

Tackling Health Inequalities in Scotland: working with communities - a partnership of Scottish Intermediary Bodies



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1 Introduction

The current economic climate presents major challenges for Scotland and, in particular, for the health improvement drive where the need for action has rarely been greater. Consequently, there has never been a more important time for politicians and policy makers to look at ways in which they can best harness the energies that exist in Scotland's communities.

Voluntary Health Scotland (VHS), Community Health Exchange (CHEX), Community Food and Health (Scotland) (CFHS) and the UK Public Health Association Scotland (UKPHA Scotland) have organised a number of joint initiatives to inform Members of the Scottish Parliament (MSPs) about the nature and role of community-led and voluntary sector health improvement activity, including an exhibition at the Scottish Parliament and an information leaflet which outlined the roles and functions of the intermediary bodies.

MSPs found this particularly useful in informing their capacity to engage with the health policy agenda. They showed particular interest in local activity and requested that this contact be continued and strengthened.

Accordingly, VHS, CHEX, CFHS and UKPHA now ask the following questions of MSPs and other policy makers in Scotland:

- Would you like to find out more about the work of community-led and voluntary sector health organisations?
- Would you like to find out more about community food initiatives providing affordable and quality food?
- Would you like more information on the contribution of community-led and voluntary sector health organisations to health improvement?
- Would you like to find out more about national support for community-led and voluntary sector health organisations?
- Would you find signposting to information and contacts tackling health inequalities in communities useful?

If the answer is 'Yes' to all or any of the above, this briefing should be an excellent guide to finding how this work is being taken forward and supported in Scotland and to whom you can turn in responding to the developing challenges to the health of Scotland's communities. The briefing should also be of considerable interest to NHS Boards and Community Health Partnerships, Local Authorities, and other Community Planning Partners as they take forward partnership working with the community and voluntary sector locally.

The range, length and depth of experience that these four bodies (three intermediary bodies and a public health membership network) bring to the current situation is considerable - all are working to tackle health inequalities and improve health and their contribution is enhanced by their partnership working. These organisations are already providing valuable support for health improvement in communities in Scotland.

The emphasis given in the 'Better Health Better Care: Action Plan' (2007) ¹ on "helping people to sustain and improve their health, particularly in disadvantaged communities" goes to the heart of the aims of these organisations. They have an essential role to play in engaging the public, the NHS and local authorities in Scotland and in ensuring local access to health care through support for, and engagement in, community-led and voluntary sector health improvement.

In the current economic climate work that engages communities in maintaining and improving their health is increasingly important, promising many actual and potential benefits for health improvement in Scotland. These intermediary and networking organisations have a key role not only in supporting local activity but also in enabling the sector to explain the value of its contribution to politicians, policy makers and the wider public.

¹ 'Better Health Better Care: Action Plan'
<http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

Within Scotland's community and voluntary sector, there are several distinct, yet complementary ways of working.

Community Development

Many neighbourhood initiatives working for health improvement and a reduction in health inequalities operate to a community development model. Most of Scotland's Healthy Living Centres and Initiatives and nearly all community health projects work use a community development model to some extent. This focuses action on supporting people to recognise and develop their own abilities and assets and take the lead in organising solutions to problems and needs which they share.

Community development supports the establishment of strong communities that control and use their own assets and resources to promote social justice and help improve the quality of community life and health. The model also enables communities to make representation directly to policy makers, in the interests of making services more sensitive to local need.



Service Provision

Many other organisations in the voluntary sector have been set up to respond to particular need in local areas – e.g. a reduction in tobacco or alcohol abuse, the need for mental health improvement, sexual health advice for young people, or support for vulnerable families. Such organisations work closely with users of their services and often campaign for changes in service policy and delivery.

Social Enterprise

A national indicator for progress in Scotland is an increase in the social economy and in social enterprise. This represents the degree to which the community and voluntary sector can generate income through its activities, often through public

service delivery. For example, the voluntary sector is the largest single contributor to the local provision of social care in Scotland.

Volunteering

Most community and voluntary sector organisations in Scotland could not achieve what they do without the support of volunteers who, nationally, outnumber paid workers 10:1. Some groups are entirely volunteer-led and resources entirely community-owned.

In practice, many if not most community and voluntary sector organisations combine the approaches described above – community-led projects are managed and largely run by local people, voluntary organisations usually rely heavily on volunteers and many initially tiny support groups ‘grow’ into large-scale public service providers, even social enterprises.

2 Intermediary bodies

Intermediary bodies provide ‘hubs’ within the community and voluntary sector linking together many, often hundreds, of groups and organisations which are working to a common theme – in this case, health improvement, public health and tackling health inequalities – and providing a place where these groups can come together to articulate their common concerns and aspirations. Intermediary bodies can represent the views of their members and stakeholders directly to national policy makers and also encourage local participation. Importantly, intermediaries have a strategic role and work across sectors.

CHEX, VHS, CFHS are all national intermediary bodies, each with a unique role in providing support to community and voluntary sector organisations. The UKPHA Scotland is a network of people working in public health with links to a wider network across UK and Ireland.

3 A joint approach

Each of our organisations brings its own strengths and special contribution to supporting health improvement in Scotland. At the same time, we share a number of common themes in our work:

- creating and facilitating networking and partnership opportunities;
- addressing health inequalities;
- promoting the sustainability of the community and voluntary sector contribution to health improvement;
- collecting and disseminating evidence on the impact of activities within the organisations;
- supporting practice development e.g. evaluation skills; and
- sharing information and experience.

4 Supporting community and public participation in policy development

Since intermediary bodies act as a communication conduit between policy makers, service providers and communities, each has a special connection with its own network or organisation. This makes such bodies invaluable allies for policy makers. Our organisations have an understanding of, and can explain, the implications of policy for their audience. They are essential in giving policy makers feedback via both formal consultations and regular communications.

Intermediary bodies are able in addition to offer policy makers intelligence about issues and trends as they emerge, which can prove invaluable to government policy development.

5 Advantages of this collaboration

By working together, our organisations maintain the separate identities which their users, members and stakeholders value while offering the advantages of collaboration by:

- providing a sense of common purpose through commonly held values and identity;
- pooling and sharing information;
- fostering inter-network supportive relationships;
- widening the scope of debate and discussion;
- sharing resources;
- developing a collective voice to address common aims; and
- reaching across geographical and cultural boundaries to engage with communities to improve access to health services.

Our organisations are committed to supporting network members in developing partnership working across all sectors.

6 The organisations

6.1 *Voluntary Health Scotland (VHS)*

Voluntary Health Scotland is Scotland's national intermediary body for voluntary health organisations. It is funded by the Scottish Government Health Directorate and NHS Health Scotland which it thanks for support in the dissemination of this publication.

Committed to encouraging strategic partnerships between the voluntary sector and health services at all levels, VHS supports organisations to contribute effectively to Scotland's health agenda and to enable individuals and organisations to influence health policy development through strategic action.

Voluntary organisations join VHS to:

- strengthen the capacity of the voluntary health sector;
- raise the profile of the sector at strategic level;
- present a co-ordinated voice on health issues; and
- influence policy development.



While VHS itself works strategically, it supports through local networks groups and organisations working to a community development model, engaging in service delivery and focusing on volunteering for health.

The key activities of VHS are:

- producing high quality information for a wide audience of people interested in health policy;
- maintaining a topical interactive website;
- hosting seminars and conferences;

- carrying out enquiry and research into the sector's response to health policies;
- contributing to national health policy and encouraging public participation; and
- providing a platform for showcasing good practice within the sector.

Policy Links

VHS engages in many of the strands of current government health policy – recently, for example, by contributing to the Ministerial Task Force on Health Inequalities (2008).

The Scottish Government Health and Wellbeing Department commissioned VHS to undertake a scoping exercise of voluntary sector engagement in action to tackle health inequalities and poverty. VHS collected views on current government economic, employment and early years policies and identified many examples of anti-poverty work being carried forward by the voluntary sector. VHS played a vital role in engaging the voluntary sector in the consultation process that has informed 'Equally Well'².



Voluntary Health Scotland has over 200 members; nearly all of its groups and organisations work to improve health in communities, or contribute to health care through public service delivery. Together, VHS members' activities groups span the range of voluntary sector delivery, community-led activity and volunteering. For more information on VHS, visit <http://www.vhscotland.org.uk>

Work of VHS members

Voluntary Health Scotland encourages its members and stakeholders to contribute to national policy making by providing a two-way channel for information exchange

² 'Equally Well: Report of the Ministerial Task Force on Health Inequalities – Volume 2'
<http://www.scotland.gov.uk/Publications/2008/06/09160103/0>

between national policy-making groups and local and national voluntary sector groups. Policy engagement is effectively taking place in arenas where 'Shifting the Balance of Care' (<http://www.shiftingthebalance.scot.nhs.uk>) is being taken forward, in the development of Scotland's Healthy Working Lives strategy (<http://www.healthyworkinglives.com>) and in planning for an accelerated Equalities focus in health improvement services (<http://www.healthscotland.com/about/equalities/index.aspx>).

At the same time, VHS supports local voluntary organisations to engage with local NHS services, currently provided by Community Health Partnerships (CHPs). Examples of such organisations include:

- **Home-Start Perth**

Home-Start Perth is a voluntary organisation committed to offering both emotional and practical support to families struggling to cope where there is at least one child under five years of age. Volunteers offer regular support to families in their own home helping to prevent family crisis and breakdown. Home-Start Perth was the first Home-Start scheme in Scotland, set up in 1984 in response to the need identified by local people for family support in the area. Since then, the scheme has grown to cover Perth and Kinross.

For more information, visit <http://www.homestartperth.org.uk>

- **Alcohol Counselling Inverness**

Alcohol Counselling Inverness exists to help and support individuals who may be experiencing problems due to their own or someone else's alcohol or drug use. ACI also provides individuals and interested organisations with information, training and advice on alcohol and drugs matters.

For more information, visit <http://www.alcoholcounsellinginverness.org>

- **Angus Mental Health Association**

Angus Mental Health Association is a local association for mental health, providing excellent quality support services and activities in community settings throughout Angus for people experiencing mental health difficulties.

The services are adaptable and sensitive to the needs and interests of individuals and offer choices and opportunities towards recovery, greater independence and ordinary living.

For more information, visit <http://www.amha.org.uk/index.html>

6.2 Community Health Exchange (CHEX)

CHEX is part of the Scottish Community Development Centre. It is primarily funded by NHS Health Scotland and welcomes its contribution and support in the dissemination of this publication.

CHEX takes a national lead in providing a resource for supporting community development approaches to health improvement and challenging health inequalities. It also supports a network of community health projects and Healthy Living Centres (HLCs) across Scotland.

CHEX's main functions are:

- policy influence and engagement;
- practice development;
- networks and networking; and
- information service.

CHEX is a partner in the Health Issues in the Community Training Initiative (HIIC)



with NHS Health Scotland and Moray House Institute, University of Edinburgh. This training has been positively evaluated (<http://www.chex.org.uk/hiic/hiic-evaluation>) with key benefits including increased confidence and improved employability and has also been found to stimulate community activity and the development of new community groups.

CHEX supports Healthy Living Centres and the HLC Alliance. The Evaluation of Healthy Living Centres (commissioned by the Scottish Government and NHS Health Scotland in 2005) demonstrates the significant strengths and impact from HLCs. This was validated by the Scottish Government's award for a Transitional Fund in 2008 and 2009 to assist the long-term sustainability of HLCs.

CHEX Regular Publications

CHEX produces a range of publications including:

- a fortnightly e-bulletin, CHEX-Point Snippets, which contains information on policy and practice, events, funding and job vacancies;
- the quarterly CHEX-POINT newsletter; and
- briefing sheets – in-depth themed issues on specific topics e.g. sustainability, Story Dialogue and Community Health Partnerships.

For more information on CHEX publications, visit <http://www.chex.org.uk/publication>

Policy Link

CHEX plays a significant role in engaging with the policy arena. It supports the CHEX Network to respond to policy consultations, participate in national working groups and influence recommendations made by national task groups e.g. the 12 recommendations from the Community-led Health Task Group in 2006³.

The community development-focused work of the CHEX Network makes a strong contribution to addressing the key action areas of 'Better Health: Better Care', 'Equally Well' and 'Towards a Mentally Flourishing Scotland'⁴.

Unique Contribution of CHEX

CHEX plays a vital role as a voice for community health improvement and provides overarching information, training and hands-on advice across sectors in Scotland with a strong track record in the facilitation of training and innovation of ideas.

³ 'Healthy Communities: A Shared Challenge Final Report of the Community-led Supporting and Developing Healthy Communities Task Group' December 2006: <http://www.healthscotland.com/documents/1403.aspx>

⁴ 'Towards A Mentally Flourishing Scotland'
<http://www.scotland.gov.uk/Publications/2009/05/06154655/5>

Work of CHEX members

- **Getting Better Together: Working with young people – HLC in Shotts, North Lanarkshire**

What: Initially, the HLC was set up to enable the community of Greater Shotts to access high-quality, low-price fruit and vegetables. More recently, it has developed a range of other projects such as 'More Active: More Often', which supports young people in working with other partners to create opportunities for local young people to participate in sport and physical activities.

How: The HLC supports young people to come together in a committee and meet informally to discuss priorities that are important to them. The HLC provides a friendly and supportive environment with capacity building to help the young people in organising, decision-making and planning.

Impact: A pilot project provided eight weeks of sports and activities for young people and was attended by an average of 130 young people (62% boys, 38% girls). Activities provided were swimming, football, dance, basketball, dodgeball,



badminton, testing and using a mobile rock-climbing wall. In addition to improving the health of young people, increasing their skills and self-esteem, the project has had a direct impact on reducing crime in the area, with a reduction of 34% in anti-social behaviour complaints.

For further information, contact

junegbtshotts@btconnect.com

- **Annexe Healthy Living Centre: Working with the wider community – Partick, Glasgow**

What: The HLC offers health improvement opportunities to individuals and community groups in Partick. It organises a wide and varied programme of activities and events and operates a Healthy Eating Café which provides meals at affordable prices in a welcoming environment. It aims to be fully inclusive and accessible to the wider community and particularly welcomes people with poor mental health.

How: The HLC offers both a community referral programme and a learning programme, which provides activities and supports the development of skills in an integrated approach to learning. The activities offered include free complementary therapies taster sessions, Paths to Health Walking Groups, adult Literacy and Numeracy Sessions and volunteering opportunities.

Impact: The evidence shows that learning opportunities are health enhancing. They offer activities to participants that can improve physical and mental wellbeing, increase self-esteem and reduce social isolation – all crucial factors in addressing ‘health inequalities’ and promoting community regeneration.

The Annexe’s integrated and holistic approach to delivering a range of cultural, social and educational programmes for the community (in keeping with the social model of health) means that programmes of positive activity are relevant to local people and are person-centred.

For further information, visit <http://www.theannexehlc.megalomedia.co.uk>

- **Stirling Health and Well-Being Alliance: Working with the wider community**

What: Stirling Health and Well-being Alliance was established in 1997 and has successfully steered the minefield of funding changes over the last 12 years. It supports a community-led approach to providing opportunities for communities to make positive health changes through physical activity programmes, stress reduction projects, and community development initiatives.

How: The organisation encourages and supports local people to take part in health improvement activities, participate in planning programmes, attend conferences, seminars and meetings, and get involved in the Community Health Forum.

Impact: The hardest-to-reach communities have an increased choice of health services. Communities have a locally based contact as a first step to accessing health improvement services. Participants have the information and support to assess their current state of health and are aware of what they can change in their own lives to combat ill health. Participants have knowledge of the causes of the common indicators of ill health such as high cholesterol and high blood pressure.

Local people who previously did not access any health improvement classes are accessing local weekly sessions monitoring their health on a weekly basis. Also, there is evidence of more social networks in communities. The longer-term impact is that participants have a reduced risk of developing serious ill health.

For further information, visit <http://www.stirling-health-and-wellbeing-alliance.org.uk>

- **West Quarter Project Management Committee, Falkirk: Working with local people on 'Health Issues in the Community' training/ learning initiative**

What: Having undertaken the HIIC training course, the Group carried out research into issues surrounding local young people (13–17 years of age) who were perceived as drinking excessively and causing nuisance through loitering. Their research evidenced that young people felt they had nowhere to go at weekends and felt that they had no alternatives to drinking and generally hanging around. The young people expressed a desire for somewhere they could go where they would be able to do things that would interest them and provide an alternative to alcohol and loitering.

How: Having undertaken their research, the Group – accompanied by some of the young people – made a presentation to a variety of interested parties including local elected members and senior council officers, all of whom expressed support for the research findings and for a resulting proposal to extend the availability of a local hall for use by young people at weekends.

Impact: Following the presentation, the Group has received a number of offers of support to take their proposal forward. The Group is actively pursuing the upgrading of the hall and will be working with the young people concerned to ensure that activities reflect their aspirations.

For further information, contact Community Learning Development Staff at Falkirk Council (contact details at <http://www.falkirk.gov.uk>) or visit the 'Health Issues in the Community' section of the CHEX website at <http://www.chex.org.uk>.

6.3 Community Food and Health (Scotland)

Having been given by government, back in 1996, the responsibility ‘to promote and focus dietary initiatives in low-income communities and bring them within a strategic format’, CFHS have uniquely and consistently taken an issue-based approach to community-led health improvement. CFHS gratefully acknowledges the support of the Scottish Government Health Directorate for its work.

Supporting local initiatives which impact, often very practically, at an individual, family and community level through the medium of food, CFHS also recognise that the outcomes achieved inevitably transcend health improvement to embrace social and environmental justice. This can present challenges when community food initiatives attempt to highlight the difference they make to unfamiliar, single-minded, cash-strapped, or occasionally cynical key partners.

Therefore, a major element of CFHS activity, within a wide ranging work programme, has been around building the capacity of the field to identify what difference they are making and ensuring that their impact is recognised and appreciated. It is a particularly timely focus for activity, as the evolving national food policy, and public sector performance management systems make outcome-driven demands alongside a growing recognition of links between health strategies and the delivery of other national priorities.

A recent example of this activity has been collaboration with Evaluation Support Scotland on a three-stage programme, involving six local groups, undertaking food activities with parents and children.

The Early Years Self-evaluation Collaborative has demonstrated practical examples of how community based health improvement can engage in and apply evaluation.

‘Most importantly, groups in this collaborative have embedded evaluation systems into their programmes of activity and so information gathering has become a natural and flexible process that reflects changing circumstances’.
(stage two report from Early Years Self-evaluation Collaborative, April 2009.)



One member of the evaluation collaborative has been the Little Leithers, a Fairer Scotland-funded initiative, run by Edinburgh Community Food Initiative, which targets regeneration areas from local family centres.

Their main aim has been to increase access to healthier foods and raise awareness of the link between food and health in families with children aged 0-5 years by encouraging the use of local shops and the cooking and eating of more fresh ingredients. Both provision and promotion are tackled through the use of vouchers for local shops (well over 4,000 since October 2006) alongside cooking and weaning classes and other activities (involving 126 adults and 409 children in the period March to October 2008).

For more information, visit http://www.ecfi.org.uk/little_leithers.htm

'We have found the input and time to focus on evaluation invaluable...we now recognise our spreadsheets as an evaluation tool and use them to develop graphical representations of our sales figures and we also acknowledge that what we learn from informal discussions with the shopkeepers and parents have helped us develop our project.'

(Quote from Little Leithers case study in stage two report from Early Years Self-evaluation Collaborative, April 2009.)

Closely associated with the enthusiasm of community food initiatives to make a difference is their desire to keep making that difference and, where possible, extending that impact. CFHS have, therefore, prioritised the resilience and reach of the sector in their most recent work programme.

CFHS have recently worked with ground-breaking initiatives such as Edinburgh Cyrenians and the Aberdeen Foyer. Both have developed empowering approaches to food and health with the homeless alongside operating social enterprise business models.

Most importantly, both have also shown a great willingness to share their experience in both areas with others.

For more information, visit the following links:

<http://www.cyrenians.org.uk/Edinburghcyreniansourservices/foodandhealth.html>

<http://www.aberdeenfoyer.com/health.html>

<http://www.communityfoodandhealth.org.uk/fileuploads/cfhsstudytourssept2008-8543.pdf>

'...working at different stages of the journey people make out of homelessness. A number of projects address the food-related health and wellbeing needs of young people in supported accommodation, who are preparing to move into and manage their own tenancies. Other initiatives work with young homeless families facing addiction issues or with families affected by domestic abuse, who want to learn about healthy eating, build up their confidence and develop their skills around food. Other projects provide meals to homeless people while offering service users opportunities to get involved in activities in the kitchen or behind the counter'.

(From 'Missing Ingredients: Practice, policy and impact: food, health and homelessness in Scotland, CFHS June 2009.)

The popular CFHS website <http://www.communityfoodandhealth.org.uk> (20,000–30,000 visits per quarter) hosts a searchable database of community food initiatives as well as case studies, guides, back copies of the quarterly newsletter 'Fare Choice' (circulation over 2,000) and substantial signposting to other resources.

6.4 UKPHA Scotland

UKPHA Scotland is a voluntary, independent, membership organisation that is part of a wider UK network. The UKPHA has been funded in England by the Department of Health and in Scotland by the Scottish Government Health Directorate. Supported by an elected voluntary committee, the organisation draws together a wide range of disciplines working across public health and creates opportunities to articulate with colleagues in Scotland and beyond.

The Scottish membership is also represented on the UKPHA's UK Council through an elected representative, which ensures a strong Scottish contribution to UK-wide developments.

UKPHA Scotland has a focus on:

- tackling inequalities in health;
- promoting sustainability; and
- combating anti-health forces

Work of UKPHA Scotland Members

- **Health All Round**

Health All Round works with people from Gorgie / Dalry and surrounding areas of Edinburgh. Health All Round provides confidential advice on health issues, a walking group, a multi-cultural women's group, mature movers (exercises for the over-55s), a counselling service, a range of complementary therapies, yoga and health promotion awareness days and topic-based health talks. Health All Round is also a local c:card point.

For more information, visit <http://www.healthallround.org.uk>.



Key UKPHA Scotland activities:

- **'Be Happy, Don't Worry, and Stop Smoking'**

In December 2006, UKPHA Scotland (along with Scottish Tobacco Control Alliance and CHEX) helped fund and organise an event into smoking and mental health – 'Be Happy, Don't Worry, and Stop Smoking' – which was carried out in the context of the recently introduced smoking ban in Scotland. There are some interesting insights arising out of the shared experiences in this report. It is clear that the assumption that smoking cessation is just too difficult for some groups is false.

For further information, visit <http://www.chex.org.uk/publication/seminar-report>

- **Celtic Nations Showcase at Brighton**

This showcase sought to illustrate variation, divergence / convergence of approach to tackling inequalities in Scotland, Wales, Northern Ireland and the Republic of Ireland. It appears that policy innovation can be stimulated by individual administrations taking a lead where others follow.

- **Sustainability Case Studies**

UKPHA Scotland has commissioned the development of case studies into sustainability in public health to support development of good practice. It is envisaged that this process will help engage the network in this agenda and that this will be used to stimulate more rapid adoption of good sustainability practice.

Appendix: contacts, websites & publications

If you want to find out more about community-led and voluntary sector health improvement and the respective roles of our organisations then please see below for sources of further information and contact details.

Contact details and useful websites

VHS website: <http://www.vhscotland.org.uk>

Main contact: Helen Tyrrell: helen.tyrrell@vhscotland.org.uk

CHEX website: <http://www.chex.org.uk>

Main contact: Janet Muir: janet@scdc.org.uk

CFHS website: <http://www.communityfoodandhealth.org.uk>

Main contact: Bill Gray: william.gray@consumerfocus.org.uk

UKPHA Scotland website: <http://www.ukpha.org.uk>

Edinburgh Napier University, Kevin McClure: k.mcclure@napier.ac.uk

NHS Health Scotland website: <http://www.healthscotland.com>

Scotland's Healthy Living Centres

- http://www.vhscotland.org.uk/info/hlc/hlc_result.php?region
- http://www.chex.org.uk/healthy-living-centres/?sess_scdc=28979d2
- <http://www.chex.org.uk/uploads/10hlc.pdf>

Publications

'Better Health Better Care: Action Plan'

<http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

'Equally Well: Report of the Ministerial Task Force on Health Inequalities – Volume 2'

<http://www.scotland.gov.uk/Publications/2008/06/09160103/0>

'Towards A Mentally Flourishing Scotland'

<http://www.scotland.gov.uk/Publications/2009/05/06154655/5>

Kakati, R. (2008) 'Health Issues in the Community: Evaluation Guide'. Glasgow, CHEX / NHS Health Scotland

http://www.chex.org.uk/uploads/chex_evaluation_guide_complete.pdf

Scottish Government and COSLA (2008) 'Early Years and Early Intervention: A joint Scottish Government and COSLA policy statement'

http://www.parentingacrossscotland.org/publications/2008_EarlyYears.pdf

Taylor, P. (2008) 'Healthy Living Centre Programme in Scotland: Lessons for the Future'. Glasgow, CHEX/P. Taylor Consultancy Research

http://www.chex.org.uk/uploads/hlcs_in_scotland_lessons_briefing_paper_2008.pdf

Wanless, D. 'Securing good health for the whole population: Final report'

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4074426

Wallace, D. (2008) 'Community-led health initiatives (CLHIs): Value for money? Recommended action plan'. Edinburgh, NHS Health Scotland / CHEX. Available at:

<http://www.healthscotland.com/documents/3180.aspx>

'Equally Well: Implementation Plan'

<http://www.scotland.gov.uk/Publications/2008/12/10094101/0>

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