‘Knowing Me, Knowing You 3’
‘How Do We Measure Up?’ Report

Raploch Community Campus, Stirling
11th June 2009
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1. BACKGROUND

The current health improvement climate calls for new ways of thinking and working between all partners with a responsibility and interest in affecting positive change. Community and voluntary sector (C&V Sector) organisations are keen to enhance their partnership role, to clearly articulate their remit and ensure their contribution brings added value to overall partnership working. The need for greater understanding about how other sectors operate led CHEX to plan a seminar programme (‘Knowing Me, Knowing You’), aimed at building relationships, developing communication between C&V Sector and statutory partners, and promoting opportunities for collaborative working.

In January, we met with Network members to plan the seminars, which would bring members together with representatives from the NHS, local authorities and other public services interested to find out more about each other to inform future joint working.

‘Knowing Me, Knowing You 3’ was the third of these seminars and focussed on processes of evaluating health improvement impact. It built on the learning from the first two seminars. The first seminar addressed the cultural differences between the statutory sector agencies and their community and voluntary sector partners. The second one highlighted the strategies and structures that influence organisational relationships, communication and decision-making. Local C&V Sector organisations brought to life the challenges for them in building joint approaches to health improvement and statutory sector agencies provided ‘commissioner’s top tips’ which they felt would be extremely useful in assisting strategic positioning when working towards long-term sustainable funding.

A recurring theme throughout the first two seminars was that ‘evidence of effectiveness’ was key to how statutory partners would listen to the voice of C&V Sector organisations. Simultaneously, all sectors had to consider implementation of the Health Improvement Performance Management (HIPM) framework, (N.B. HIPM now known as Outcome Focused Planning) driven by Scottish Government and developed and disseminated by NHS Health Scotland. There was a clear need for more information on evaluation in general and, specifically, on HIPM with its reference to ‘logic models’, ‘results chains’, and ‘weaver’s triangles’. Therefore, the priority for our third seminar was ‘How do we measure up?’

i) The Seminar

The intended outcomes for participants were to:

- have an increased awareness of issues relating to gathering evidence and evaluation
- have more awareness of the available resources which support gathering evidence and undertaking evaluation
- have an increased understanding of other sector’s perceptions of gathering evidence and evaluation
- have gained a knowledge of how to address the differences between their sector and others with regard to evidence and evaluation.

We are pleased to report that evaluation of this event showed that each of these outcomes was completely or partly met for no fewer than 86% of respondents and, in the case of the third outcome, 100% of participants returning an evaluation form.

To help meet these outcomes, we invited Evaluation Support Scotland to provide an overview of the differing aspects of evaluation and evidence gathering. This not only
provided valuable input on the day but was a reminder of some of the support mechanisms which exist for organisations within the CHEX network.

We invited ‘CHANGES Community Health Project’, a well established community-led organisation which has good relationships with its statutory partners, to provide the reality of ongoing challenges, which continue to face C&V Sector organisations in relation to evaluation and demonstrating their impact on their own and wider strategic objectives.

We invited NHS Health Scotland to raise awareness of the Health Improvement Performance Management (HIPM) framework, provide information on the various evaluation tools and highlight the potential for C&V Sector organisations in using those tools, particularly within the context of Single Outcome Agreements ‘SOAs’ which now encapsulate Community Planning Partnership (CPP) strategies and action plans.

Thus, our three speakers provided both national and local perspectives together with helpful information on the available support mechanisms to ensure C&V Sector organisations engage with the strategic frameworks for assessing impact on health improvement.

Integral to CHEX’s seminars is the opportunity to discuss and engage with new information. Therefore, after each presentation, an opportunity was provided for discussion to get immediate feedback from participants and capture key insights for the final plenary session.

2. WELCOME AND INTRODUCTION

Janet Muir, CHEX Manager, welcomed the 26 participants and recapped on the process of the previous two seminars before outlining the process for the day. Participants were then invited to introduce themselves. This highlighted the rich mix of people who took part in the event, including Board Members and staff of local organisations, staff from a range of NHS and local authority roles and Scottish Government staff too.

i) Icebreaker

To get people in the mood for thinking about evaluation, Elspeth Gracey, CHEX, asked participants within their small groups to plan a children’s birthday party and to address the following questions:

- What do you hope to achieve?
- What will be your measures of success?
- What evidence will you present to others of your success?

Following a lively debate at the tables, each group provided feedback. Lots of fun prevailed with comments ranging from achievements such as ‘the children stop whining’ to measures of success ‘no injuries and happy faces’! The suggestions for presenting qualitative evidence of a successful event included capturing people’s comments, using photographs, video etc. These have a clear resonance with the methods used by many community development organisations. Of course in community development activity there are fewer references to receiving presents and cards!

It was interesting to note however, that in the whole process, only one of the 6 groups reported having involved the children themselves in the planning of the party. Given that participants included many experienced community development workers, it is interesting to speculate that it appears to be the case that, when given a task to do, even those of us
steeped in community development can become mechanistic and task driven and so the process often seems to suffer and we default to a ‘top down’ approach.

ii) Presentations

There were three presentations, each of which was followed by a group discussion – the first two with ‘buzz groups’ at the small tables and the latter as a general plenary discussion. Discussions were structured around answering the following questions:

- What insights have we gained from the presentation?
- What opportunities have been highlighted for us?
- How does what we have heard help us in our work?

a) Presentation 1

‘Challenges of Evidence and Evaluation in partnership working’
Steven Marwick, Director of Evaluation Support Scotland

Steven provided a lively input, providing firstly an overview of his organisation and its role and then a whistle-stop tour of the tensions surrounding evaluation. His upbeat presentation included information such as:

“Logic models are like ‘break-dancing’ – look very impressive, are harder to do than you first thought and may give you a headache! But we need clear theoretical models which are evidence-based and, although they are not an evaluation tool but a planning tool, it is good to have the connections.”

Steven addressed the common dilemma of being asked for numbers and postcode information and how misleading that may be if analysis is not well informed. He spoke of the need to answer the question “What difference did it make?” He encouraged C&V Sector organisations to be creative about the evaluation and evidence gathering processes that they used.

“Don’t settle for questionnaires when you can ask people to draw or take photographs or provide a theatrical event which will provide higher quality evaluation of what you want to present. Qualitative evidence benefits from user participation. Talking to people, use of video diary, all of these things offer better alternatives than dry analysis of questionnaires.”

He then spoke of the ever-present need to consider “how to build evaluation into practice and practice into evaluation”. There are many “practical considerations” and we need to be “realistic about what we can achieve” considering how information will be presented and used.

“A key over-arching consideration is about learning all the time and how we best put that learning to use”

One of Steven’s slides stated:

“Learning, what works, for whom, in what circumstances, and why?”

Significantly, Stephen peppered his input with an emphasis on building trust. While trust is often alluded to in partnership working, achieving it is another matter. When organisations
and agencies are working to their own agenda, trust between sectors can often be fragile. Therefore, it has to be nurtured, taken seriously and worked at.

To view Stephen’s full presentation, please click here.

Buzz Group – discussion & feedback 1

**Responding to new ‘top down’ initiatives** – While recognising that ‘logic modelling’ is being nationally and regionally promoted as an effective way of measuring and demonstrating impact, there was an anxiety about how best to integrate them into existing methods of measuring outcomes and outputs.

**Appropriateness** – There was the observation that we need to match the method to the practice; responding to the needs of service users and listening consistently.

**Whose needs are being met?** – Several people expressed the tension between securing funding and retaining core values. There was recognition that resources are often not decided on evidence alone – rather, they are prioritised on prevailing policy drivers.

**How does it help us to make the case?** – Interest was expressed in how logic models worked in relation to showing whose work contributed to what outcome. Would this help C&V Sector organisations directly illustrate their contribution to HEAT targets, SOAs etc?

**Creativity** – A recurring theme in people’s reflections was creativity. Steven had reminded us that we can be very creative about how we establish evidence; the process being as important as the end result.

**Manageable** – A further recurring theme was that evaluation needs to be manageable, effective and relatively simple. There is no point in spending long hours in evaluation that will be of little value or will be impossible to present.

**Integrated within practice** – Evaluation needs to be integral to what all partners do…not bolted on. C&V Sector organisations need to have access to support for ensuring they have the appropriate capacity to evidence their effectiveness.

**Agreement on what is being evaluated** – Agreement between funder and C&V Sector organisations is needed of what will be appropriate outcomes of the work and what will be evaluated BEFORE work begins. Several people recommended LEAP¹ for this reason.

**Learning** – A key aspect of evaluation is learning from it and sharing the learning with others; learning what works and what does not and the need to consistently build a joint

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¹ LEAP (Learning Evaluation & Planning). For details, see Section 3 ‘Useful Information’, page 13.
commitment for ongoing improvement in service delivery. Key to learning are the outcomes that should be shared between C&V Sector organisations and statutory partners.

**User involvement** – User involvement in the design of evaluation and evidence gathering can be a key asset for an organisation and providing ongoing feedback on evaluations to service users is key to strengthening overall user involvement.

**b) Presentation 2**

*‘In reality – the view from ‘CHANGES Community Health Project’*
Gary Smith, Co-ordinator, ‘CHANGES Community Health Project’

Gary described the background to his organisation including its values and ethos e.g. that they think in terms of “people not patients”, that “people themselves are involved in finding the best way forward for themselves” and that “building good relationships is key”.

He spoke of the different strands of funding they have and the relationships with statutory funders. He described their relationship with the NHS as being “valued by them, but not fully understood”. This has resulted in a relatively undemanding relationship although it provides a degree of freedom to be creative. However, the other side of the coin is a lack of demand for information and this was felt to be an area that needed to be strengthened and could increase real understanding of what his organisation does. Without this, Gary felt that there remained a potential lack of security and that opportunities for real learning were potentially being lost. He expressed the need for C&V Sector organisations to be continually pro-active in demonstrating any relevant evidence they have to funders.

To view Gary’s full presentation, please click [here](#).

**Buzz Group – discussion & feedback 2**

**Developing structural processes** - People recognised that often the departure of a single individual can change organisational relationships. There needs to be structural processes so that organisations are not dependent on ‘one-off’ relationships.

**If you are not being asked for information - what are the consequences?** – Gary spoke about having a degree of freedom to be innovative and not having people “breathing down their necks”. However, he also acknowledged the need for a process of accountability which ensures that what an organisation is doing is understood and valued. Too rigid a regime of accountability however might make it impossible to have such a responsive service. There was consensus that this is not an easy balance to strike.
**Self-referral to CHANGES** – Several people noted that people in Musselburgh can connect themselves with CHANGES services when they need them. This is seen as a real strength.

**How can we say “We are not getting it right?”** – This was a question posed to both local organisations and funders. There needs to be a non-threatening way of acknowledging that what is happening needs to change. Being honest about any perceived weaknesses in an organisation or what it has to offer is seen as potentially threatening to its existence. Valuing an organisation’s ability to learn can be a difficult thing to negotiate with funders.

**Clarity of focus** – Several participants commented on the usefulness of the clarity that CHANGES has about what it can and can’t do…what it does offer people who use its services and what it can’t.

**Support & Self Care** – Several participants commented on the stress that people (employees and volunteers) within C&V Sector organisations experience and that Board members are not always good at seeking out the support and self care required to effectively maintain their roles. It is important that any available support is made easily accessible to support small organisations at particularly challenging times.

c) **Presentation 3**

‘**Health Improvement Performance Management Framework**’ (HIPM)

Neil Craig, Senior Public Health Advisor, NHS Health Scotland

Neil provided an informative and provocative input on how all partners should think about the implementation of HIPM and, in particular, highlighted the specific challenges and opportunities for C&V Sector organisations.

Neil stressed the importance of support for planning and performance. He reported that, in 2007, a review of the performance management processes for health improvement began. The review emphasised the need for HEAT targets to better reflect the contributions to health improvement which were specific to NHS alongside ways of enabling other partners to show what they were contributing to health improvement.

He felt that the concept of ‘shared outcomes’, now reflected in the National Performance Framework and Guidance to Community Planning Partnerships for SOAs, allows partners to demonstrate their contribution to health improvement outcomes within strategic priorities. This is supported by a Chief Executive’s Letter to Health Boards that expresses this in terms of ‘a golden thread’ to emphasise the need for common denominators running through all planning and resourcing decisions.

Neil shared the perceived threats to C&V Sector organisations of this approach which had been highlighted by research undertaken by Eleanor Logan (Ref 2007). Among the threats were:

- the risk that the National Performance Framework is seen as imposing health improvement priorities on partners
- a concern that if outcomes are uncertain funding might be cut
• the difficulty of encouraging partnership working towards shared outcomes if the third sector are competing for increasingly scarce resources
• the potential squeeze on resources available to support community-led health improvement work due to the end of ring fenced funding

Under ‘opportunities’, Neil enthusiastically endorsed HIPM as a means through which C&V Sector organisations can demonstrate what they do contribute to improving health, what they could contribute to health improvement and, furthermore, that there was the opportunity to contribute to setting local priorities. He suggested that local organisations ask themselves the following questions:
• What do you currently do?
• Who do you hope to reach?
• What would you love to see?
• What would you like to see?
• What would you expect to see?

He concluded by saying there were real opportunities to promote what you do within the current outcome-based approach and that logic models can be a useful way of understanding and demonstrating to others the contribution of the community-led sector. They were not a ‘top down’ imposition but a tool to be used as organisations saw fit, and not as a means of describing the complexity of reality but a way of critically reflecting on prioritising and accounting for what you do.

To view Neil’s full presentation, please click here.

iii) Plenary Group – Discussion & Feedback 3

Because time was short, instead of the buzz group a more in-depth general discussion amongst all participants provided the feedback from Neil’s presentation.

Other models – There was a lively discussion on how the HIPM model fitted with existing evaluation models. Some organisations have invested heavily in Learning, Evaluation and Planning (LEAP) as their chosen planning and evaluation tool. Neil felt that LEAP and HIPM were not mutually exclusive tools. Neil further stressed that certain existing models might not lend themselves to demonstrating the impact on high level strategic objectives; this is where HIPM framework comes into its own. However, this also highlighted the importance of C&V Sector organisations building and adapting their evaluation model and not ‘reinventing the wheel’.

‘Top down’ approach – There was concern that the HIPM tools will now be the expected framework/tools to use with limited recognition of existing tools and, more importantly, the resulting outcomes. Neil recognised this concern in his presentation and re-stated that he thinks this framework provides greater opportunity for people to show how they contribute to overall strategic health improvement outcomes. Perhaps, more importantly, how they could contribute in the future.
**Critical reflection** – There was recognition that the HIPM tools could offer a positive opportunity for sharing learning, as well as demonstrating outcomes.

**It is the impact that is important** – There was recognition that it is important to keep assessment of various tools in perspective. Any evaluation methodology applied should be fit for purpose, effective and manageable.

iv) **Final Discussion**

Having heard and engaged with the three presentations, participants were asked to consider two further questions:

- What does all this mean for C&V Sector organisations and their partners?
- What additional supports are needed to ensure best understanding between partners?

Clearly, the ability to measure and demonstrate impact on health improvement is fast becoming a major focus for all partners. The SOAs require all sectors to account for and show their contribution to local strategic objectives and in turn how these contribute to high level national objectives. An integrated system of performance management presents a significant opportunity to assess impact on health improvement and also evaluate the contribution of individual agencies and organisations. Ongoing awareness of lessons from implementation of HIPM pilot work – such as that being undertaken by West Lothian Community Planning Partnership (for more information, click here) and Health Scotland’s future ‘learning sets’ – should help to develop the understanding of how best to address the challenges, especially of integrated reporting, and how small C&V Sector organisations like ‘CHANGES Community Health Project’ can engage directly with the process to illustrate their contribution clearly.

All the elements prioritised over the three seminars influence how each partner can collectively and individually evaluate and demonstrate their impact. These elements include building relationships, good communication processes, understanding each other’s cultures, each other’s contribution to health improvement, our differing/or similar value-bases, methods of working, resource and funding challenges, and decision-making processes.

The ability to gather evidence of our effectiveness and present compelling evaluation material will always represent a fundamental challenge, requiring a specific set of skills within organisations seeking to engender positive change in terms of health inequalities and health improvement in general.

The challenge is to find agreed frameworks not only accepted by all stakeholders which provide high quality evidence, but which can also be easily incorporated into the routine practice of running a small but busy local organisation.

Involvement of users and/or potential users of services adds an important enriching dimension to the evaluation process. Evaluation methods need to grow and change with
the growing needs of an organisation and not merely in response to a desire to be fashionable. A spirit of continuous improvement should also encourage us to review even methods that appear to serve us well, as new and potentially better methods are developed.

We need both quantitative and qualitative evidence and we can be endlessly creative about how we present it.

HIPM is the latest framework developed centrally to assist with planning and evaluation and appears to provide an opportunity to show who contributes what in terms of health improvement. If this proves to be so, it will be a welcome addition to assessing the overall impact from all partners on health improvement.

The latest edition of ‘Engage’ – the magazine which provides information about the ‘Healthy Communities: Meeting the Shared Challenge’ national programme – contains some useful insight into the continuing challenge for community-led health initiatives in connection with evaluation. N.B. To view this issue (June 2009), click here.

“The Task Group identified – among other things – a need to design, commission and undertake fit-for-purpose evaluations, and to employ evaluation designs and methods that “recognise the timescales and complexities involved in demonstrating the impact of community led health.”

“A community-led approach is about building capacity, supporting communities to identify needs and issues and to organise, take action and exert influence in the interest of their own health and well being. The direct outcomes of this approach, then, are changes to community capacity. Often, initiatives and organisations working with this approach are evaluated only in relation to individual behaviour change outcomes.”

“Behaviour change outcomes do occur further down the line - and they are a very important part of the overall strategy. Change occurs as a result of being part of the capacity-building process (individual empowerment) and later as a result of organised communities providing support and influencing the provision of services. However, it is important to remember that the community-led approach is about affecting change at the level of community, so that has to be the primary focus for evaluation.”

While participants at ‘Knowing Me, Knowing You 3’ recognised available support for capacity building their own evaluation skills via agencies such as Evaluation Support Scotland, Health Scotland, Community Food and Health Scotland, CHEX and others, they were also keen to develop ongoing dialogue between the sectors via further networking opportunities.

CHEX’s next seminar programme (August/September) will be promoted within the context and work of ‘Healthy Communities: Meeting the Shared Challenge’ – the national programme for community-led health – via a series of ‘Regional Events’ in Inverness, Dundee, Edinburgh and Glasgow. These will allow further opportunities to look at what is happening across the country in terms of health improvement planning and partnership working including the need for appropriate evaluation and building the evidence base.

In addition, CHEX is holding a national Conference on 2nd November 2009 in Glasgow, when C&V Sector organisations and their partners will have the opportunity to celebrate their successes, work towards strengthening a collective voice and hear from Shona Robison, Minister for Public Health on the Scottish Government’s view on C&V Sector organisations contribution to health improvement.
3. USEFUL INFORMATION

The report of the first ‘Knowing Me, Knowing You’ seminar (January 2009) is available at http://www.chex.org.uk/uploads/knowing_me_knowing_you_report.doc

The report of the second ‘Knowing Me, Knowing You’ seminar (March 2009) is available at http://www.chex.org.uk/uploads/knowing_me_knowing_you_pt_2_report.doc.

A summary and full report are available for ‘The Potential Contribution of the Voluntary Sector to the Scottish Government’s Health Improvement Performance Management Framework’ (October 2008) by Eleanor M Logan PhD, LPM Ltd. To download the Summary, please click here. To download the Full Report, please click here.

For more information about Evaluation Support Scotland, visit www.evaluationsupportscotland.org.uk

For information on Health Improvement Performance Management, visit www.healthscotland.com/scotlands-health/evaluation/hi-performancemanagement-nhs

‘Beyond evidence - to ethics: a decision-making framework for health promotion, public health and health improvement’ (2008) by Dr. Andrew Tannahill is available here.

‘Addressing the challenges of evaluation and learning in community-led health’ by Emma Halliday, Health Scotland and Steven Marwick, Evaluation Support Scotland (January 2009) - available from NHS Health Scotland’s website or directly by clicking here.

Learning Evaluation and Planning (LEAP) is a framework which encourages participatory planning involving all stakeholders and establishes at the outset of a project or intervention agreed outcomes which will be evaluated. More information is available on the Scottish Community Development Centre (SCDC) website at http://www.scdc.org.uk/leapinfo.

For more information on CHEX, visit www.chex.org.uk.

For general enquiries, contact: CHEX (Community Health Exchange)
Suite 305
Baltic Chambers
50 Wellington Street
Glasgow G2 6HJ

Tel: 0141 248 1990
Fax: 0141 248 4938
E-mail: chexadmin@scdc.org.uk
Appendix 1: Participants Evaluation Feedback

1. Please indicate if you think the following outcomes were achieved

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>No</th>
<th>Yes</th>
<th>Partly</th>
<th>Y+P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants have an increased awareness of issues relating to gathering evidence and evaluation</td>
<td>13%</td>
<td>53%</td>
<td>33%</td>
<td>86%</td>
</tr>
<tr>
<td>Participants have more awareness of the available resources which support gathering evidence and undertaking evaluation</td>
<td>13%</td>
<td>53%</td>
<td>33%</td>
<td>86%</td>
</tr>
<tr>
<td>Participants have an increased understanding of other sector’s perceptions of gathering evidence and evaluation</td>
<td>73%</td>
<td>27%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Participants have gained a knowledge of how to address the differences between their sector and others with regard to evidence and evaluation</td>
<td>13%</td>
<td>27%</td>
<td>60%</td>
<td>87%</td>
</tr>
</tbody>
</table>

2. What was the most useful part of today and why?
   - Importance of evaluation and to be proactive; linking outcomes to strategic policy but in a meaningful way; be creative about evaluation systems
   - Listening to other participants view and experiences
   - Length of presentations was about right
   - Icebreaker was very good
   - Networking
   - Good to have people based at tables
   - Diversity of presentations and networking
   - Interactive discussions
   - Structure – small group discussions, the brief presentations, high energy and reflecting initial understanding plus the question ideas and relating it to our circumstances
   - The combination of Feedback from Community, NHS and government
   - Emphasis on recording and sharing learning
   - Interesting input from other delegates
   - Good discussion around dealing with funders questioning demands and how to influence policy
   - Interesting to see that lots of organisations feel they are recoding learning sufficiently however still have issues of funding from government
   - Meeting and listening to colleagues and speakers
   - It has made me look at the service we provide and are we evaluating properly. Where do we fit in with the themes and could we be doing more as an action to promote healthy living and evidence this to CPP?

3. Could any part of the day have been improved? If so what was it and what would have helped?
   - Great environment, facilitating, information and ideas
   - Keeping to timetable and striking a balance – difficult to do! Well done
• Too much crammed in
• Time – Neil could have been earlier in the agenda
• Provide copies of presentations and contact details of participants
• Well managed, focussed
• A bit more information about other participants e.g. job titles
• A bit rushed
• Noise from next door
• Poor time management, although finished on time some parts of programme sacrificed to achieve this
• It is refreshing to come to a day where you are given 5-10 minutes for discussion (which is adequate) rather than half hour sessions where you discuss the same thing over and over
• Examples of outcome triangles
### Appendix 2 : List of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stuart Aitken</td>
<td>Falkirk Association for Mental Health</td>
<td><a href="mailto:stuart.aitken@fdamh.org.uk">stuart.aitken@fdamh.org.uk</a></td>
</tr>
<tr>
<td>Maureen Bowers</td>
<td>Volunteer Centre Glasgow</td>
<td><a href="mailto:maureen.bowers@volunteerglasgow.org">maureen.bowers@volunteerglasgow.org</a></td>
</tr>
<tr>
<td>Charlotte Boyce</td>
<td>Kingsway Health &amp; Wellbeing Centre</td>
<td><a href="mailto:martincoyle@kingswayhealth.co.uk">martincoyle@kingswayhealth.co.uk</a></td>
</tr>
<tr>
<td>Pam Campbell</td>
<td>Stirling Council</td>
<td><a href="mailto:campbellp@stirling.gov.uk">campbellp@stirling.gov.uk</a></td>
</tr>
<tr>
<td>Jane Churchill</td>
<td>Cambuslang &amp; Rutherglen Community Health Initiative</td>
<td><a href="mailto:jane@healthynhappy.org.uk">jane@healthynhappy.org.uk</a></td>
</tr>
<tr>
<td>Neil Craig</td>
<td>NHS Health Scotland</td>
<td><a href="mailto:neil.craig@health.scot.nhs.uk">neil.craig@health.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Margaret Donaldson</td>
<td>Ruchill Youth Project</td>
<td><a href="mailto:mgtdonaldson@hotmail.com">mgtdonaldson@hotmail.com</a></td>
</tr>
<tr>
<td>John Duffy</td>
<td>Raploch Community Partnership</td>
<td><a href="mailto:smithgi@stirling.gov.uk">smithgi@stirling.gov.uk</a></td>
</tr>
<tr>
<td>Trish Dunlop</td>
<td>fpa Speakeasy</td>
<td><a href="mailto:trishd@fpa.org.uk">trishd@fpa.org.uk</a></td>
</tr>
<tr>
<td>Irene Hamilton</td>
<td>Stirling &amp; District Association for Mental Health</td>
<td><a href="mailto:info@stirlingmentalhealth.org.uk">info@stirlingmentalhealth.org.uk</a></td>
</tr>
<tr>
<td>Aileen Holliday</td>
<td>NHS Forth Valley</td>
<td><a href="mailto:aileenholliday@nhs.net">aileenholliday@nhs.net</a></td>
</tr>
<tr>
<td>Amreeta Kaur</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td><a href="mailto:amreeta.kaur@ggc.scot.nhs.uk">amreeta.kaur@ggc.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Cathie Kelly</td>
<td>CVS Inverclyde</td>
<td><a href="mailto:cathie.kelly@csvinverclyde.org.uk">cathie.kelly@csvinverclyde.org.uk</a></td>
</tr>
<tr>
<td>Mark Langdon</td>
<td>Ruchill Youth Project</td>
<td><a href="mailto:mflangdon@googlemail.com">mflangdon@googlemail.com</a></td>
</tr>
<tr>
<td>Louise Lawson</td>
<td>DDA2 Ltd</td>
<td><a href="mailto:ddag3@btconnect.com">ddag3@btconnect.com</a></td>
</tr>
<tr>
<td>Stephen Marwick</td>
<td>Evaluation Support Scotland</td>
<td><a href="mailto:steven@evaluationsupportscotland.org.uk">steven@evaluationsupportscotland.org.uk</a></td>
</tr>
<tr>
<td>Lynne McKinley</td>
<td>Stirling Council</td>
<td><a href="mailto:mckinleyl@stirling.gov.uk">mckinleyl@stirling.gov.uk</a></td>
</tr>
<tr>
<td>Paul L Mooney</td>
<td>Addictions Support &amp; Counselling (ASC) - Forth Valley</td>
<td><a href="mailto:chiefexec@asc.me.uk">chiefexec@asc.me.uk</a></td>
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<tr>
<td>Tamara Mulherin</td>
<td>NHS Health Scotland</td>
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<tr>
<td>Norma Norris</td>
<td>Stepwell Consultancy Ltd</td>
<td><a href="mailto:norma.norris@stepwell.org.uk">norma.norris@stepwell.org.uk</a></td>
</tr>
<tr>
<td>Ger O'Riordan</td>
<td>Community Food and Health (Scotland)</td>
<td><a href="mailto:geraldine.oriordan@consumerfocus.org.uk">geraldine.oriordan@consumerfocus.org.uk</a></td>
</tr>
<tr>
<td>Bob Purdon</td>
<td>Gorbals Healthy Living Network</td>
<td><a href="mailto:bob.purdon@ghln.co.uk">bob.purdon@ghln.co.uk</a></td>
</tr>
<tr>
<td>Katrina Reid</td>
<td>Community Food and Health (Scotland)</td>
<td><a href="mailto:katrina.reid@consumerfocus.org.uk">katrina.reid@consumerfocus.org.uk</a></td>
</tr>
<tr>
<td>Tracy Slater</td>
<td>Scottish Government</td>
<td><a href="mailto:tracy.slater@scotland.gsi.gov.uk">tracy.slater@scotland.gsi.gov.uk</a></td>
</tr>
<tr>
<td>Gary Smith</td>
<td>Changes Community Health Project</td>
<td><a href="mailto:gary@changescbp.org.uk">gary@changescbp.org.uk</a></td>
</tr>
<tr>
<td>Anne-Marie Timmoney</td>
<td>Stirling Council</td>
<td><a href="mailto:timmoneyam@stirling.gov.uk">timmoneyam@stirling.gov.uk</a></td>
</tr>
</tbody>
</table>

**Attending from CHEX**

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elspeth Gracey</td>
<td><a href="mailto:elspeth@scdc.org.uk">elspeth@scdc.org.uk</a></td>
</tr>
<tr>
<td>Janet Muir</td>
<td><a href="mailto:janet@scdc.org.uk">janet@scdc.org.uk</a></td>
</tr>
</tbody>
</table>

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