

# Health Inequalities:

An eye on policy & practice

# chex



CHEX-Point Issue 43 December 2012

## community health exchange

**Welcome to the Winter Issue of CHEX-Point newsletter!**

**We have a jam-packed issue with a range of articles highlighting policy approaches to tackling health inequalities, and examples of person-centred and community responses to health needs.**

**Minister for Public Health, Michael Matheson** opens the issue with an overview of his hopes and ambitions for the Ministerial Task Force on Health Inequalities, and we welcome a short article from Gerry McLaughlin, Chief Executive of NHS Health Scotland where he shares an analysis of the stark health inequalities facing different communities in Scotland, and how we can tackle their root causes.

We hear from a volunteer who's life has been transformed with the support of Glasgow Disability Alliance through whom she is 'passing on the torch' to help others affected by disability. And we hear personal accounts from two participants who took part in the CHEX and partners' Learning Exchange between community-led health organisations and civil servants. They tell us what they learned and hope to take forward.

And of course we feature CHEX news of the development of Health Issues in the Community in Schools and our new publication 'Healthy Influences'.

We hope you enjoy this issue, and as always, welcome your ideas and suggestions for CHEX-Point Newsletter!

Would you like to join the CHEX-Point Editorial Board? We are looking for people with a range of experience and ideas! Get in touch with [olivia@scdc.org.uk](mailto:olivia@scdc.org.uk)

### In this issue...

- Tackling Scotland's deep-rooted health inequalities, Page 2
- Passing on the torch – an asset based approach to disability, Page 4
- Sharing insights from our Learning Exchange, Page 7
- Mapping the way to a Fairer Healthier Scotland, Page 9

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# Health Inequalities Task Force:

We spoke to Minister for Public Health Michael Matheson in November about his hopes for the new Ministerial Task Force.

*“Later this month, I will chair the new Ministerial Task Force on Health Inequalities.*

*The group has been reconvened, recognising that we still have deep rooted health inequalities in Scotland that are not improving over time.*

*This Scottish Government has set out a clear vision for the future of Scotland - sustainable economic growth is the strong foundation we need in order to build a healthier and fairer society, to tackle inequalities, and to ensure the long-term financial health of Scotland.”*



**It goes without saying that these ambitious goals cannot be achieved by Government alone and there is never a silver bullet, a single answer that solves everything. Government's role is often in facilitating ways of working which can deliver local improvements and make change.**

This is not possible without working with our partners in the public, private and third sectors or without the knowledge, the abilities and the potential of all of Scotland's communities. Fundamentally, our way of working is built on engaging and collaborating.

A key part of this strategy includes a much stronger public service culture and ethos. This is based around preventing problems and intervening early, rather than trying to deal with problems only after they have happened. Our approach to delivering that also relies on greater integration of public services at a local level.

In last year's Spending Review, we shifted the emphasis of our approach from dealing with the consequences of health inequalities to tackling the underlying causes such as poverty, employment, support for families and improving

physical and social environments. We have also made a fundamental shift to focus on preventative spending, while our Early Years Framework and Getting it Right for Every Child approach places a strong emphasis on giving children, particularly the most disadvantaged, the best possible start in life.

**I also understand the importance of communities. Together with COSLA we have reviewed Community Planning, and in March this year published a shared Statement of Ambition. This puts Community Planning at the heart of an outcome-based approach to public services in Scotland.**

Government can also encourage innovative approaches. In 2008, The Equally Well project was a collaboration between the Scottish Government and local public services, aimed ultimately at reducing inequalities in the health and wellbeing of people who need most or all of those services.

Eight test sites were chosen, to try out new ideas to redesign and refocus public services, with the aim of tackling health inequalities. The Scottish Government allocated £4 million over three years to support the eight sites. These had a number of positive results and all eight test sites continue in

their work. They have now moved to spread the successes locally and nationally, to share learning across the sites also, with, for example, planners from Glasgow working with East Lothian and Fife on concepts such as placemaking and health.

**Overall, it is the case that health in Scotland is improving, but health inequalities between our more affluent and more deprived communities still exist.**

These are long-standing problems that won't be solved overnight and we are taking significant action to cut alcohol consumption, reduce smoking rates, encourage active living, healthy eating, and promote positive mental health. Many of the main levers for tackling poverty lie with the UK Government, not least the welfare system and we have voiced our concern at Westminster's drastic welfare cuts, which will have a huge impact on our most vulnerable groups.

So I expect the taskforce to review new evidence, look at lessons learned so far and highlight any new areas for attention. It is likely that a key area of discussion and exploration will be the concept of people and social connectedness.

Evidence suggests strongly that complex social networks support health and prolong life as well as promoting successful communities. We have seen that many people in what we would have previously described as 'deprived' communities are rich in individual and community assets. Scotland's insights on the assets approach have contributed to European thinking on health improvement. The next stage of our work on health inequalities will, I hope, continue to provide new insights into this complex issue and materially reduce inequality in Scotland.



## The Ministerial Task Force on Health Inequalities:

**Michael Matheson MSP,**  
Minister for Public Health (Chair)

**Aileen Campbell MSP,**  
Minister for Young People

**Margaret Burgess MSP,**  
Minister for Welfare and Housing

**Angela Constance MSP,**  
Minister for Youth Employment

**Derek MacKay MSP,**  
Minister for Local Government and Planning

**Roseanna Cunningham MSP,**  
Minister for Community Safety and Legal Affairs

**Paul Wheelhouse MSP,**  
Minister for Environment and Climate Change

**Sir Harry Burns,**  
Chief Medical Officer for Scotland

**Margaret Burns,**  
Chair of NHS Health Scotland

**Dr Charles Winstanley,**  
Chair of NHS Chairs Scotland

**Andrew Muirhead,**  
Chief Executive, Inspiring Scotland

**Professor Carol Tannahill,**  
Director, Glasgow Centre for Population Health

**Cllr Peter Johnston,**  
COSLA Spokesperson for Health and Wellbeing

# Passing on the torch

Glasgow Disability Alliance (GDA) uses approaches closely aligned to those of community development in its work supporting disabled people to live independent lives. GDA is a member-led organisation with peer support at the heart of its approaches; it works 'co-productively' to build the capacities of members; and supports people to build on their assets.



The success of GDA's approach is illustrated through the story of Kirsty, whose life has been transformed since joining the organisation, to such an extent that she now feels ready to 'pass on the torch', helping future members in the same way as others helped her.

Kirsty's life was tough before contact with GDA. Despite being born disabled, she didn't have any disabled friends and felt isolated. Kirsty states that, being raised as an independent disabled person with high expectations, not being able to share experiences with others in similar situation meant that she found it tough to achieve her goals. Unsurprisingly, employment was also a daunting prospect, and Kirsty lacked confidence in her ability to find and maintain a job.

*"There is a big assumption that if you are disabled then you also have a social worker, but I wasn't given any support at all and didn't know where to find any"*

After getting nowhere asking her GP for advice on where to seek support, Kirsty found GDA by looking online in 2011. Soon Kirsty had picked up the phone and was speaking with GDA Director, Tressa Burke. To Kirsty's pleasant surprise, Tressa said there was a suitable course (PX2) that Kirsty could attend the very next day if she wanted.

PX2 is a programme for young people aged 14 - 19 years which encourages participants to grow personally and professionally through changing their attitudes and behaviours, and raising aspiration, motivation and efficacy. This type of thinking is at the heart of GDA's ethos, with an emphasis on what people **can** do, not what they can't. This asset-based approach has changed everything for Kirsty.

*"Your expectations increase: you realise you're capable of a lot more than you were aware of before. You begin to challenge yourself and start to recognise your own potential, what you are capable of when the support is there".*

Support can mean the smallest things. Kirsty appreciated this from day one, when GDA paid for her taxi to and from the venue and provided PA support. Getting about is a huge issue for disabled people, Kirsty explains, and, like a lot of challenges they face, it is something most able bodied people take for granted. Kirsty describes how she has to micro-manage every part of her day.

*"GDA support takes some of that away and frees up your energy to allow you to focus on what you're interested in."*

Removing these daily barriers is central to independent living, and Kirsty has made the most of this opportunity to develop her interests. Within six months of becoming a member of the organisation, Kirsty joined as a full board member. Besides this, Kirsty participates in drama at GDA, performing with the Purple Poncho Players. Her policy and campaign roles include being part of Drivers for Change, GDA's main campaigning initiative for members. Outside of GDA, Kirsty is a member of Glasgow Access Panel and Scottish Disability Equality Forum which is based in Stirling and involves getting involved in consultation around policy. She is also a member of Inclusion Scotland, with which GDA has a close relationship with.

Crucially, GDA is good at recognising interest, and is always looking for what people want to do and helping them arrange it. Helping people to define their own outcomes – individually and collectively – is crucial along with putting access and support in place so that goals can be pursued.



Participants at a recent GDA event.

Kirsty is supported by GDA Development Co-ordinator, Brian Scott, who heads the employment support at GDA. She also shadows Chief Executive, Tressa Burke, in a policy/campaigning capacity. Kirsty sees Tressa as a role model, describing how Tressa has told her that she herself was inspired to be part of setting up GDA both by injustices

*"Your expectations increase: you realise you're capable of a lot more than you were aware of before. You begin to challenge yourself and start to recognise your own potential, what you are capable of when the support is there".*

facing disabled people and through the support of older disabled role models to herself. Younger people at GDA are now looking at Kirsty as a role model in the same way she has looked up to people like Tressa. Kirsty describes this peer role model effect as 'passing on the torch'.

In terms of increased capacity, the main things which Kirsty has gained from her engagement with GDA include: increased confidence, recognising and building on her strengths and a bigger voice. In addition Kirsty has gained knowledge about influencing political structures as part of a collective voice for example.

*"I've always wanted a better, more equal world for disabled people. GDA allows me to be in a position to be able to help other disabled people whether as a volunteer or by getting training to support people professionally."*

Find out more [www.gdaonline.co.uk](http://www.gdaonline.co.uk)   
**Glasgow Disability Alliance**  
Equality, Rights and Social Justice

# Engage Page

## It's good to talk... and act together

Community Health Exchange (CHEX), Community Food and Health Scotland (CFHS) and Voluntary Health Scotland (VHS) in collaboration with Scottish Government (SG) Third Sector Unit sought to create opportunities for structured dialogue between community-led and voluntary health organisations and civil servants. The focus on preventative health care and tackling health inequalities has created a positive environment for the sharing ideas and practice. The learning exchanges aimed to increase the understanding of each other's role and the potential for joint working on the planning and delivery of policies on health outcomes.

Here we hear about the experience of two participants who took part in the Learning Exchange.

**Lesley Benzie** is CEO of [Lifelink](#), a medium sized Voluntary Sector social economy organisation and charity. Lifelink has 20 years experience in providing sustainable community based, early intervention solutions to the growing problems of stress and mental health/ distress, self harm and suicide, for young people and adults in communities and schools, and in HMP Barlinnie.



**Gareth Allen** is Head of the Intra-Government Team in the Scottish Government's Third Sector Unit. The team enables and supports third sector engagement in the reform and reshaping of public services, particularly within preventative spend programmes, and seeks to ensure the third sector is a key partner in

policy development and implementation across the Scottish Government.

### ? What was your experience of being involved in the Learning Exchange?

**Lesley**

It was a really positive experience overall and the first time we have had any real significant opportunity to let that level of government know about what we are doing and how it fits with the government's policy and desired outcomes for health. I think the civil servants were surprised at times by how professional and innovative we are and how significant our contribution to health improvement is.

**Gareth**

I had a very positive experience indeed. I was impressed by Lifelink's ability to connect with people and communities by making their services relevant

and accessible. In addition, to clearly see the preventative impact of their work and its relevance to cross cutting policy areas was informative. I came away inspired by what I had seen and heard.

### ? What did you learn?

**Gareth**

I learned a lot about Lifelink's holistic and innovative approach, including their single session service delivery model, and their ability to connect with people using the services, so that they feel valued and involved. They also have a well organised referral management system. As an organisation they have a clear narrative about what their service offers and the outcomes it achieves.

**Lesley**

Lifelink learned that the Third Sector Unit at Scottish Government supports colleagues across Government in their work with the third sector, developing with policy areas a strategic and joined up approach to work with the sector. However, while civil servants continue their good work in cross referencing between their own departments, even with this type of structure in place there is a recognised need to consult more at grass roots and service delivery level. In our small discussion groups it was raised that, some policies are still developed without enough consultation from those who have to implement them on the ground, and therefore without considering the impact one policy might have on another when it comes to putting them into practice.

### ? Did the Learning Exchange meet your expectations?

**Lesley**

Yes, as it gave us the opportunity to showcase our work at national government level, which was great. It also allowed other civil servants who couldn't attend our learning event to come to other showcases we were holding to learn about our work.

Now, we would have more confidence in inviting civil servants to events we are having in the future. It made us put higher priority in sharing/ publicising the impact of our work at local/national government levels with those who develop policy.

**Gareth**

Absolutely; it exceeded my expectations. I was very moved by what service users shared about their experiences and how the service had connected with them and the impact this had on their lives.

### ? So, is there anything you will do now as a consequence of the Learning Exchange?

**Gareth**

There have already been a number of positive and tangible outcomes from the learning exchange programme overall. We have also learnt a lot from the pilot, for example we plan to build opportunities for civil servants to share more detail about hof policy development.

I think also the learning exchange template has provided valuable insights about engaging and drawing on the knowledge of grass roots organisations in the process of policy development.

**Lesley**

I have been invited to attend the working group on the 'Agenda for Change', and that's an exciting prospect for further learning and also a great opportunity to represent the Third Sector. We will also keep in touch with the civil servants who visited our services -Gareth and Sarah of the Support and Wellbeing Unit, Learning Directorate, and those civil servants (Moir, Carers Policy, Adult Care & Support Division, and Jared Food Drink & Rural Communities Division) who attended our Youth Partnership Showcase event hosted by one of our secondary school partners.

# Reducing Inequalities for a Fairer, Healthier Scotland

Gerry McLaughlin, Chief Executive of NHS Health Scotland shares an insight into inequalities in Scotland and outlines NHS Scotland's view for their new Five Year Strategy to tackle health inequalities.

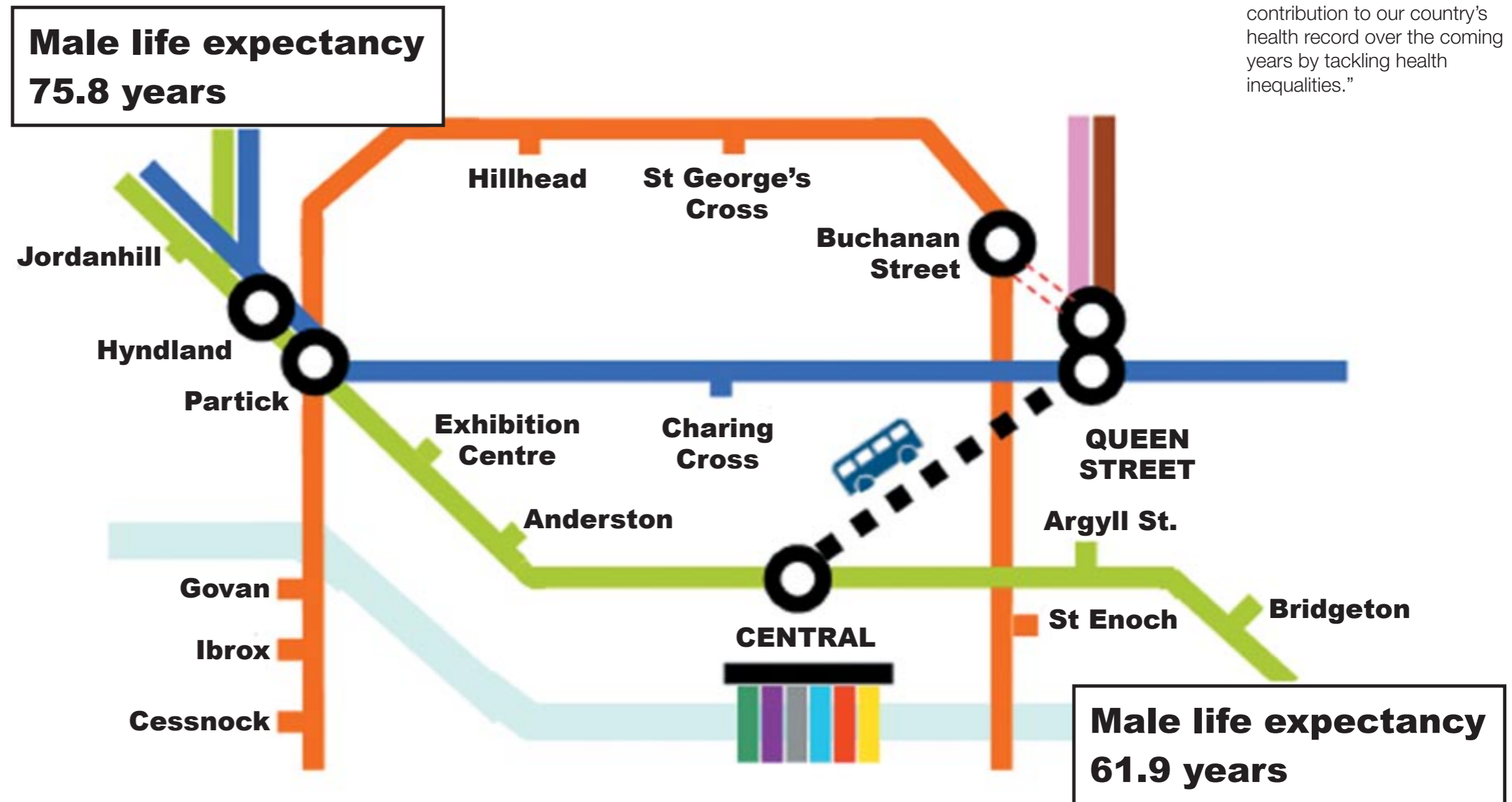
"Take a short train ride through the major towns and cities in Scotland and for each stop on the journey the life expectancy of the residents there can drop by years, such is the level of health inequality in Scotland.

In the suburb of Jordanhill in Glasgow men can expect to live for 75.8 years, two stops down the line in Anderston that has fallen to 71 years and three stops on from there, at the end of the line in Bridgeton, men can expect to live only until they are 61.9 years old. Over the same journey the life expectancy of women will fall by almost six years.

The stark differences which are illustrated by this map are at the heart of NHS Health Scotland's work. [NHS Health Scotland](#) is the special health board committed to reducing Scotland's appalling health gap – the widest in Europe.

Our new five year strategy 'A Fairer Healthier Scotland' sets out a vision in which all of our people and communities have a fairer share of the opportunities to live longer, healthier lives.

Our research has shown that it is fiscal policies like increased alcohol and tobacco prices and taxes on unhealthy food as well as legal measures like smoking bans in the workplace and the availability of healthy food which are most likely to reduce inequalities.



We also know we need to improve access to health services, provide better transport links and to make disadvantaged groups a priority in everything we do.

Of course, the NHS has a vital role to play in improving the health of our citizens but there are hundreds of organisations

throughout Scotland which can make a real contribution to ridding Scotland of its unenviable reputation as the sick man of Europe.

In order to achieve our ambition of reducing health inequalities, we will have to harness the support of departments across both national and local

government as well as in the third sector.

The economic outlook means that more families are at risk of suffering health inequalities at a time when the public sector is facing budget constraints.

The recent Scottish Government budget rightly focussed on the need for preventative spending. NHS Health Scotland and its partners can make a huge contribution to our country's health record over the coming years by tackling health inequalities."

# Health Issues In the Community Gets Top Marks at School



[Health Issues In the Community \(HIIC\)](#) has been delivered in communities all over Scotland for over 10 years and evaluation of the course shows that HIIC not only empowers individuals to tackle the issues that are important to them and their communities, but also that many participants take up further educational opportunities or get involved in community issues as a consequence of HIIC.

HIIC is a unique course which positively engages people in their health issues from a community development perspective. Using an **asset based approach**, HIIC values people's own life experiences and helps people to use that experience in considering broad concepts such as: social justice, poverty, discrimination, power relationships, exclusion and the social model of health.

Over the last 3 years a small number of HIIC tutors have been slowly introducing HIIC into the school environment adapting materials and timings to fit within the school timetable. Some of our HIIC tutors began by successfully running short courses in schools and by the start of the 2011-2012 academic year were ready to run a full Part 1 accredited course for the first time in Uddingston Grammar School in South Lanarkshire.

The timing was fortunate because it coincided with the introduction of the Curriculum for Excellence and both the tutors and teachers involved could readily identify how much HIIC can contribute to the aims of the new curriculum.

In its subject matter and because it is delivered from a community development perspective, HIIC very much reflects the Curriculum's requirements.

## HIIC in the school setting

In Uddingston Grammar the course was provided for young people in the 'More Choices, More Chances' group of S4 pupils. This 2006 strategy paper identifies this group of young people not as a homogenous group, but as having a whole range of life circumstances that will impact negatively on their engagement with education or training and that these can be manifested by truancy, exclusion and low attainment.

The young people taking part in HIIC therefore faced particular challenges before they undertook the course, and so the introduction of the full Part 1 course followed a number of taster sessions with the pupils while they were still in S3 to identify if the pupils would 'connect' with the subject matter. It was following the success of the taster sessions that the full pilot was introduced – at the request of the pupils.

## How did it go?

The pupils were very receptive to the delivery style which is underpinned by a respect for their life experiences and valued their views and opinions. There are no right and wrong answers in HIIC. The pupils therefore had the opportunity to express themselves and share learning in ways that are perhaps not commonly found within the school environment.

This is not to suggest that the pupils did not find aspects of the course challenging – they did. But because the tutors were able to encourage the pupils to bring their own life experiences to the subject matter it became relevant and meaningful to them. This is reflected in their choices of research topics which were around bullying, music as a promoter of well-being and how older members of their community viewed them.

Although nervous about undertaking and presenting on their group projects the pupils

did both with considerable success! Several teachers and family members who attended the presentation, commented on increased confidence within the pupils and observed how well the pupils supported each other in the delivery of their presentation. 5 of the pupils submitted assignments for Part 1 accreditation and all passed!

## What the pupils thought

At an individual level, and as a group, pupils have gained greater self-confidence and feel more empowered as individuals. They have a greater understanding of themselves as members of the community both in the sense of the school environment and of the wider community.

Pupils who were involved in researching and presenting on the topic of bullying were asked by the school to help work on the school's bullying policy, whilst others who presented on the benefits of music for mental health and wellbeing set up a lunchtime music group.

*"I have learned a lot about the way my community is and it has really made me change the way I look at people and the community in which I live and go to school. I have looked at my own lifestyle and I think I will be healthier in future. I will take the presentation skills and group work skills I have learned throughout this work and use them to help give me a better future. I will also try and learn more of what I have learned in Health Issues In the Community."*

**S4 Pupil**

## What the school thought

*"From the schools perspective the introduction of Health Issues In the Community has been viewed as a great success. As a school we are very positive about the impact of this project. We are very confident that our pupils are benefiting from a very worthwhile and relevant experience. The course has been so well received that we have several members of staff who have also had further 'inset' training, and currently two are arranging to become trainers. We regard this as an important step in developing the sustainability of the course within our school as we are planning to integrate the course into our S3 /4 curriculum."* **Depute Head: Uddingston Grammar**

**HIIC is now part of the school's curriculum for 2012 - 2013**

### Slide 1

There was once a man standing by a riverbank and happily watching the world go by. To his horror, he suddenly saw a person floating downstream and in distress.



### Slide 2

Without hesitating, he flung off his jacket and jumped in the water. He pulled the drowning person to safety on the bank and got them breathing again.



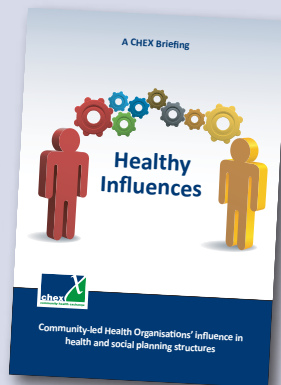
Slides taken from the HIIC course

# CHEX News: Healthy Influences

CHEX are pleased to draw your attention to our latest publication - [Healthy Influences: Community-led Health Organisations' influence in health and social planning structures](#).

This latest briefing is based on a series of interviews and a survey of CHEX network of organisations. The work was undertaken with a view to revisiting it at regular intervals in the future to see if we can establish any positive changes. In *Healthy Influences* we present the views of respondents on how influential they feel they are in local and national planning structures. Although there are some encouraging findings (i.e. that nearly a fifth of respondents reported that Community Health Partnerships appear to be responsive to what they say in terms of influencing decision making), respondents also remind us of remaining barriers to be overcome when seeking to be influential in terms of how decisions are made. 'Lack of information' was cited by almost half of respondents as a barrier, and the times at which meetings or events are held can prevent participation; this remains an issue for more than a quarter of respondents.

The briefing provides some positive examples from the experiences of organisations within the CHEX network of how they pro-actively establish community needs via action research and contribute information to statutory partners "Especially from those who do not engage with statutory services".



The findings confirm that the characteristics of community-led health organisations identified in the CHEX review in 2008 remain true:

- 2008: Being user friendly, approachable and flexible
- 2012: "We are viewed as approachable and 'can do' people"
- 2008: Using their knowledge and expertise of how people and communities function
- 2012: "We have direct links with local families... therefore we have accurate local knowledge"

These and a range of other characteristics put community-led health organisations in a good position to provide valuable information for both local and national strategic planning structures.

The briefing also highlights that people take forward learning in their positive approach to influencing statutory partners.

We hope that this new document will support members of the CHEX network in their endeavours to bring valuable information to decision making tables. We also hope that statutory sector partners will revisit existing processes and reflect on what may be being lost in terms of the 'healthy influence' that community-led health organisations might bring to them for the benefit of all.

Views expressed in CHEX-POINT are not necessarily those of CHEX, unless specifically stated.

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