Kath Locke Centre

Celebrating 10 years of innovation

EVALUATION REPORT 1996 - 2006

The BigLife group

social businesses and charities

CONTENTS

FORWARD






I am very pleased to have been asked to write this foreword to be published during the 10-year celebration week of the Kath Locke Centre.

The centre began its ground-breaking journey before it was built, as the NHS had little experience of buying services from social businesses, and even less confidence about handing over brand new buildings.

Over the past decade the Centre and its staff have proved to be a real asset for this community. Kath Locke's family knew that this was what the community wanted, it took the Health Authority a little longer to recognise it.

The Centre has provided a positive focal point for a coming together of public service workers and others working for public benefit.

The Centre's staff have proved that mainstream NHS services can be provided in less scary, friendlier surroundings at no cost to efficiency or safety.

The challenges of today such as choice in health care, value for money, reducing health inequality are all addressed here.

There is much more for the NHS to do in the next ten years. As the Kath Locke centre continues to play its part in future health improvement, the new leaders in the North West NHS will do well to emulate this approach when looking for long-term success.

Edna Robinson
NHS Networks
October 2006

ACKNOWLEDGEMENTS

The Big Life group would like to thank the following people for their hard work and involvement in the preparation of this report:

Sue Ahmadi (South Manchester Regeneration Team), Naheed Akhtar, Lima Al-Askalachi, Hazel Andrews, Tony Baldwinson, Judy Bannor, Uzma Chaudry, Pauline Crooks, Sue Hladky, Cath Hunter, Adrian Jennings, Salima Jones, Issy Jordan, Christian Lisseman, Scott Marshall , Kirit Patel, Martin Rathfelder , Dawn Rivers, Mrs Robinson, Edna Robinson, Val Sells, Fay Selvan, Henrietta Shaw, Sandra Stapleton, Rebecca Tala Asgill, Neil Turton, Elaine Unegbu, Kathryn Washington, Ali Watson, Susan Webbe, Marlene Webbe, Donovan Williams and Kate Williams.

Thankyou also to the participants in the arts events, Kath Locke reception team, bloom team, service providers at the Kath Locke Centre, centre users and local people who completed questionnaires.

The Big Life group would also like to thank:

NHS North West
Manchester City Council
City Developments
Manchester Primary Care Trust
RENEW Northwest
Department of Health

EXECUTIVE SUMMARY

Ten years ago the Kath Locke Centre opened as the first NHS primary care facility in the country to be managed by the independent sector. The catchment area, the inner city wards of Hulme and Moss Side in Manchester, was characterised by high levels of deprivation, unemployment, significant health inequalities and inadequate provision of health services. Today, the Kath Locke Centre, still managed by The Big Life group, continues to provide a range of primary care services to the local area, a testament of the forward thinking and collaborative working that brought it about. However, the last ten years has seen numerous changes to the local community, to The Big Life group and to the centre itself. This report attempts to capture these changes and evaluate how far the Centre has achieved its aim:

- To improve the health of local communities and reduce health inequalities

and the original five objectives:

- Creating a centre that is accessible to local communities
- Providing a holistic approach to well being
- Influencing agencies to provide services that are appropriate, accessible and effective
- Empowering local people to take control of their own health
- Developing a new role for the voluntary and independent sectors

This report is based on monitoring information gathered from the centre, and extensive surveys which were carried out during 2006 with service users, members of the community and agencies providing services at the centre. (See appendix A for details). With any social research it is difficult to attribute cause and effect. This report identifies improvements in health and social indicators in the local community which correlate to the work of the centre. However, it is not possible for any one agency or initiative to take individual credit for causing this improvement.

The key points brought out in this report are as follows:

The Centre has improved the accessibility of services to the local population and there has been a positive improvement in some key health indicators.

A large percentage of the users of the centre (31%) identify themselves as having a chronic health condition.

94% of service users said that the centre had made a positive difference to their health and well being.

The centre attracts an average of 30,000 visitors per year and receives 25,000 phone calls. A large percentage of the centre users are from BME communities, with 63% of the users completing the evaluation survey being from BME communities.

The short term nature of the funding for voluntary projects has interrupted the delivery and development of services at the centre.

The centre has influenced the way that some statutory services are delivered and provides a range of services which complement them. It is sometimes constrained by being seen as ‘outside of the NHS’.

The centre has enabled local people to feel in control of their own health.

BACKGROUND

Moss Side and Hulme are situated immediately to the South of city centre Manchester. Despite its intrinsic strategic advantages, the area is characterised by problems of multiple deprivation, inner city decline and unacceptable levels of unemployment, poverty, crime and social exclusion,

In 1990 Hulme was described as the "worst housing estate in Europe", by the then Conservative Government, and had the highest unemployment rate in Manchester at 26%, and between 60 – 70% of households were in receipt of Housing Benefit. Moss Side became notorious following the riots in 1981.

In 1992, following many local campaigns by community activists, Hulme Regeneration Ltd was established by the City Council in partnership with AMEC and a range of public, private and community interests, to develop and manage the City Challenge Regeneration of Hulme. This programme has completely transformed the area with the demolition of the local authority system-built housing and the introduction of a range of private and social housing options.

Since the completion of the Hulme City Challenge Programme in 1997, the Moss Side & Hulme Partnership Team extended the regeneration of the area into Moss Side, utilising SRB, European Funding and Housing Corporation grants.

New social and community developments in the area over the past ten years have included the development of the Powerhouse a multi-functional young people's resource centre with leisure facilities, training, libraries and youth services; Martenscroft Children's Centre (family centre providing nursery, educational and health support); the re-location of the Zion Community Resource into a new purpose built centre on Stretford Road; the rebuilding of three GP practices; the development of a new Young People's Foyer project; and a new 24 hour Asda supermarket.

The local community today:

- Despite this extensive renewal, Hulme and Moss Side remain areas of relative deprivation and inequality, compared to the city and nationally.
- In Moss Side BME communities make up over 50% of the population
- Unemployment remains high with rates above 15% in Moss Side (more than twice the city average) with economic inactivity rate of African-Caribbean males at 57% in Hulme and 52% in Moss Side.
- There remain low levels of home ownership and high proportions of social housing in Hulme and Moss Side.
- The proportion of students achieving one A* - C at GCSE is less than 10% in Hulme and Moss Side, which is the lowest across central Manchester. (Central Manchester Strategic Regeneration Framework, MCC, 2006)
- Although in Moss Side burglary rates have shown a massive drop over the past couple of years (from 94.4 per 1000 population in 2002/3 to just 31.0 per 1000 in 2004/05, compared to 51.1 for the city of Manchester), muggings and robbery are still high in Hulme and Moss Side (13.3 per 1000 population in 2004/5).

The creation on the Kath Locke Centre

In 1994 when the Kath Locke Centre was first proposed, Hulme was undergoing its third year of regeneration. As part of an initiative to improve primary care services, the North West Regional Health Authority identified capital funding to create six Primary Care Resource Centres (PCRC) across the region, with Hulme/Moss Side chosen as one of the sites. The centre started to be built in 1995 and was completed in September 1996.

However there was community dissatisfaction with the proposal. The local agencies and forums felt that the Regional Health Authority was imposing a solution on the area, rather than working with them. It was strongly felt that new resources should build on existing services and work to complement what was already on offer, rather than threaten their existence by competing for clients and resources.

There was also concern that if the Centre was managed by a statutory service provider it would fail to address local health issues in an ethnically diverse community in a sensitive way and would be unlikely to recruit local people. A series of public meetings were held by the Health Authority with local agencies to try and resolve the conflict, and a service specification drawn up to reflect local community needs. The Health Authority agreed to establish a procurement process to identify an agency to manage the centre and bids were sought from statutory health service providers as well as local voluntary sector organisations.

The Zion Community Resource Centre (Zion CRC) was already a major contributor to improving Health in the area. Established in 1991 as a voluntary organisation, it had grown out of a partnership between local people and community workers in response to the social, economic, environmental and health needs of the area. Its principles were based on participation and self-help in a drive to bring about collective change. It had a track record of working closely with all the local communities and meeting the health needs of some of the most marginalised people living in the area. It had supported the development of a number of local community initiatives and voluntary agencies and made a large contribution to the co-ordination of needs assessments and health planning in the area.

In summer 1995, the Zion CRC management committee decided to submit a proposal to manage and develop the Hulme and Moss Side PCRC. It felt its track record of making services accessible and appropriate to local communities could help to ensure the new centre was a valuable asset to local people. Although turned down in the first round of bidding, Zion CRC re-submitted its bid in collaboration with North British Housing Association. The partnership bid was successful. In January 1996 the Zion Centre became a trailblazer by becoming the first voluntary sector organisation in the UK to be awarded a contract to manage a primary care facility.

Zion CRC incorporated in 1996 in order to contract with the Health Authority. It is now part of The Big Life group of social businesses and charities.

The name Kath Locke was chosen in early 1996. Kath Locke was a local activist who had helped to establish a number of community initiatives, including the Abasindi Co-operative. Up until she died she campaigned for the right for local people to do things for themselves. The centre aimed to capture this spirit of self-help. One service user said…

"Those who were fortunate to have known Kath Locke, especially to the people of Moss Side, spoke of her great warmth, strength and passion. Someone who wanted to make a difference in the lives of ordinary people, especially young people and women, in achieving extraordinary things, especially in the fields of education and welfare; and to overcome immense personal challenges. In many respects the centre, in carrying her name, aspires to this vision for the many different communities that now make up the population of inner city Manchester."

ADDRESSING HEALTH INEQUALITIES

Manchester has high levels of ill health and mortality in comparison to national figures, and the statistics for Central Manchester reflect the city's poor health status. In Hulme and Moss Side the standardised limiting long term illness ratio is around 60% higher, and the standardised "Not Good" health ratio around 90% higher than the national average . The Standard Mortality Rate for all cancers is around 50% higher than that for England & Wales, as is the SMR for coronary heart disease in Hulme .

Whilst services at the Kath Locke Centre deliver a wide range of provision aimed at improving the overall health and well being of the local community, there is a particular focus around dental health, breast cancer, diabetes and mental health.

Dental health

Dental health, and particularly children's dental health, was a key public health target in the area, having the worst numbers of children under 5 with decayed teeth in Europe. Improving access to a dentist was therefore central to the new centre. The dental service at the Kath Locke Centre opened in January 1997, and following sustained promotion, by July 2001 nearly 2,000 patients were registered with the practice. By September 2005, this figure had risen to 7,907 patients. In the 2006 centre users survey, 83% of respondents currently using the dentist rated the service as 'very good' or 'good'.

Breast screening

In 1996, the mortality rate for breast cancer in Moss Side was 42% higher than the national average . The area had seen the withdrawal of the mobile screening service, since staff raised concerns about personal safety. In 1999, the mobile service returned to the area for the first time in the Kath Locke Centre car park. An open day was held offering a range of health checks and advice to encourage woman to attend. As a result the number of women accessing breast screening has increased year on year. Since the Kath Locke Centre opened, 4104 women have been screened for breast cancer on-site via the Greater Manchester Breast Screening Service (992 in 1999; 1362 in 2002; and 1750 in 2005).

Diabetes

In 1997, the hospitalisation rate for diabetes in the centre's catchment area was around 60% higher than it was in the Manchester and Trafford local authority as a whole. Whilst higher rates of diabetes are characteristic of populations with a high proportion of black and Asian communities, the centre focussed on working with local people affected by Diabetes to manage their conditions. Initially it worked with the Diabetic nurses from the hospital to develop a local clinic, but this did not attract people to attend. The centre then began to work with a local member of the community to develop a self help group – the Sugar Group – which is now an independent community group which runs from the centre. The difference in prevalence between Hulme and Moss Side and the remaining Middle Super Output Areas (MSOAs) in Manchester and Trafford has narrowed in the time that the Kath Locke Centre has been open .

1 ONS Census Data 2001
2 NWPHO North West Regional Data 1998-2002
3 North West Region Small Area Database, 1996
4 North West Region HES dataset, 1997-2004

Mental Health and Well Being

Higher rates of mental health problems are strongly correlated with high levels of deprivation, and in 1997 the rate of hospitalisation for mental ill health in the area was around 30% higher than that for Manchester and Trafford overall. These figures are little changed today. However, in the 2006 centre users survey, 94% of users said coming to the centre had made a difference to their health and well being. This reflects the range of well being services the centre has offered over the past ten years including, self help groups, massage, counselling, quality of life assessments, chi qong and yoga. The Community Health Team based within the centre offers a range of services to people with severe and enduring mental health needs, and the centre provides an accessible, safe environment.

A young male service user called 'Jim' having been released from prison came to counselling. He had issues around mistrust and prejudice from others. After a few weeks of counselling he commented that he felt that he had made huge progress and was inspired by the sessions. He has now enrolled on a counselling course to be able to give to others the experience he received.

Views from users of the centre

The 2006 service user survey (see Appendix B) found that almost all users said the centre had made a difference to their health and well-being. When service users were asked how the centre had made a difference, 39% of people talked about specific health problems it had helped them with. Other common responses were the opportunity for meeting new people and socialising that it offered (17%); the fact that coming to the centre made them 'feel better' in themselves (9%); helping them in other areas such as housing and work that had an indirect impact on their health (9%); the fact that they were fitter now and got more exercise (9%); and helping them feel more relaxed (6%) and more confident (6%).

94% of users said the centre had made a difference to their health and well being.

"It's helped me reduce my blood pressure and my weight."

"It keeps my mind occupied and my spirits up - I look forward to coming to my groups."

"It gets me out of the house and socialising with others."

"I feel a lot more relaxed and calm after I've been."

An important finding in the service user survey was the 31% of respondents who reported having a disability or long-term illness. This percentage looks particularly high when compared to the figure of 18% for the population overall, and 13% of those of working age (UK Census 2001). This indicates the centre is reaching a high proportion of people suffering from chronic ill health.

Views from staff and volunteers

In the 2006 survey, 100% of staff and volunteers said the centre had helped improve health inequalities in the area. People felt the centre had brought services closer to the community, increased the range of provision available locally, made services accessible to people on low incomes, and housed everything in a safe and attractive building.

"There are numerous services offering diverse provision, satellite clinics and health events … and health promotion work. Joint working is bringing in services the community needs."

"[The centre] Gives local people really meaningful work in their local community – often a stepping stone onto something great"

"All services in the Kath Lock Centre have a common aim – to improve the quality of life of local people – they do this by involving local people in their services."

5 North West Region HES dataset, 1997-2004

CREATING AN ACCESSIBLE CENTRE

How welcoming is the environment?

The following steps were successful in making the environment welcome and accessible:

• The reception area was designed to look more like a hotel lobby than a health centre reception, with a low desk and no windows or barriers. The welcoming design has been cited in a number of reviews to demonstrate good design.

• The decoration, fixtures and fittings of the centre were designed to create a 'softer' environment than traditional health facilities, such as softer, directional lighting, curtains and furnishings, a colour scheme to distinguish floors, artwork by community groups.

• The café helps to create a welcoming atmosphere and a communal space and a community garden adds a more peaceful place to meet and contemplate.

92% of centre users said the reception team were helpful or very helpful

Surveys of centre users have consistently shown very high levels of satisfaction with the centre. In 2001 a survey of users of the centre found that 78% of users found the centre to be 'very good' at creating a welcoming and accessible environment. The results from the service users survey in 2006 show that 92% thought the reception team were helpful or very helpful.

Who uses the centre, how often, and why?

The centre has had on average about 30,000 visits and 25,000 phone calls each year. The table below shows how this has changed over the last ten years

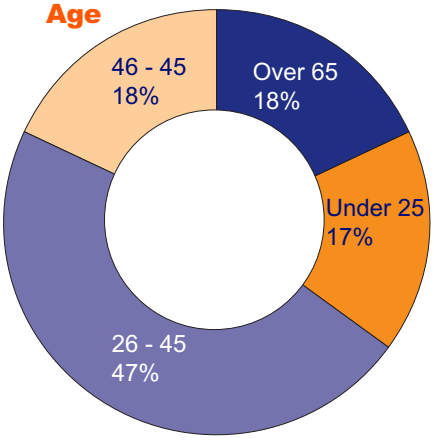
The data shows a rapid increase in visits for the first three years. Excluding the first year, during which services were moving in and establishing themselves, the average number of visits during the first three full years of operation (from 1998) was over 41,000. The average number of visits per year since then fell to just under 27,000. This reflects the relocation of the nursery, playscheme and afterschool service out of the centre.

Year	Phone Calls	Visits
1997	13,714	8,304
1998	44,635	40,921
1999	46,474	48,679
2000	30,512	35,161
2001	23,580	25,432
2002	20,380	18,419
2003	21,421	32,151
2004	19,765	34,526
2005	11,149	25,787
2006*	14,478	24,956
Total	**241,850**	**286,996**

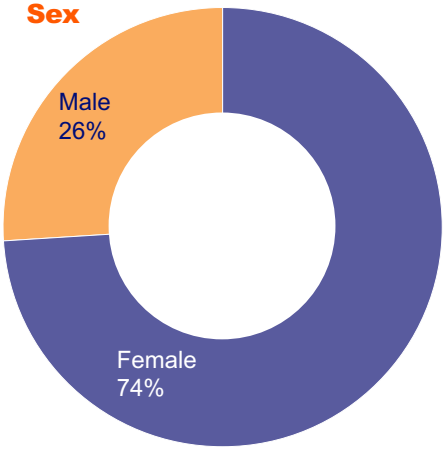
*Estimates based on actual figures for January to July 2006

The 124 responses from the 2006 service users survey provides a more detailed understanding of who uses the centre and why (see Appendix B for full results). The following graphs show the profile of the sample.

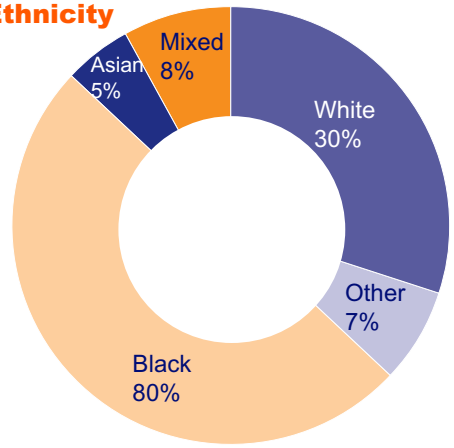
Age



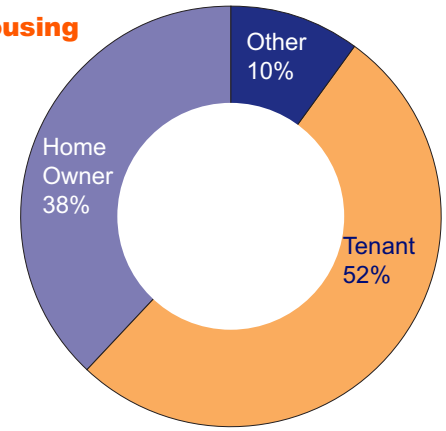
Sex



Ethnicity



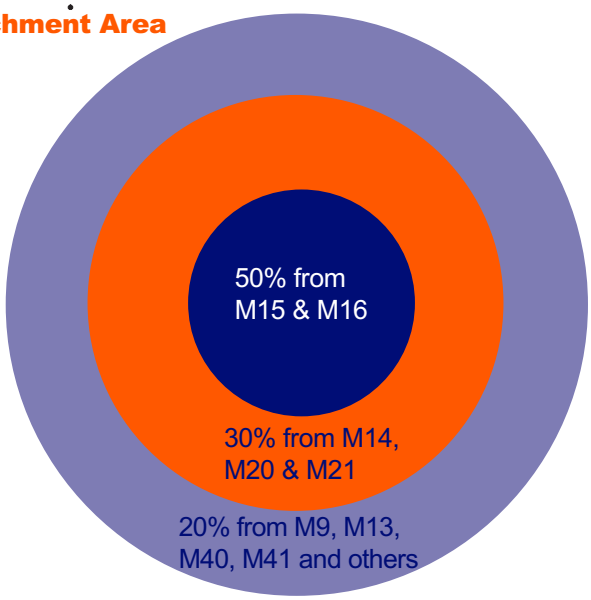
Housing



Respondents to the survey demonstrated a good spread across all age groups and ethnicities. However, the centre has lower than expected male and Asian users. This suggests that the centre needs to develop services to address this gap.

The diagram below shows that the majority of the service users who responded to the survey came from the local area, with 50% from the wards of Hulme and Moss Side and a further 30% from the neighbouring areas of Rusholme, Chorlton and Didsbury. The users travelling from further a field are likely to be patients of the dental service who provide an emergency service for the city. The local nature of the service users is illustrated by 67% who walk, cycle or use public transport to get to the centre.

Catchment Area



An important indicator for access is how service users came to use the services. The results show that 27% were referred, 44% found out about the centre by word of mouth, family and friends, and only 8% heard about the centre through publicity material. This shows that word of mouth can be a powerful communication method, but this does suggests the centre needs to review its marketing materials.

Local ownership

Although the local community does not have ownership in a financial or legal sense, there is clear evidence to suggest they do in the wider sense of belonging.

Findings from the 2006 survey of users and staff have shown that local people see their neighbours and friends working in the centre and this encourages a feeling of community and local ownership. It also means that staff have their ear to the ground and are able to feedback views, ideas and issues from the community on a daily basis.

The centre was named after a local activist and campaigner who had enormous respect in the local community. The naming of the centre was intended to act as a testament to her memory as a person who believed in empowerment. The following quote suggests that has been achieved.

> *"The centre builds on the legacy of Kath Locke herself by bringing awareness of health issues to adults, by using the centre for educational purposes and support the community in other ventures, i.e. hiring of rooms etc. Kath was very much into women's issues and adult education. The lasting legacy is that it shows that you can be professional without being stuffy and have a genuine welcoming atmosphere."*

Long-term and regular use of the centre by clients is also likely to be a strong factor in creating a strong sense of ownership by centre users. The 2006 service user survey results also show that whereas 38% had used the centre for less than 12 months, 62% have used the centre for over a year, with 22% for six years or more. 53% of centre users visit the centre more than once per week.

Perhaps the greatest evidence that the centre is truly owned by the local community is the centre has only suffered vandalism once and just two security incidents, despite its location in one of the country's most deprived wards.

How accessible is the centre?

When service users where asked what they liked most about the centre, the most common responses were about the helpfulness of the staff (22%); the fact that the centre felt friendly and welcoming (21%); the quality and range of services it offered (19%); its location and ease of access (15%); and the building itself (10%).

> *"The sense of community. It's clean and funky, and tells you about things to do."*

> *"The location is ideal, and the staff are very good and welcoming."*

When centre users were asked (2006 survey) what they liked least about the centre more than half (52%) said there was nothing they disliked about the centre. The things that people liked least included the distance they had to travel (6%); the temperature at the centre (5%); difficulties parking (3%); and a lack of information while they were waiting to access services (3%).

Service providers said in the 2006 survey that the friendliness and helpfulness of the staff, the range of services available at the centre, and the number of local people who worked there were all strengths of the centre. The centre was also seen as a focal point for bringing the local community together.

> *"Service provision here is like no other centre, and that's why it works - diverse and creative services that users want and have asked for."*

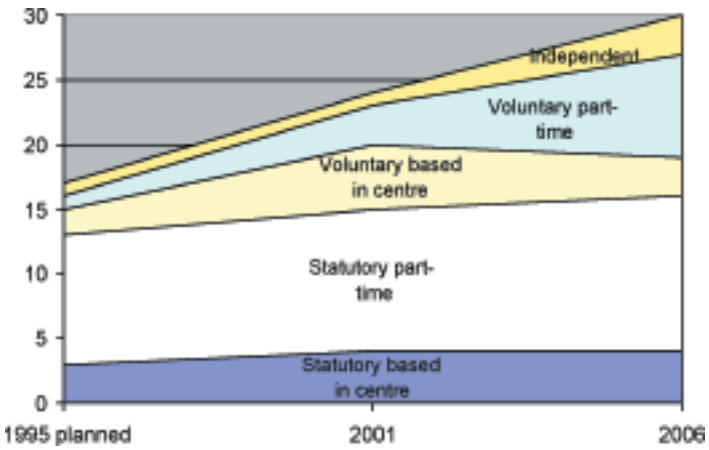
> *"It has provided an opportunity for lots of local people to train and gain a qualification in an accessible venue. Some of them may not have otherwise achieved this. It's different to other NHS health centres in that it's more informal, less threatening, relaxed atmosphere. I have enjoyed working in the centre, and have always received positive feedback from my students about the staff and the atmosphere. The reception staff have been invaluable as a supportive resource for me."* Former tutor working at the centre.

A HOLISTIC APPROACH TO WELL BEING

It was the intention of the Big Life group to operate the centre as a one-stop shop, offering a range of services that meet the physical, emotional and psychological needs of a diverse local community. The original service configuration designed by Manchester Health Authority following a consultation in 1995 included three mental health teams (2 statutory and 1 voluntary sector), community health services provided by Mancunian Community Health Trust, a dental practice and a voluntary sector advice project. Since then, further services have been developed by The Big Life group by bringing in existing agencies, attracting new agencies, developing joint initiatives and developing its own services.

It was central to the ethos of the centre that people with a variety of needs were all able to access the centre together, and that the centre was not stigmatised as for any one section of the community. In this way the centre contributes to creating a sustainable community, where difference is accepted and people offer support to one another.

The table below shows the wide range of services and changes since the evaluation in 2001 (a full list of services currently available is given in Appendix D).



Over the past ten years the short term nature of funding for voluntary projects has interrupted the delivery and development of the services in the centre (Participatory Evaluation Project, Aisha, Health Action Project). Some services have been moved from the centre as a result of statutory services reorganisations. For example the District Nursing and Health Visitors were relocated following a decision by the Primary Care Trust to merge the teams and have them work from one building. In addition the detailed specifications for some statutory services has constrained the opportunity to develop new initiatives in response to local need. For example the assessment process and caseload allocation of the Community Mental Health Team, means that the staff do not have the flexibility to develop less formal services in the centre.

Despite this, the centre has continued to deliver a diverse range of services. Many of the voluntary sector services have grown from working at a grass roots level and developing new initiatives in response to unmet needs (Sugar group, BHA peer perspectives, bloom, therapeutic services for example).

The holistic nature of the services provided at the centre is described clearly by a former Centre Manager.

> *In many ways, the centre was central in demanding that health services are not just about 'broken bones', treatment and medication, but recognising that people needed to be valued in their own right as people with complex needs and concerns. By being able to access caring, sensitive, alternative and appropriate services, communities can go a long way on their road to recovery and better health."*

Service providers also said the variety of services offered was one of the main strengths of the centre. They felt this reduced clients' concerns about attending, and meant that they could access other services:

"The reception team knows what's going on in the building and can signpost … there's less stigma as there are lots of other services going on."

Both staff and volunteers agreed that the range of services attracted people to use the centre:

"The Kath Locke Centre has a number of advantages over other health centres, especially in housing a range of alternative, statutory and voluntary services that encourage closer relationships with the range of communities on its doorstep. It is a unique and innovative resource that has built on having a strong foundation and connections with people it provides services to. In particular, many of the front-line staff and volunteers are local people who have grown up in the area in the midst of so much change and uncertainty; it has become a constant feature in many people's lives."

INFLUENCING SERVICE DELIVERY

82% of service providers said the centre has had a positive impact on the way they deliver their services

Over the last ten years, the centre has continued to bring statutory services, voluntary services and the local community together to develop new services and improve services for local people.

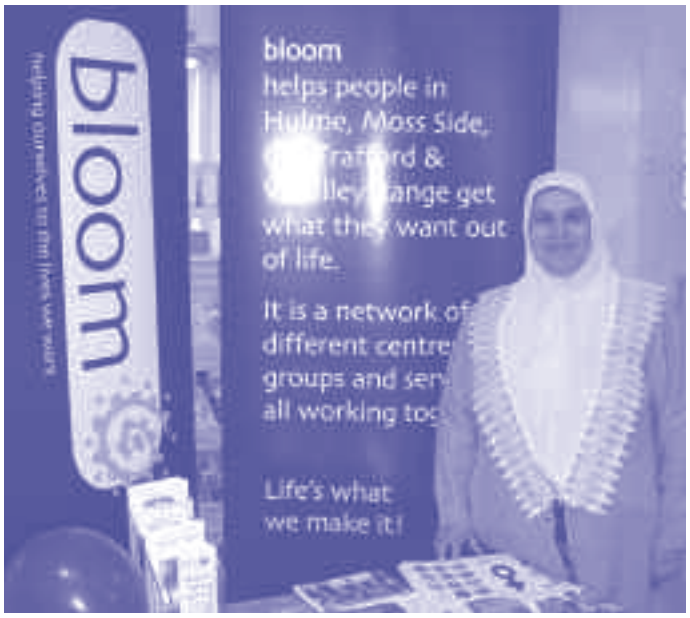
The service providers in the centre believe that it has a major positive impact on both the way they deliver their services and on their service users.

KLC Maternity Pilot This was a midwife led, joint project (Manchester Health Authority, the Kath Locke Centre, Central Manchester Healthcare Trust) to deliver an integrated maternity service, including midwife led care, social work support, advice services, community psychiatric nurse support, interpretation and complementary therapies to Somali refugees, women with mental health needs and drug users. This pilot was funded for one year by Manchester Health Authority and demonstrated that less intervention in births could be achieved by providing one to one care for women throughout their pregnancy, and that social support services reduced the stress woman with additional needs faced throughout pregnancy. A full evaluation report was produced in conjunction with Manchester University and is available from the Kath Locke Centre or on our website www.thebiglifegroup.com. However, funding for a continuation of this service could not be secured.

Pilot Dental Services The centre worked with the dentist to promote the service. The Dentist offered a flexible service, and built up a case load from zero in 1997, to 2,000 in 2001, and 7,907 in 2005.

Homeopathic clinic A small start-up grant from the local Health Forum enabled this volunteer-led clinic, targeted at people on a low income, to develop over the last 7 years. Since 2001 the service has seen an average of 37 patients each year and offered an average of 230 appointments. A team of 3 qualified homeopaths and 6 trainees now offer 9 appointments per week and last year saw 35 people in receipt of welfare benefits. 93% of people using the Homeopathic Services reported an improvement in their health and well-being.

bloom In 2001 the Kath Locke Centre worked with Central Manchester and North Trafford Primary Care Trusts and local voluntary agencies to develop a New Opportunities Healthy Living Project in the centre. The bloom project as it became known, aimed to deliver a service across the local authority boundary between Trafford and Manchester and ensure that the most marginalised people in the community were able to access services. Bloom has been actively involved in setting up the Moss Side Forum, where local individuals can influence the services in the area. It has encouraged membership of the Moss Side and Hulme Local Area Group and has worked in partnership with agencies in Old Trafford to ensure that services are open and accessible to the wide range of minority ethnic groups in the area.



Health Action Project In 2000, the centre hosted the Health Action Project which was an initiative set up as part of the Health Action Zone. The project was aimed at strengthening the involvement of voluntary sector agencies in the reduction of health inequalities. Along with supporting the involvement of voluntary groups in the Health Action Zone, it produced an influential report on Commissioning from the Third Sector, for the statutory partners in the Zone.

Community Involvement in the Primary Care Trust (PCT) The Big Life group was contracted to develop a community involvement strategy for the Central Manchester Primary Care Group in 2000. This report set the foundation for the development of the Local Area Group, which still meets at the centre today. The Local Area Group is a formal committee of the Trust and advises the Trust on key priorities for the local community. In addition the Centre and the PCT successfully secured a lottery grant to evaluate community participation in the PCT.

The first five year evaluation report of the Centre (produced in 2001) showed that whilst the centre was able to play a key role in influencing and developing services at the centre, it was constrained by being seen as outside of the NHS, and not having direct influence over services.

In 2002, The Big Life group acted upon the evaluation findings and suggested that the centre report into the Moss Side and Hulme LAG and that the LAG could take on more of a steering or advisory role for the centre. Although this proposal was not accepted, the centre manager was able to contribute to the LAG and became its chair until 2004.

Apart from this limited success, the centre is still seen as being outside of the NHS. There are no clear routes for engagement unlike GP's, whose views are sought as part of the planning and development process for the PCT and who are involved in developing new services.

EMPOWERING LOCAL PEOPLE

The centre works to support local people to manage their own health issues – both as individuals and as a community. It believes that people have as much to offer as they have needs to be met. It offers a range of opportunities to local people to be involved, from being employed as a member of staff, volunteering with the reception team, helping develop new services, taking part in the planning and promotion of events, taking part in the centre steering group to becoming a Trustee of the charity.

This evaluation was overseen by a group of volunteers and staff working at the centre and is an example of how people can be involved in all aspects of the centre's work. This empowering approach ensures that the centre is part of the community.

77% of staff are from the local area

The centre also promotes the empowerment of local people through local employment. The majority of staff at the centre are recruited from the local community. The original recruitment process in 1996 included a local community event with 8 out of 11 posts (73%) going to local people. This success has been continued 10 years on. Centre staff reflect the diversity of the local population, with 66% of staff from a BME community.

A member of the staff team explains why they wanted to work at the centre.

> *" I was interested in working at the KLC as it is in the heart of my community. Local people need to be represented and spearheading local services"*

Part of the ethos of The Big Life group is to give training and development opportunities to its staff and volunteers. A comprehensive training programme is offered internally every year to ensure that staff have the skills they need. Over the years this has meant that local people employed at the centre have been able to develop their careers. In the past ten years one Centre Manager has gone on to become a manager in a PCT, one Centre Manager has been promoted within the Big Life group to an Assistant Director, one Receptionist was promoted to the Assistant Centre Manager and now works for an international charity and one Receptionist now works as a Health Trainer for a PCT.

In addition to empowering individuals the awarding of the Kath Locke Centre contract to a local agency also empowered the local community. When Zion CRC won the contract to manage the Kath Locke Centre in 1996, it had only limited experience of contracting with the statutory sector. It had for some years been administering the Health forum for the Regeneration Team and had overseen the development of the Supported Housing Strategy and Needs Assessment. Taking on this contract required the organisation to change its operation. This period of change inevitably meant that some members of the community no longer wanted to be involved. Some of the management committee of the Zion Centre, whilst wishing the new centre well, didn't want to take on the responsibility of a new centre and statutory contract.

However, for some people the challenge to evolve into a new organisation offering a wider range of services was a positive development. The organisation became incorporated and had to comply with the legal requirements that this entailed, as well as the responsibilities of the new contract. In order to ensure that the organisation retained its involvement and self help ethos it had to continually refresh its approach. Latterly it has used the Ladder of Participation to ensure that in every service people can get involved in any way they chose, from volunteering, to delivering services. Today the group has over 200 volunteers a year.

Over the years, the organisation (which began as *diverse resources*) has continued to grow. In 1999, it took a new direction and started to develop social enterprises in the community, including a new nursery and an employment business. In 2002 it formed The Big Life group of social enterprises and charities, which now has a turnover of £8million p.a. and employs over 200 staff.

The awarding of this major statutory contract to what was a small community organisation was a critical step in growing it as a social business. The Big Life group is now one of the largest social enterprises in the country. One investment of a relatively small contract has empowered the organisation to expand and develop. It is perhaps remarkable then that it is still one of the few examples in the country of where this kind of investment in a community has taken place.

The Sugar Group is an example of how the centre works with local people to solve their own health needs. This is shown by the following case study:

The Diabetes Service ran a clinic at the centre from when the centre first opened. Although Diabetes is a major health issue for the local community, the clinic attracted just one or two people each session despite having promotional material available locally.

The Sugar group started when I overheard a lady at reception complaining about the lack of services in the area. I listened to what she felt would make a difference to the older African Caribbean community who like herself suffered from Diabetes and related health problems. Together we developed a programme that had a strong social aspect to the group, but included support from the Diabetic nurse and from the Community Dietician. We put in a bid for monies to be able to offer therapeutic massage and a weekly exercise session.

The group was launched in June 1998, and on that first week fifteen ladies, all African Caribbean, attended. We had a great first session, the exercises went down really well and everybody was keen to get their names down for a free massage. The Nurse and Dietician were able to do give information to the group as a whole as well as offer one to one support as required. Twenty ladies came for the second week. The group has continued to grow ever since. It now has about forty regular attendees, with about sixty on the mailing list.

In 2005, the group decided to become independent, having its own steering group and elected a chair and secretary from group members. It expanded the services offered, and now has a second exercise group, a walking group, a women's group, a swimming session at the local leisure centre and has organised many trips out over the years.

One member of the Sugar group said how she had been able to take more responsibility for her own health by using the Centre.

"I started coming to the Kath Locke Centre when it first opened to use the chiropodist. I was invited to the sugar group when it first started seven years ago. I enjoyed every bit of it, the exercise, the trips, the friendliness. Everybody was so nice. It helped me to keep healthy, mostly by getting me out of the house and meeting new people. I carried on coming to other groups and services in the centre; the women's group and dentist. I made friends with the reception team, all of them are my friends. We look after each other- they are like my children. The Kath Locke Centre - long may it continue to grow form strength to strength. It makes a big difference to this community's health. A lot of people are proud of this building- this is right in the heart of the community."

APPENDIX A. ABOUT THE EVALUATION

Method	Description
A review of previous reports	This included relevant health and regeneration reports on the local communities of Hulme and Moss Side from the late 1980s and early 1990s. A full list is available in Appendix A. A Kath Locke evaluation report was written in 2001 that reviewed progress after 5 years of operation. This was reviewed to identify key achievements and areas to review further progress.
Analysis of annual monitoring statistics on use of the centre	This included the number of visitors and telephone enquiries; services and training delivered; projects run; service providers based at the centre; proportion of staff who live locally
Analysis of secondary health information	Data from the HES dataset for the years 1997-2004 (based on MSOA geography) was provided by the North West Public Health Observatory; additional ward-based data was provided by Manchester's Joint Health Unit from its Public Health Annual Reports from 1998 and 2005.
A survey of centre users	A total of 124 visitors to the Kath Locke Centre took part in the survey between Tuesday 4th and Friday 28th July 2006. The questionnaire was administered by staff and volunteers from Big Life Services and the Big Life group. The results are given in Appendix B.
A survey of service providers	A total of 12 service providers based at the Kath Locke Centre completed a self-report questionnaire during July and August 2006. The results are given in Appendix C.
A local health needs survey	This survey took place primarily with people who lived in the local community, but were not using the centre. The purpose of this survey was to assess local health needs and gain an understanding of why people may not have used the centre. 38 people who lived in the local area were surveyed at the Moss Side Caribbean Carnival on the weekend of the 19th and 20th August 2006.
A survey of staff and volunteers perspectives	This survey attempted to identify in more detail the thoughts and perspectives of people who had been more closely involved in the centre. Current and previous staff and volunteers who had had a role in the centre were asked to give their comments on a range of issues related to the impact of the centre both personally and for the local community. The questions are given in Appendix D.
Case studies	Case studies were gathered from people currently using the centre and these are illustrated throughout the report.

APPENDIX B. RESULTS FROM SURVEY OF SERVICE USERS

The percentages are expressed as a proportion of visitors who answered that particular question, rather than as a proportion of all 124 respondents.

1. Are you:			
under 18	5%	**Black African**	9%
18-25	12%	**Black Caribbean**	37%
26-35	25%	**Other Black**	4%
36-45	21%	**Indian**	2%
46-55	11%	**Pakistani**	3%
56-65	7%	**White British**	25%
over 65	18%	**White Irish**	2%
		Other White	3%
male	26%	**Mixed Black and White**	4%
female	74%	**Mixed Asian and White**	1%
		Other Mixed	3%
a tenant	57%	**Any Other Ethnic Background**	7%
a homeowner	34%		
other	9%		
2. Do you consider yourself to be disabled or to have a long-term illness that limits your day-to-day activities?	yes	31%	
	no	69%	
3. What is your postcode?	M14	21%	
	M15	14%	
	M16	35%	
	M20	5%	
	M21	5%	
	M13	4%	
	M9	3%	
	M40	3%	
	M41	2%	
	other	11%	
4. How did you find out about the Kath Locke Centre?	referral	27%	
	leaflet/poster	8%	
	family/friends	22%	
	word of mouth	22%	
	other	21%	
	('other' includes: via another service; former KLC staff member; through Abasindi; work with a partner agency; saw it being built)		

5. How do you usually get to the Kath Locke Centre?	walk cycle bus car other	37% 3% 27% 28% 4%
6. How long have you been coming to the Kath Locke Centre?	first visit today less than 6 months 6-12 months 1-2 years 3-5 years 6-10 years	11% 20% 7% 14% 26% 22%
7. How often do you come here?	once a day 2-3 times a week once a week 2-3 times a month once a month less often than this	11% 14% 28% 11% 14% 22%

8. I think the reception team is:

	5	4	3	2	1	
Very helpful	77%	15%	6%	0%	2%	Very unhelpful

9. Which service/s are you coming to today?	baby massage BHA bloom chiropodist counselling dentist depot clinic exercise class relaxation session soca-aerobics mental health team propria persona social worker Sugar Group Therapeutic Services Women's Group other	4% 2% 8% 8% 3% 19% 5% 6% 3% 5% 2% 2% 2% 7% 2% 3% 18%

10. Ratings for services currently attended - all users and all services (where 5 = very good, 1 = very poor)	5	4	3	2	1
	78%	16%	6%	0%	0%
11. Ratings for services attended in the past - all users and all services (where 5 = very good, 1 = very poor)	5	4	3	2	1
	61%	27%	8%	4%	0%

12. Which other local services do you use (that is, services that are not based at the Kath Locke Centre)? **N.B. only 57 people answered this question, so the figures are a % of the 70 responses given (some people were attending more than one service).**	baby massage church dentists GP hospital mental health services swimming YASP Zion Centre other none	3% 3% 6% 17% 3% 3% 4% 3% 7% 24% 27%

13. Overall, I think the Kath Locke Centre is:						
	5	4	3	2	1	
Very good	66%	25%	9%	0%	0%	Very poor

14. What do you like most about the Kath Locke Centre? **N.B. 104 people answered this question; the figures are a % of the 144 responses given.**	The most common responses were about the helpfulness of the staff (22%); the fact that the centre felt friendly and welcoming (21%); the quality and range of services it offered (19%); its location and ease of access (15%); and the building itself (10%). *"The sense of community. It's clean and funky, and tells you about things to do."* *"The location is ideal, and the staff are very good and welcoming."* *"The services it provides for … local people. I think every community deserves to have local health care services, especially disadvantaged communities like Moss Side".*
15. What do you like least about the Kath Locke Centre? **N.B. only 64 people answered this question; the figures are a % of their responses only, and not a % of the total number of survey respondents.**	More than half (52%) said there was nothing they disliked about the centre. The things that people liked least were the lack of a café/refreshments (10%)*; the distance they had to travel (6%); the temperature at the centre (5%); a particular service they had attended (3%); the fact that some of the services had full caseloads (3%); difficulties parking (3%); and a lack of information while they were waiting to access services (3%). *"The location - I have to get two buses to get here!"* *"The building gets too hot in the summer and too cold in the winter."* *NB: The cafe has since re-opened
16. Has the Kath Locke Centre made a difference to your health and well-being? **Yes 94%** **No 6%**	When asked how the centre had made a difference, most people (39%) talked about specific health problems it had helped them with. Other common responses were the opportunity for meeting new people and socialising that it offered (17%); the fact that coming to the centre made them 'feel better' in themselves (9%); helping them in other areas such as housing and work that had an indirect impact on their health (9%); the fact that they were fitter now and got more exercise (9%); and helping them feel more relaxed (6%) and more confident (6%). *"It's helped me reduce my blood pressure and my weight."* *"It keeps my mind occupied and my spirits up - I look forward to coming to my groups."* *"It gets me out of the house and socialising with others."* *"I feel a lot more relaxed and calm after I've been."*
17. Is there anything else you would like to tell us?	There were a few calls for the café to be reopened, and for a special bus service for centre users, but most people simply wanted to say 'thank you' to the centre, and 'keep up the good work'. *"Hulme is lucky to have the Kath Locke Centre."* *"Thank you for having the centre in this local area whereby residents have access to good services."*

APPENDIX C. SERVICE PROVIDERS' SURVEY QUESTIONS AND SUMMARY OF RESULTS

The percentages are expressed as a proportion of providers who answered that particular question, rather than as a proportion of all 12 respondents.

1. Overall, I think the Kath Locke Centre is:						
	5	4	3	2	1	
Well managed	33%	42%	25%	0%	0%	Poorly managed
2. The working environment is:						
	5	4	3	2	1	
Pleasant	17%	50%	8%	17%	8%	Unpleasant
3. The reception team is:						
	5	4	3	2	1	
Efficient	67%	25%	0%	8%	0%	Inefficient
4. Queries/complaints we have are responded to:						
	5	4	3	2	1	
Quickly	30%	20%	30%	20%	0%	Slowly
5. The levels of cleaning and maintenance in the building are:						
	5	4	3	2	1	
Good	50%	25%	0%	25%	0%	Poor
6. Our contract with Big Life Services provides:						
	5	4	3	2	1	
Good Value for money	38%	38%	25%	0%	0%	Poor value for money

7. What impact has the Kath Locke Centre had on the way you deliver your services?	Factors that providers felt had had a positive impact on the way they delivered their services included the centre's accessibility; its professional image; the level of security; good parking facilities; and the fact that both staff and clients liked the building and were positive about their experiences there. Those who said it had no impact did not explain their response.
(a) a very positive impact 27% **(b) a positive impact 55%** **(c) no impact 18%** **(d) a negative impact 0%** **(e) a very negative impact 0%**	*"The centre is less stigmatised due to the diverse services in the building. It's in the heart of Moss Side and the staff reflects the community."*

8. What impact has the Kath Locke Centre had on your service users? **(a) a very positive impact 36%** **(b) a positive impact 55%** **(c) no impact 9%** **(d) a negative impact 0%** **(e) a very negative impact 0%**	Again the welcoming atmosphere, availability of a range of services, and the building itself were all felt to have contributed to the positive impact on clients. The fact that there was an identifiable and accessible 'host' organisation was also considered helpful. *"Staff reflect users.. Welcoming reception area... Resources of information... Notice boards.. Service providers."* However whilst one provider praised the friendliness of the reception staff, another felt that colleagues sometimes had to wait too long for their full attention.
9. To what extent has the Kath Locke Centre helped to address health inequalities in the area? **(a) made things a lot better 78%** **(b) made things a bit better 22%** **(c) had no effect 0%** **(d) made things a bit worse 0%** **(e) made things a lot worse 0%**	Providers were unanimous in their view that the centre had helped improve health inequalities in the area. It was felt to have brought services closer to the community, increased the range of provision available locally, made services accessible to people on low incomes, and housed everything in a safe and attractive building. *"There are numerous services offering diverse provision, satellite clinics and health events … and health promotion work. Joint working is bringing in services the community needs."*
10. What are the advantages (or disadvantages) to you of delivering your service from the Kath Locke Centre?	The most commonly mentioned advantage was the centre's location in the heart of the community it served, which meant it was well-known and easily accessible. Others included the range of services it offers; the ease with which rooms could be booked; and how safe it made clients feel. Disadvantages included the lack of childcare facilities; the fact that some staff didn't have computer access; and concerns about client confidentiality (as mentioned in question 3). *"It's a prime location to serve our target audience. The non-threatening environment means individuals feel safe when using the centre."*
11. What (if anything) is different for service users about accessing your services at the Kath Locke Centre rather than elsewhere?	The main thing that providers felt was different about the centre was the variety of services it offered, which reduced clients' concerns about attending, and meant that they could link up with other provision: *"The reception team knows what's going on in the building and can signpost … there's less stigma as there are lots of other services going on."* Its accessibility and security were mentioned again in this context, as (on the negative side) were the lack of IT facilities, and one provider said the centre looks more professional than other locations they use.
12. What works well at the Kath Locke Centre?	The friendliness and helpfulness of the staff, the range of services available at the centre, and the number of local people who worked there were all things that were thought to work well. The centre was also seen as a focal point for bringing the local community together. *"Service provision here is like no other centre, and that's why it works - diverse and creative services that users want and have asked for."*
13. What do we need to change?	The only changes suggested by more than one provider were re-instatement of the café (with affordable prices), and having air conditioning or windows that opened. Other suggestions were: having a crèche for clients' children; extending the opening hours into evenings and weekends; having IT access for all staff; installing a receptionist on the first floor; making sure all vacant rooms were filled; improving the maintenance; and delivering confidentiality training to reception staff. *"We need a crèche facility for service users … and a café as it attracts people. And air conditioning."*

APPENDIX D. SERVICES CURRENTLY PROVIDED IN THE CENTRE

Services provided in 2006

Statutory services based in centre	Linkworkers Welcome Centre (Refugee & asylum Seekers medical support) Manchester Mental Health & Social Care Partnership: West Community Mental Health Team
Statutory part time services	Podiatry Speech & Language Therapy Physiotherapy Audiology Orthoptics Smoking cessation Baby massage Healthy Living Group “Feel Good Friday” Propia Persona (BME adults with Learning Disabilities group) Pension advice service African Caribbean Advice services Sexual Health Clinic (BME communities)
Voluntary sector services based in centre	Therapeutic services (Big Life services): Bloom healthy living network Peer Perspectives (BHA)
Voluntary sector part-time or sessional services	National Phobics Social phobia group and counselling services African and Caribbean Mental Health Services counselling and women’s group Yoga Qi-gong Soca aerobics Sugar group Yoga for MS Active Life For All (Exercise on referral)
Independent services	Dentist/dental access centre City College – NVQ Childcare J&B catering (Café)