adopt the Charity Excellence Framework • Peer to peer support organised between Blueprint organisations	3 monthly
9	Impact measurement not on target	2	5	10 – Scottish Manager		• Scottish Manager will collate and analyse all performance data, review progress, produce improvement strategies and ensure continuous learning is shared across the Blueprint network • Specific cases of underperformance will be addressed through the Scottish Manager working with local Blueprint managers • Regular performance management workshops will be held for key local Blueprint staff	3 monthly
10	Loss of key individuals on SCHW board	2	4	8 – SCHW Management Group	Succession plan	• Ensure the SCHW Board is maintained at full strength • Make appropriate co-options to the SCHW Board to contribute to meeting the challenges of the Blueprint network • Identify a Blueprint Network coordinating group to ensure a range of Board members are fully in touch with all Blueprint developments • Produce contingency plans for the efficient interim arrangements and recruitment in the event of losing key board members	Annually
11	Poor engagement from policy makers and stakeholders	2	5	10 – Scottish Manager	Building relationships with policy makers and key critical friends	• Build on existing local and national relationships • Use measurement data to demonstrate impact of Blueprint investment locally and nationally	Annually
12	Higher than expected demand from potential Blueprint organisations	3	4	12 – Scottish Manager		• Produce and implement clear selection criteria • Prioritise underrepresented areas	Annually

Appendix E – Profile of SCHW Organisations

Scottish Communities for Health & Wellbeing

Reach

SCHW brings together an alliance of organisations throughout Scotland *(Maps – Figs. xi and xii)*. In September and October 2019 we carried out an online survey of members. Some 71 were invited to respond – 30 replied (42%) of whom 24 had activities confined to one local authority area, six maintained projects covering multiple areas. With one exception, all are independent bodies with charitable status and at least 95% are incorporated as companies or SCIOs.

All demonstrate a strong community focus. In 80% the majority of board/committee members (often all) live in or belong to the area or community that they serve. The main focus of work *(Fig. viii)* is overwhelmingly on improving health and wellbeing rather than general community activity or support to a specific group.

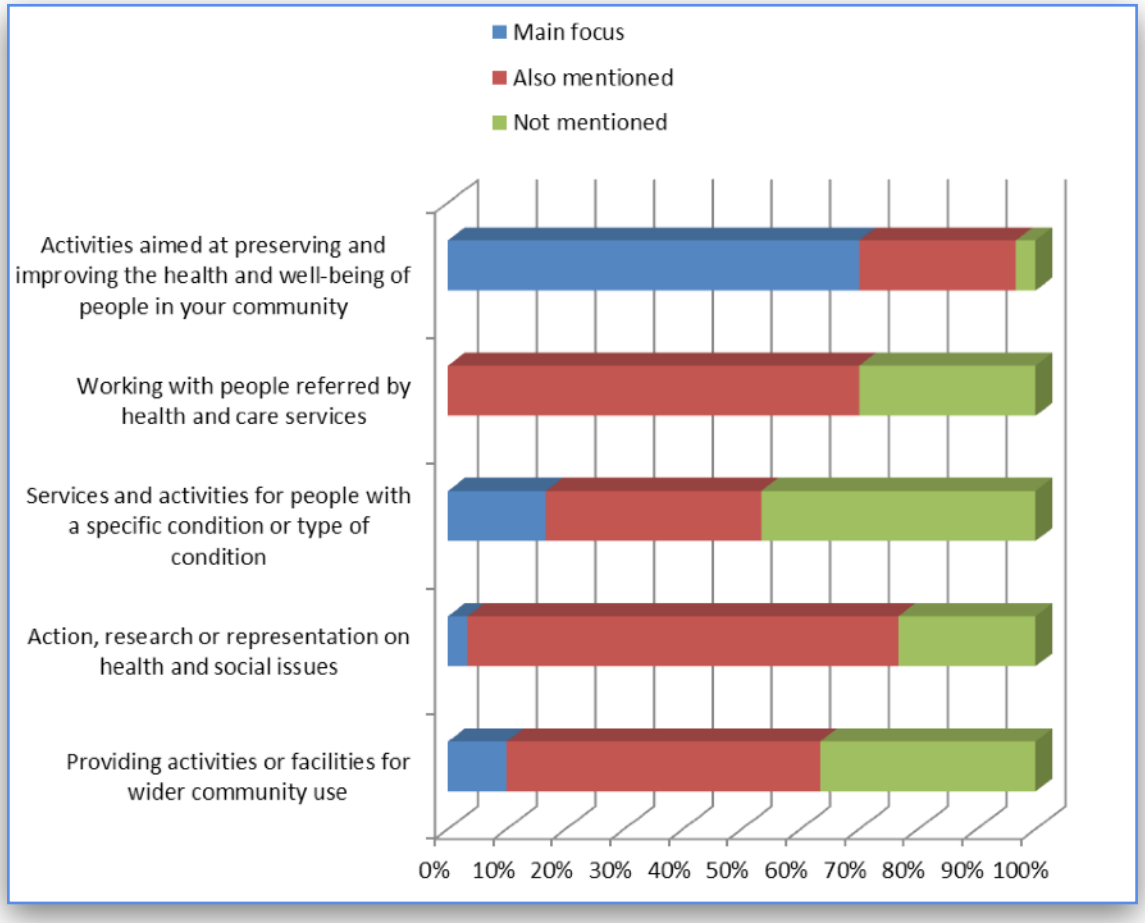


Fig. viii – Focus of Activities (Survey Results)

Users reached /…

The survey results indicated that the total number of users reached across Scotland by the SCHW organisations is 143,000 in *purely local* organisations and 250,000 if larger groups operating across multiple local authority areas are included. Around 10,000 volunteers are involved in the work.

Funding

Organisations which are *purely local* reported an average annual turnover of £342,906, ranging from less than £100,000 to over £1 million. We wanted to identify sources of income and the largest providers *(Fig.ix)*. This revealed that sources are diverse and numerous. Only in a bare majority does the biggest funder provide more than 50% of the income.

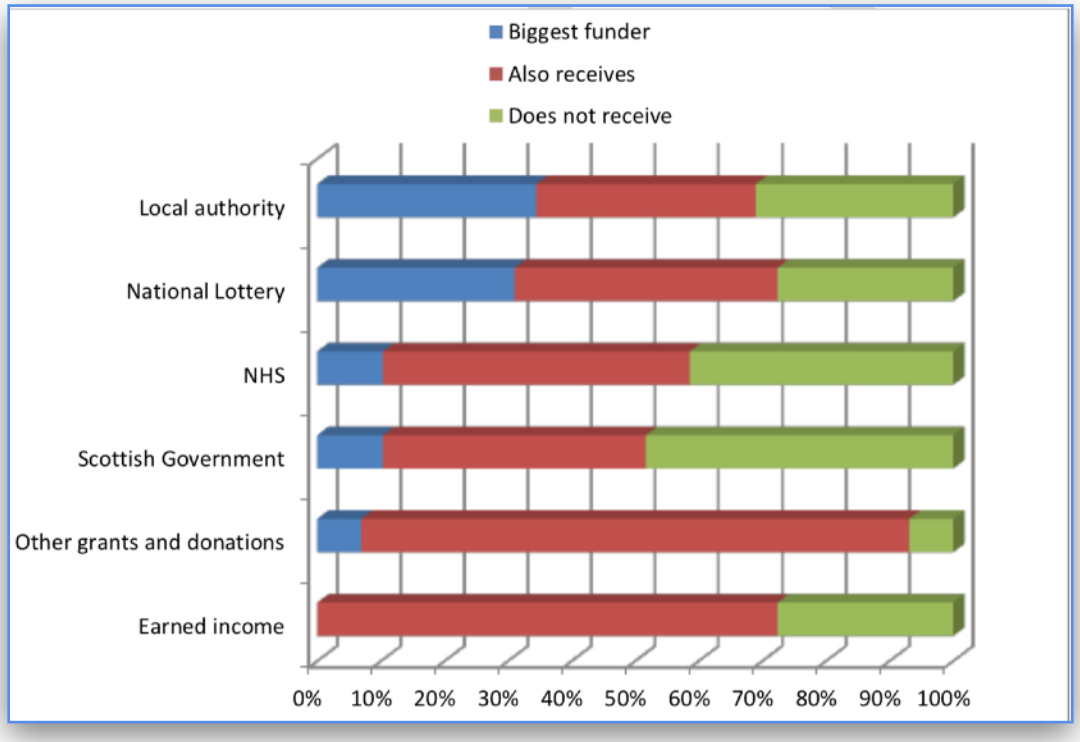


Fig.ix – Sources of CHIO income (Survey Results)

There is a notable reliance on the National Lottery which is more significant in financial terms than either the NHS or the Scottish Government. More than two-thirds of organisations had no main source of funding guaranteed beyond the end of the current financial year.

The stark reality is that 20 years after The Lottery first began funding *Healthy Living Centres*, and in spite of much recent political rhetoric, no agreed source of long-term funding has been created. Even financial support for the *core costs* of community-led groups that reach a quarter of a million end-users has to come from a range of multiple short-term funders *(Figure x).*

Core funding /…

	Sole or biggest contribution
Local authority	24%
National Lottery	21%
NHS	10%
Scottish Government	7%
Other grants and donations	—
Earned income	—
Split / no biggest contributor named	**38%**

Fig. x – Sources of SCHW organisations' core cost funding (Survey Results)

SCHW distribution maps /…

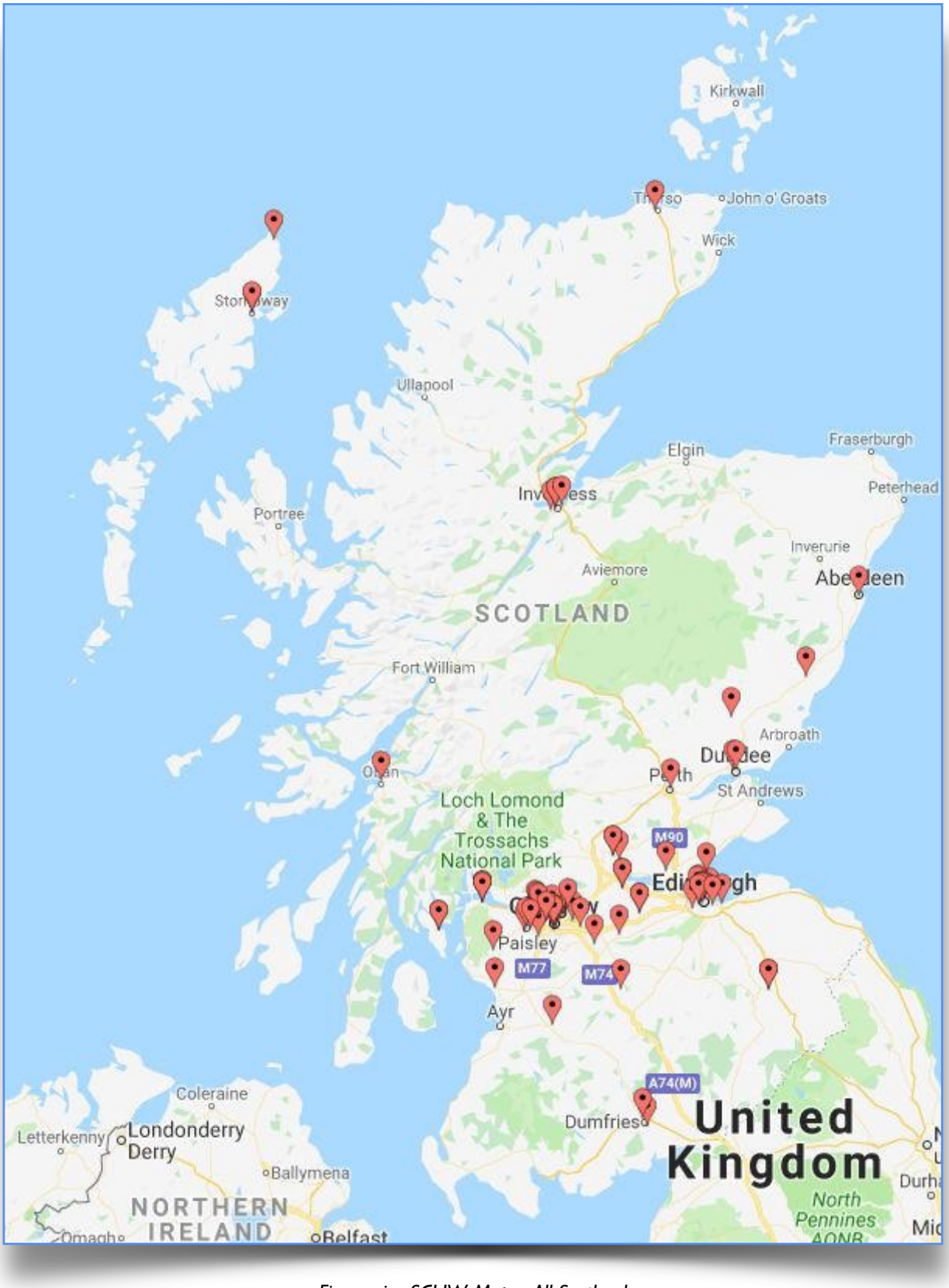


Figure xi – SCHW Map – All Scotland

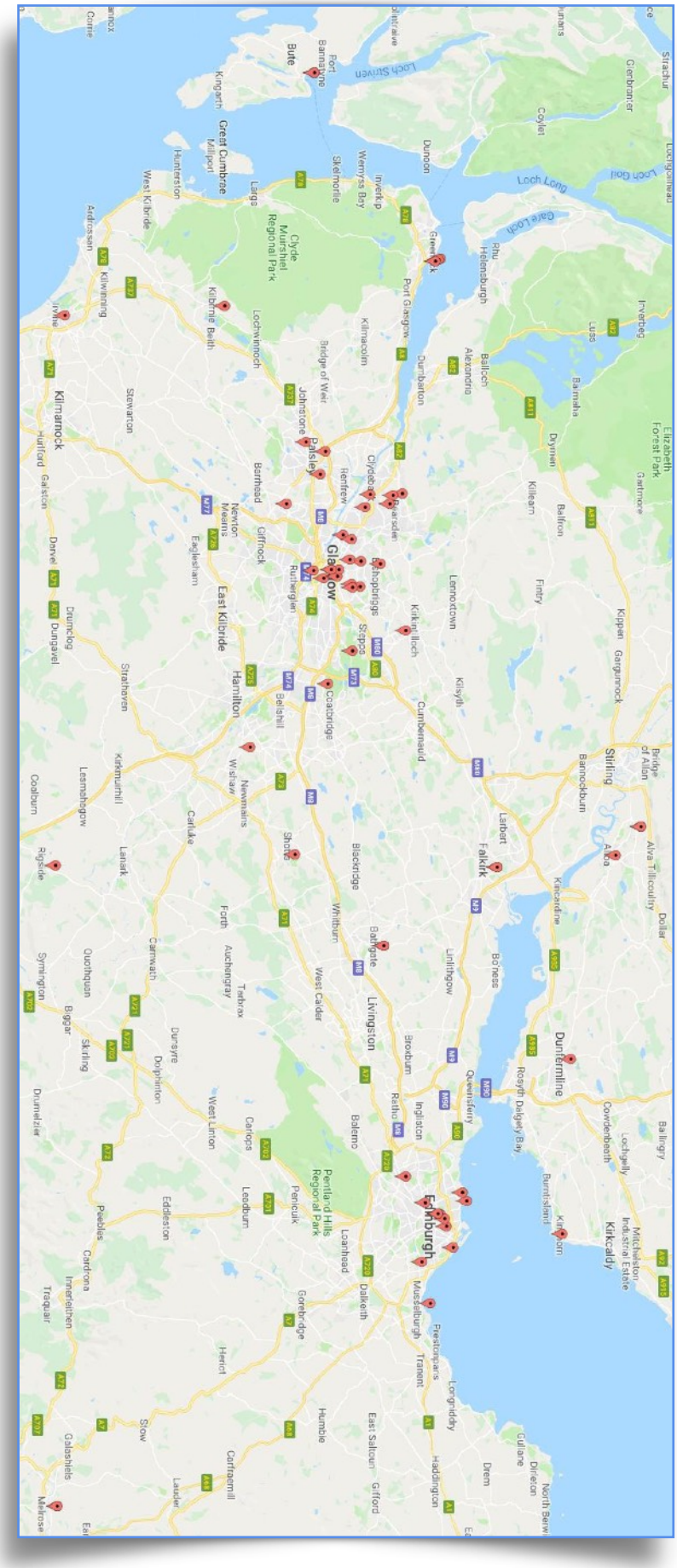


Figure xii – SCHW Map – Central Scotland

Appendix F – Contributors & Acknowledgements

Scottish Communities for Health & Wellbeing

Thanks to the following, among others, for their thoughtful comments on previous versions of this document. Any views that we state are not necessarily shared by those named or their organisations

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Peter Kelly	Director, Poverty Alliance
Gordon Mack	LongLine Media
Robin McAlpine	Common Weal
John Morrison	Morrison Media

Thanks also to

Scottish Community Alliance for support in our consultation process

Scottish Community Development Centre for practical assistance

SCHW organisations which have contributed ideas and support

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