

## CHEX Briefing

# Health inequalities in Scotland – Meeting Our Shared Challenge

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### Introduction and summary

This briefing is aimed primarily at policy makers, including national government but also those involved in developing policy within the NHS, local authorities, health and social care and other public bodies.

It is a call for a set of actions aimed at eradicating health inequality. The actions are based on learning from our work in this area, including from the wider community-led health sector. In particular, the briefing builds on the 2023 CHEX national conference, which had a focus on health inequalities and community-led health.

The actions are:

1. **Fairer distribution of resources** – we need to restructure our society and economy so that resources are distributed more fairly and sustainably.
2. **Recognise the value of community-led approaches and resource it effectively** - including long term (3 years plus) funding which is consistent and accessible to develop impactful and sustainable projects.
3. **Listen to communities** – support and investment in proper participation and co-production is required in order to move towards preventative approaches with a clear focus on the social determinants of health/social model of health.
4. **Increased and improved capacity building** for staff and professionals at all levels as well as for communities, particularly around inequality, equality and participation.

Although we believe the actions are required and deliverable, they are part of an ongoing conversation and we would encourage anyone reading this to get in touch to discuss the briefing and its recommendations, including on how to work together to make them happen.

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## Background – health inequalities are increasing again

A lot can change in ten years. In 2013, the concern was that health inequalities remained high in Scotland despite improvements in the overall health of the population decreasing mortality rates.<sup>1</sup>

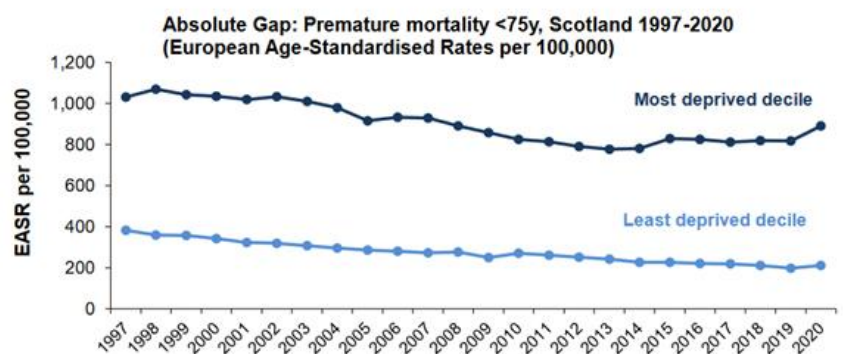
Scottish Government figures show that:

*“[B]etween 2002 and 2013 there was a general downward trend [in mortality rates]. Most notably, the absolute gap between the most and least deprived areas reduced every year between 2007 and 2013”* (Scottish Government, 2023)<sup>2</sup>

Since then, health inequalities in Scotland have increased according to most indicators.<sup>3</sup> Not only that, but mortality rates are beginning to increase again.

*“Life expectancy in Scotland increased from the 1980s to the late 2000s, but over the last decade most areas saw a slow down or a stall in life expectancy growth. And now, many areas have decreasing life expectancy.”* (The Health Foundation, 2022<sup>4</sup>)

As shown in the tables below, this trend predates Covid-19, Brexit and the current cost-of-living crisis. In 2013, the slight narrowing of the gap in mortality rates between the least and most deprived communities in Scotland began to reverse and the gap has increased almost year-on-year since then. The spike in mortality rates since 2019 is largely due to Covid, and this was most pronounced in disadvantaged communities.



Source: Scottish government, Long-term monitoring of health inequalities, March 2022 report; NRS, Life expectancy in

<sup>1</sup> Beeston C, McCartney G, Ford J, Wimbush E, Beck S, MacDonald W, and Fraser A. Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities. NHS Health Scotland. Edinburgh. 2014 <https://www.healthscotland.scot/media/1538/health-inequalities-policy-review-march-2014-english.pdf>

<sup>2</sup> Scottish government, Long-term monitoring of health inequalities, March 2022 report; NRS, Life expectancy in Scotland 2019–2021 <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2022/03/long-term-monitoring-health-inequalities-march-2022-report2/documents/long-term-monitoring-health-inequalities/long-term-monitoring-health-inequalities/govscot%3Adocument/long-term-monitoring-health-inequalities.pdf>

<sup>3</sup> Creegan C, 'Shedding light on widening health inequalities in Scotland', The Health Foundation website., 28 February 2022 <https://www.health.org.uk/news-and-comment/blogs/shedding-light-on-widening-health-inequalities-in-scotland>

<sup>4</sup> Ibid

## Why are health inequalities increasing?

2010 saw the election of the UK government which, since then, has initiated a series of austerity policies, such as cuts to social security payments and the reduction in spending on public services.

Over the same period, CHEX has developed briefings, consultation responses and other materials setting out the causes of health inequalities, including poverty, housing, education and a range of other factors (see image below), and the need for policies to reduce them. We have argued for greater redistribution of wealth and increased support for community-led health approaches.<sup>5</sup>



Many communities have been feeling the adverse effects of these ‘cuts’<sup>6</sup>. As Professor Chik Collins, Director of Glasgow Centre for Population Health, explained in his keynote presentation to the 2023 CHEX conference, austerity is more of a factor behind worsening mortality and morbidity rates than Covid-19 and the current cost-of-living crisis.<sup>7</sup>

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<https://static1.squarespace.com/static/5b63259531d4dfdec6611bd4/t/5e3045c7fbd9226b2a419a44/1580221895654/CHEX+Policy+Briefing+-+A+Time+for+Radical+Change.pdf>

<sup>6</sup> See CHEX’s 2017 briefing. Putting the Well into Welfare,

[https://static1.squarespace.com/static/5b63259531d4dfdec6611bd4/t/5e30438bfd9226b2a41280e/1580221324248/CHEX+briefing+1\\_17+on+welfare+reform.pdf](https://static1.squarespace.com/static/5b63259531d4dfdec6611bd4/t/5e30438bfd9226b2a41280e/1580221324248/CHEX+briefing+1_17+on+welfare+reform.pdf)

<sup>7</sup> See <https://www.chex.org.uk/news/article/2023/4/27/a-way-to-the-better-an-account-from-the-2023-chex-conference>, in particular Chik’s slides.

## The real-life impact of poverty – stories from HIIC

The statistics on health inequalities, whilst shocking, don't give insight into the real-life experiences of people living in poverty. It's important to remind ourselves of the human cost of not addressing the underlying causes of health inequalities.

Health Issues in the Community (HIIC) is a course that helps people understand what affects their health and the health of their communities. Run by tutors across Scotland, HIIC supports people of all ages (youth pack available) to develop the skills and knowledge to address health issues using community development approaches.

This includes people being supported to tell their story and, crucially, to be able to relate this to wider social injustice. HIIC participants have given the following accounts as part of their course:

- [Young people being ashamed of where they come from](#), reducing confidence in applying for courses and employment.
- How the cumulative effect of different forms of poverty creates a [sense of hopelessness](#).
- The daily humiliation and embarrassment of [not being able to afford school uniform](#) and the stress on family life this can create.
- [Parents dreading the summer holidays](#) due to the cost of providing food (leading to 'holiday hunger') and extra activities.
- The additional stress and embarrassment people face when [having to ask for help a second time](#) after being referred to charities such as food banks.
- [Not having enough money to pay for public transport](#) to get to appointments, clubs, shops and other services and support. Online services are equally inaccessible for those who can't afford the technology or Wi-Fi.
- [The effect of austerity on working poor](#), including those on unstable zero-hour contracts, making it hard to make ends meet.
- The stress and anxiety of [changing to a different benefit and applying for universal credit](#), particularly when left 'in limbo' between different provision.
- [How poverty has a hugely detrimental effect on people's mental health](#)
- [Shops selling fruit and vegetables closing down](#) in disadvantaged communities because people can't afford them
- [Women and girls not wanting to attend work or education because they cannot afford sanitary products](#). 'Period poverty' is therefore a vicious circle.

These are just some of the many stories told by HIIC participants which highlight the insidious and cumulative effect that poverty has on people and their health. For more, including positive stories of how, with the support of HIIC, people have collectively addressed poverty and its effects in their communities, visit <https://www.hiic.org.uk/hiic-stories>

Political decisions, then, ultimately make the difference between whether health inequalities grow or decrease, and whether people get ill and die younger.<sup>8</sup> Austerity policies have been driven by the UK government, so much of the blame for growing health inequalities in Scotland can rightly be laid at their door. However, the Scottish Government could have made more use of increased devolved powers, including control over rates and bands of income tax and ability to raise social security benefits, in order to alleviate some of the impact of austerity.<sup>9</sup>

## Key actions

The focus of the 2023 CHEX conference was on the impact of increases in cost-of-living and ways to address this. Workshops were designed around this theme, with presentations on a wide range of issues and approaches, from transforming lives through peer support to working with gypsy traveler communities, followed by conversations around the impact of inequality and policy actions to address this.

Each workshop produced a series of flipcharts with post-it notes which were displayed in the main conference room, where delegates were encouraged to add their own ideas. After the conference CHEX used the flipcharts to bring the key themes of the workshops together and produce 4 key actions for policy makers.

The actions are as follows:

**Key action 1 - Fairer distribution of resources:** *We need to restructure our society and economy so that resources are distributed more fairly and sustainably.*

The reality is that health inequalities can only be addressed properly by making significant policy changes. People with more wealth should have to pay more tax so that resources can be invested towards addressing the factors that cause health inequalities, from housing and services to employment and social security.

In response to the view that these significant changes seem insurmountable, it is worth making the following three points:

The response to Covid-19 shows that governments can make unprecedented interventions to protect lives which are supported by the majority of people.<sup>10</sup>

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<sup>8</sup> The direct effect of political decisions on health inequality has been highlighted by Scott-Samuel, Alex, et al. "THE IMPACT OF THATCHERISM ON HEALTH AND WELL-BEING IN BRITAIN." *International Journal of Health Services*, vol. 44, no. 1, 2014, pp. 53–71. *JSTOR*, <http://www.jstor.org/stable/45140692>. Accessed 17 Aug. 2023. (requires account to access)

<sup>9</sup> Finch, D., Wilson, H. and Bibby, J (2023) **Leave no one behind: The state of health and health inequalities in Scotland**, the Health Foundation. <https://doi.org/10.37829/HF-2023-HL01>

<sup>10</sup> CHEX (2020) The right foundations: Building a just and sustainable country after coronavirus <https://www.chex.org.uk/our-work/2020/7/15/briefing-the-right-foundations-building-a-just-and-sustainable-country-after-coronavirus>

1. Although addressing inequality is reason enough, climate change is an equally, if not more, pressing reason for making brave political decisions, since it is increasingly impacting negatively on us all, and particularly on communities who are already disadvantaged.<sup>11</sup>
2. The seemingly overwhelming task of creating a just and sustainable society can be achieved through individual steps and actions.

As the third of these points suggests, there are many individual policy actions that can help to turn the tide on health inequalities. Actions around community development and support for community-led approaches are addressed separately, although these are also part of creating a just and sustainable society as well.

Actions directly relating to the distribution of resources are:

- Progressive individual and corporate taxation\* at a national and local level. For instance, the Scottish Government should go much further than proposed in the recent Consultation on a Fairer Council Tax<sup>12</sup> and introduce a proportional tax on the value of a property accompanied by a revaluation of all property bands.<sup>13</sup> Other actions include updating data of land and property ownership in Scotland, working to devolve more powers to set taxes, improving understanding and compliance of devolved taxation and widening the tax base in Scotland by focusing on wealth in addition to income.<sup>14</sup>
- The introduction of a national living wage.\* Other related policies which would also be worth exploring include minimum income guarantees, universal basic income and living wage policies.
- Increased revenue from more progressive national and local tax should be used to proactively invest in preventative public services (as well as the community and voluntary sector which we cover below), including education, training, sustainable transport and health and social care), with a prime focus on disadvantaged communities.
- Stronger legislation, or enforcement of existing legislation (such as the Fairer Scotland Duty) to make strategic planning focus on eradicating inequality.

\*As recommended by the [Citizen's Assembly of Scotland](#)

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<sup>11</sup> CHEX (2019) Where the action is: Community-led health and climate justice <https://www.chex.org.uk/our-work/2020/1/10/briefing-where-the-action-is-community-led-health-and-climate-justice>

<sup>12</sup> <https://www.gov.scot/binaries/content/documents/govscot/publications/consultation-paper/2023/07/consultation-fairer-council-tax/documents/consultation-fairer-council-tax/consultation-fairer-council-tax/govscot%3Adocument/consultation-fairer-council-tax.pdf>

<sup>13</sup> See Fraser of Allander Institute (2023) Tweaking around the edges of Council Tax does not fix its fundamental flaws <https://fraserofallander.org/tweaking-around-the-edges-of-council-tax-does-not-fix-its-fundamental-flaws/>

<sup>14</sup> Poverty and Inequality Commission (2023) *How better tax policy can reduce poverty and inequality: Recommendations for an effective and accountable Scotland*. [https://povertyinequality.scot/wp-content/uploads/2023/10/How\\_better\\_tax\\_policy\\_can\\_reduce\\_poverty\\_and\\_inequality\\_October2023.pdf](https://povertyinequality.scot/wp-content/uploads/2023/10/How_better_tax_policy_can_reduce_poverty_and_inequality_October2023.pdf)

## Key action 2 - Recognise the value of community-led health and resource it effectively

Community-led health is an approach used by community organisations and various practitioners working in public sector organisations. It supports people in communities to take joint action to improve things for their community, leading to increased health and wellbeing. Community-led health, and community-led or community-centred approaches more widely, are recognised as having a key role in reducing health inequalities, both in Scotland<sup>15</sup> and England<sup>16</sup>.

CHEX and SCDC are involved in a UK-wide research project, CommonHealth Assets, which seeks to evidence the ways in which community organisations utilise their assets to impact upon the health and wellbeing of their communities. The project is a partnership between a range of universities working in collaboration with community organisations. Funded by the National Institute for Health Research, the work has the potential to significantly contribute to the evidence base for community-led health approaches.<sup>17</sup>

In order to contribute to the developing understanding and recognition of the importance of community-led approaches, CHEX and our network would emphasise the following points.

- Resourcing of community-led health by the Scottish Government should be substantially increased. This would be a 'drop in the ocean' compared to the budget spent on 'downstream' health care, yet would make a huge difference to the ability of the community sector to contribute to the preventative agenda.<sup>18</sup>
- Funding for community and voluntary organisations should be for at least 3 years. Currently, many community projects are funded on a yearly basis, making it hard to embed work that results in real change. 3-year funding enables community organisations to focus on developmental work without the distraction of having to secure funding every year.
- Robust approaches and models now exist showing how community-led approaches contribute to tackling inequality.<sup>19</sup> The onus should be on commissioners and funders to use these models to understand how

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<sup>15</sup> The establishing of the Scottish Government's Place and Wellbeing Programme Steering Group in 2021 reflects this <https://www.gov.scot/publications/health-inequalities-place-and-wellbeing-programme-steering-group-minutes-november-2021/>

<sup>16</sup>

Stansfield, J., South, J and Mapplethorpe, T (2020) *Community-centred public health: Taking a whole system approach*, Public Health England  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/857029/WSA\\_Briefing.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857029/WSA_Briefing.pdf)

<sup>17</sup> <https://www.commonhealthassets.uk/>

<sup>18</sup> For a detailed proposal of how investment in community-led organisations can improve long-term health and wellbeing at a population level, see Scottish Communities for Health and Wellbeing, *A Blueprint for a Healthier Scotland* <https://schw.co.uk/Blueprint%20layout%20V3.0%20final.pdf>

<sup>19</sup> See CHEX (2021) *Evidence Journeys: Working towards culture change among planners, commissioners, and funders* <https://www.chex.org.uk/our-work/2021/9/24/journey-to-the-centre-of-the-evidence>

community-led health approaches at a local level contribute to tackling inequality at an aggregate level.

- Community organisations should be involved in designing and delivering policy interventions to address health inequality. Working at the front line of responding to the current cost-of living crisis and other challenges such as Covid-19<sup>20</sup>, community organisations have shown they have the knowledge and will to respond constructively to local needs and are best placed to know what interventions are required now and in the future. They have a first-hand understanding of how different policies and decisions will affect the people they work with, and are also well-versed in using creative, engaging and inclusive methods of working with people from marginalised communities, who need to have their voices heard in order that policy is fair and effective.
- Ensuring that the application criteria for all Scottish Government funding criteria for regeneration projects includes a requirement for projects to be designed and delivered in partnership with local communities, including community and voluntary sector organisations, and also to have a clear focus on eradicating inequality.

### Key action 3 - Listen to communities

Citizen participation ensures that policy is effective in reflecting and meeting the priorities of people and gives them a stake in our democratic system. People who are worst impacted by inequality are also those who have the least voice, and it is therefore particularly important to support their participation.

Anyone who has been involved in co-production, grassroots conversations (such as conversation cafes) or any form of meaningful or deliberative participation will have clearly seen how valued, and often life-changing, these approaches are to the people who take part. And that's not to mention the unique, insightful and forward-thinking policy ideas that emerge from these initiatives.<sup>21</sup>

It's probably fair to say that in Scotland we've been talking a lot about listening to, or working with, communities, but how much have we actually been doing? There are some well-known examples, including:

- The development of Scotland's Social Security Charter <https://www.gov.scot/publications/developing-scottish-social-security-charter-co-design-action/pages/11/>, and the use of experience panels to build a social security system which at one point achieved a 90% satisfaction rate

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<sup>20</sup> CHEX (2020) *The right foundations: Building a just and sustainable country after coronavirus* <https://www.chex.org.uk/our-work/2020/7/15/briefing-the-right-foundations-building-a-just-and-sustainable-country-after-coronavirus>

<sup>21</sup> As a recent study has shown, the flip side of this is that policy makers who don't have first-hand experience of these democratic innovations tend to be more cynical about them. See Eilers N, Kenealy D Demoures F and Eichhorn J (2023) *(Not) Talking About a Revolution: Engaging with political decision-makers about democratic innovation in Germany, France and the UK*. Dpart [https://dpart.org/wp-content/uploads/2023/12/Report\\_Democratic-Innovation.pdf](https://dpart.org/wp-content/uploads/2023/12/Report_Democratic-Innovation.pdf)



<https://www.socialsecurity.gov.scot/news-events/news/90-of-people-happy-with-new-social-security-service>.

- All In For Change, the approach to tackling homelessness in Scotland, led by Homeless Network Scotland in partnership with Cyrenians and Scottish Community Development Centre (SCDC), which put lived experience at the heart of system change by supporting a 'Change Team' of frontline workers and people with lived experience of homelessness to effect policy change. <https://www.scdc.org.uk/news/article/2019/12/10/all-in-for-change-launch?rq=homeless>
- The Citizens Assembly of Scotland, in which a representative sample of people in Scotland prioritised actions around sustainability and tackling poverty. Through informed deliberative dialogue, assembly members were able to weigh up the different policy considerations at stake and prioritised longer-term wellbeing over short-term growth. <https://www.gov.scot/publications/research-report-citizens-assembly-scotland/>. More recently, in 2020-21, Scotland's Climate Assembly took place with a specific focus on the climate emergency. <https://www.gov.scot/publications/scottish-government-response-scotlands-climate-assembly-recommendations-action/>

There are also many less high-profile examples of proactively working with communities and service users to improve services, utilising approaches such as co-production, lived-experience panels and participation requests.

This is a lot to build on, and we strongly encourage the Scottish Government and those making decisions about public services throughout Scotland to prioritise investment in participation and meaningful community engagement at a time when it could be tempting to make savings in this area due to this being more politically acceptable in the short term.

#### **Key action 4 - Increased and improved capacity building for staff/professionals at all levels as well as for communities, particularly around inequality, equality and participation.**

It is understandable that there is a lot of interest and growing recognition of the value of community resilience, empowerment and grassroots organisations in improving health and wellbeing. Social prescribing, the community response to Covid-19 and community land ownership are just three high-profile examples of community approaches that have been rightly heralded as benefiting the health and wellbeing of communities. Policy work around place and wellbeing, community wealth building and 20-minute neighbourhoods are equally indicative of the interest and recognition in community approaches.

However, what doesn't get talked about enough is the support that many people and groups require to be part of these developments. Given that tackling inequality and reducing poverty are key outcomes which the above initiatives and policies seek to work towards, it is vital that marginalised and disadvantaged communities are

supported to be resilient, empowered and to have influence over the decisions that affect them. Otherwise, only high-capacity, more affluent, communities will benefit disproportionately, and inequality will potentially get worse.

Where does this support come from and how does it work?

### Health Issues in the Community

Health Issues in the Community (HIIC) is a training course for community members that enables participants to develop their understanding of the range of factors that affect their health and the health of their communities. This enables them to explore how these factors can be collectively addressed. People who take part in the course often go on to participate in decision-making processes and to take a more active role in the planning and delivery of services.

The other important aspect of HIIC is that it is delivered by a network of trained tutors, who can be working in a range of rolls related to community development and health. These tutors are trained through HIIC's tutor training programme, which is also delivered by experienced HIIC tutors.

Due to these two aspects, HIIC simultaneously builds community and workforce capacity. Taken as a whole, the programme is a key tool for tackling inequalities by helping services and decision-making to become more preventative and participatory. For more information, including a wealth of stories about how HIIC has transformed lives and led to change in communities, visit <https://www.hiic.org.uk>

### Local community development support

Community development practitioners work in a range of different roles and organisations, ranging from community development workers in the third sector to community learning and development (CLD) workers in public sector organisations. People in these roles provide vital support to help communities achieve their aims, whether using their own assets to improve the quality of community life or working with public agencies to improve services and the way in which decisions are made.

For instance, a community health worker at Dundee City Council has supported Dundee-based group, Taking up Sophie's Fight to develop and carry out their own research project into mental health support as part of the Knowledge is Power programme. The community health worker's support has been crucial to completing the research, helping to give the group a voice in mental health services. A key design feature of community-led action research programmes such as Knowledge is Power is that local community development support be in place before groups participate in the programme.<sup>22</sup>

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<sup>22</sup> 'Making mental health a priority: A Knowledge is Power case study of Taking up Sophie's Fight' <https://www.knowledgeispower.scot/news/making-mental-health-a-priority-a-knowledge-is-power-case-study-of-taking-up-sophies-fight>

## Support from national organisations

National level support, working in combination with local support, is integral to ensuring that everyone benefits from efforts to involve, empower and build the resilience of communities. Third sector intermediary organisations, equality networks and specialist support organisations all play their part, offering expertise in using particular approaches or working with vulnerable groups.

For instance, it is clear that the reason why part 3 of the Community Empowerment (Scotland) Act, giving the right to make ‘participation requests’, has been underutilised, is that not enough people and groups know of it or feel confident enough to use it. Where successful outcomes have resulted from participation requests, support and information from Scottish Community Development Centre has been provided to groups in partnership with support from national umbrella support organisations such as Self-Directed Support Scotland.<sup>23</sup>

These three examples of capacity building all interlink, and they are all relevant to capacity building for practitioners, not just communities. For instance, third sector support organisations regularly upskill public sector staff in everything from equality to community engagement. SCDC’s support for the HIIC tutor network is a great example of all three examples of support working in tandem, resulting in training being rolled out at a local level.

But there is potential for so much more capacity building to be done, and it is sorely needed to back up well-intended policy. The examples provided are just a flavour of the support that can, and needs to be, provided to groups and agencies. Hopefully they help to illustrate exactly why proper and sustained investment in capacity building is required.

## What next?

To recap, our 4 key actions are:

- 1. Fairer distribution of resources**
- 2. Recognise the value of community-led health and resource it effectively**
- 3. Listen to communities**
- 4. Increased and improved capacity building**

In addition, an overall message is that, despite the social, and economic factors behind health inequalities being widely recognised, what isn’t talked about enough is that political decisions ultimately create our economy and society. As organisations such as Joseph Rowntree Foundation have stated, poverty is not inevitable and its underlying causes can be tackled.<sup>24</sup> Of course, there are more complex and subtle things going on. Even decision makers are shaped by society, for instance. There are powerful interests at play, limiting what politicians and planners feel they can do.

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<sup>23</sup> See <https://www.scdc.org.uk/participation-request-resource/2022/3/9/scottish-borders-sds-forum>

<sup>24</sup> Joseph Rowntree Foundation (2014) *A UK without poverty* <https://www.irf.org.uk/cost-of-living/a-uk-without-poverty>

Despite this, we believe that the actions we have set out are realistic and can be achieved.

Therefore, CHEX hopes that this overall message and the 4 key actions we have set out will be taken on board and acted upon in the following strategic work:

- The Scottish Government's 'Health inequalities: Place and Wellbeing Programme'. As a member of the programme's steering group, SCDC/CHEX hopes the 4 key actions will be useful in building on the groups work so far and taking forward the discussion.
- CHEX's collaboration with our funder, Public Health Scotland. The key messages in this briefing would ideally inform how PHS works with and supports CHEX in future.
- The Local Governance Review, for which the 2<sup>nd</sup> stage of nationwide engagement, Democracy Matters 2, has now begun. The 4 key actions are all relevant to the reform of how local democracy in Scotland works and is supported. SCDC and Development Trust Association Scotland, have been commissioned to facilitate DM2 discussions around Scotland. This paper will not directly inform these discussions, but any separate contribution CHEX makes to DM2 will make links between local democracy and the messages in this briefing.
- Our work with other third sector partners with a strong focus on inequality including, but not limited to, the Poverty Alliance, Voluntary Health Scotland and Edinburgh Community Health Forum.

This list is by no means comprehensive and CHEX is keen to discuss any of the above with partners in national and local government as well as in other sectors.

For further information on the issues raised in this briefing please contact:

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