Growing together

community-led health and health improvement

community health exchange

Welcome to Issue 44 of CHEX-Point newsletter. The snowdrops are rearing their heads and Spring is on the way, but what does this year bring for community-led health in Scotland? In this issue we take stock of the communityled health journey and reflect on the changing environment in which the approach has grown, survived and adapted to meet the needs of communities along the way.

In our lead article, the CHEX Editorial Board comments on this journey and looks at the new opportunities for the sector in the current policy environment of empowerment and asset-based approaches.

We also hear from three CHEX network members about their experiences on the community-led journey: looking back on 10 years of community-led activity in Dundee, and towards new initiatives and approaches in Wester Hailes and the Isle of Skye.

Issue 44 also welcomes new Editorial Board members Lizanne and Paul who have helped shape and edit this issue and who bring a breath of fresh Spring air to CHEX-Point - welcome!

As always we hope you enjoy reading CHEX-Point and hope you will share it with your partners and colleagues.

Should you require a hard copy or Word version, please just get in touch. And don't forget to send us your articles and topics for the next issue!

CHEX-Point Editorial Board

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 <u>olivia@scdc.org.uk</u>

In this issue...

- Through a changing landscape: community-led health organisations tackling health inequalities
- Sustaining the Impact: looking back on 10 years of Dundee Healthy Living Initiative
- The future is eco-couture in Skye! A community-led enterprise approach
- Edible Estates: local food for the future in Westerhailes?

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Community-led Health Organisations

Vital to 'radical change' in health improvement

Community-led health organisations have an intriguing history. In the shape of Community Health Projects, they emerged on to the health improvement landscape over 25 years ago. Using an approach that works directly with community members on health matters that concern

them, they were hailed as something new, fresh and somewhat radical. The majority of projects operated with groups of local people such as the group of women in Pilton, North Edinburgh who organised around the prescription of tranquillisers¹ to campaigning on affordable and accessible food via the Paisley **Community Health Project. Crucially,** this campaigning, organising and support lead to greater change in local communities - new organisations were formed, some services reconfigured to respond to expressed need, and local people used their experiences to improve the health of the wider community.



John Cassidy, Chair of the Scottish Communities for Health and Wellbeing Advisory Group

Local authorities allocated funding and resources to these organisations which proved positive and productive in both urban and rural areas. Glasgow, Paisley, Edinburgh, Dundee, Dumfries, Addiewell, Dunfermline, South Uist, Stirling..... allreported significant changes in how local people developed new strategies to get involved, stay involved and organise to not only address their own health needs, but give time, energy and ideas on ways of working with other community members².

The last two decades have brought significant change to Scotland's community-led health landscape. Some national and local policieswhich have aspired to place 'patients and communities at the heart of the delivery of services'³ have drawn positively on the community-led value base and methods as exemplified by Lottery funding helping to support 46 new community health organisations in the form of Healthy Living Centres across Scotland in the early 2000's. A few years later, Scottish Government listened to the recommendations of a Ministerial Community-Led Health Task Group and funded 'Healthy Communities: Meeting the Shared Challenge' – a programme aimed at both community health organisations and public sector health agencies to strengthen community-led health. These interventions have fostered a legacy of working that has retained the key principles of community development, but have also informed new agendas around asset-based health improvement and the co-production of services that tackle health inequalities so central now to policy discussion.

CHEX-Point and CHEX have consistently reported on community-led health activity from families acting on environmental improvements in North Glasgow, to olderpeople shaping services in Perth and Kinross, young people supporting other young people in East Ayrshire, and community groups promoting mental health and wellbeing in the Scottish Borders... This long list reflects the diversity along with the nature and extent of support that these initiatives have drawn on from community-led health organisations - information, relationship building, training, capacity building, moral support, ideas, networking, links to policy, securing funding and additional resources, which have been offered at different times to different groups. As a result, a resourceful and skilful workforce has developed across Scotland - the Scottish Healthy Living Centre (SHLC) Alliance Business Plan (2009)⁴ reported that of the 19 HLCs surveyed, 132 had full-time staff, 98 part-time staff, 159 sessional staff, 256 Board Members, 1,218 volunteers working with 131,529 beneficiaries.

The national health intermediaries of CHEX, Community Food and Health Scotland (CFHS) and SHLC Alliance (now known as Scottish Communities for Health and Wellbeing) along with local networks, such as Lothian Community Health Project's Forum have played a critical role in the evolution of community health in Scotland. These organisations together have consistently created opportunities for almost two decades for local organisations to meet up, share practice and develop ideas to sustain healthy communities. As a result a pan Scotland information and

⁴ SHLCA are now Scottish Communities for Health and Wellbeing

support network has been established, shaping thinking as well as safeguarding practitioners and volunteers from isolation and despair, particularly after each wave of funding pressures and the subsequent loss of services and organisations.

Indeed, in this current environment of austerity. community-led health organisations could face major obstacles of reduced or no funding, changing personnel and weakened infrastructures. However, the reality is that many organisations continue to not only sustain their work programmes, but thrive with new recognition and status amongst community members and public sector agencies, both locally and nationally. Such is the resilience of community-led health, but the reason why is no secret: this movement thrives because lessons are continually being shared through its networks, case studies, action research, newsletters, websites, evaluations, seminars, conferences and solid partnership working. Crucially, funding and resources are secured to support organisations that have established a reputation for working in developmental ways with community groups despite the many challenges being faced, some of which are outlined in Box 1.



¹ Private Trouble & Public Issues (2000)

 $^{^{\}rm 2}\,{\rm Read}$ about these examples in previous editions of CHEX-Point from 2000-2002

³ 'Improving Scotland's Health – The Challenge' (2003)



BOX 1

- How can community-led health organisations continue to target and be inclusive - engaging with the most disadvantaged people?
- How can they sustain an empowerment approach to change i.e. working with people in the process of change?
- How can they develop and enhance the ability and capacity of community members to exercise influence over their circumstances?
- How can capacity be built to involve more community members in developing new approaches to community health needs and issues?

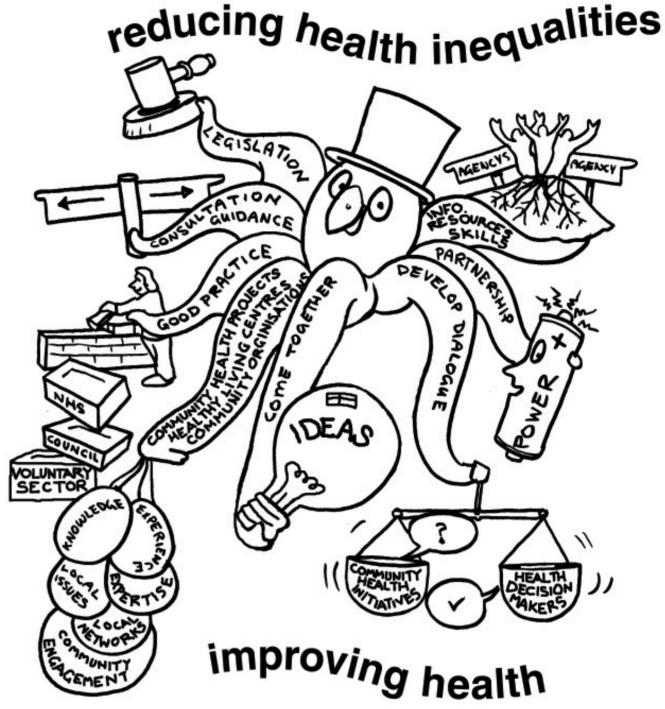
(Ref: 'Healthy Communities: Meeting the Shared Challenge')

Many organisations might say "that's what we've been doing for years!" But perhaps the new bit is getting the message across better to national and local policy makers, particularly about the value and role of community-led health in the current practice climate.

Last year saw community-led health organisations engage collectively and individually with both national and local policy makers at different levels. Organisations, via CHEX, responded to the consultation on the proposed Community Empowerment and Renewal Bill and the consultation on the Integration of Adult Health and Social Care in Scotland. The Minister for Public Health responded positively to the examples of community-led health in tackling health inequalities. Community-led health organisations also helped shape the Learning Exchange Programme between community and voluntary sector health organisations and

civil servants: LCHP Forum developed positive dialogue with NHS Senior Managers at a joint seminar with CHEX and the Health Inequalities Taskforce has invited Scottish Communities for Health and Wellbeing to present at one of their meetings along with a visit of the Taskforce to individual organisations. In 2013 this positive engagement needs to be consolidated to further our impact and influence.

This year brings new opportunities for community-led health organisations to build this established engagement towards greater influence and greater understanding. Already several fresh opportunities are beginning to take shape such as the 'Making Scotland Better' Event on 23rd April, when CHEX together with Scottish Communities for Health and Wellbeing Alliance, CFHS and Health Scotland are hosting a seminar between national and local policy makers and community-led health organisations. The



Cartoon by Graham Ogilvie

launch of the 'Engagement Matrix' between NHS and the Third Sector at SCVO's 'The Gathering' on 27th February offered an opportunity to work with national partners such as Voluntary Health Scotland in building engagement with Health Boards.

So how will you seize upon these and other opportunities in the year ahead? Whether you are a project worker, activist, policy maker or practitioner engaging in some way with community led health, together we all can play

our part in making this force for change stronger and more relevant than ever. We urge you to be part of the story so far.

The CHEX-Point Editorial Board will continue to document the developments and impact and we would urge you to be part of this process by advising us of any engagement you have with national and/or local policy makers. Send your information/features to Olivia Hanley at olivia@scdc.org.uk.

Sustaining the Impact 10 years on:

Working with communities facing health

inequalities in Dundee

Engage Page



In 2006, the Scottish Government's Community-led Supporting and Developing Healthy Communities Task Group reported on its findings into how community organisationswere addressing health inequalities at a local level and worked with public sector partners to complement and bring added value to mainstream services. The 13 recommendations which came from this report were taken forward through a range of subsequentprogrammes, in particular Healthy Communities: Meeting the Shared Challenge. Several of the community organisations and partnerships that participated in the Task Group's work have continued to thrive - despite major funding obstacles and increasing demands on capacity and services. One shining example is the Dundee Healthy Living Initiative (DHLI), which celebrates its10th Anniversary this year and continues to be a crucial partner in tackling health inequalities in Dundee.

DHLI was established as a result of a partnership between NHS Tayside and Dundee City Council. It works alongside local people and partner organisations to improve health and well-being in disadvantaged areas by: -

- developing and delivering health improvement activities as identified by local people;
- helping local people meet their own health needs, share health improvement knowledge and skills;
- and supporting local people to influence decisions about health service development and delivery.

In recent years, the DHLI community development approach has flourished with many of the 80 health promoting activities being community led. It is closely involved in a number of current NHS-led programmes including Keep Well, Quit4U, Give it up for Baby - an incentive scheme for smokers, and Equally Well - working to improve outcomes for people with mental health issues. The Community Sub Group is the formal representative body within the DHLI comprising of local representatives from project areas; 2 of these sit on the DHLI Management Group. DHLI engages with the community planning partners to deliver and develop local health improvement services and activities in line with community and partner priorities.

Opportunities are targeted at people in disadvant to participate in non-threatening, non-traditional, affordable activities. The project has around 80 g activities running per week:

- Healthy eating and weight management program cooking skills courses, healthy eating demons weight management classes
- Physical activities including community walking groups including pram pushing, jogging, swimming, belly dancing, aerobics and chairobics:
- Smoking cessation classes
- · Health talks on a variety of issues
- Local health fairs and events
- Health Information Points providing health checks and information
- A range of specific mental health improvement sessions and courses
- 32 local volunteers delivering a wide range of project activities
- Local people participating in the Community Sub Group, to help influence decisions about the initiative
- Keep Well health coaching service, and this involves motivational interviewing and relates to social prescribing

DHLI has a strong evidence base to demonstrate its positive affect and influence the physical, mental, and social wellbeing of those people experiencing significant health inequalities and disadvantage. Importantly, it has adapted to both the needs of communities and an environment which saw the establishment of new health improvement legislation and priorities. It has risen to the challenge of changing health economies, and has been creative and innovative in the development and delivery of services, engagement with beneficiaries, and monitoring and evaluation requirements.

"Our work is entirely consistent with the direction and commitments of the Scottish Government and we look forward to a further 10 years of working with local people in developing successful partnerships towards a healthier, flourishing Dundee." Beverly Black, Manager, DHLI

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Some of our key achievements:

DHLI Ardler Walking Group is a case study of good practice. Focusing on mental health improvement. evidence and practice it was published by Health Scotland, Scottish **Development Centre for** Mental Health, National Programme for Improving Mental Health and Wellbeing in 2004

DHLI achieved a Bronze Award in the Health Improvement category, at the COSLA Excellence Awards and a Dundee Partnership award for health improvement in 2005

DHLI was included as a Community Led Task Group case study of good practice (one of 5 across Scotland) in 2006

DHLI achieved an award in recognition of innovation and good practice using physical activity to improve public health from the ISPAL (Institute of Sports, Parks and Leisure) in 2007

DHLI achieved further awards including the Volunteer Friendly Award 2009. the Dundee Partnership Award for the walking groups in 2009, Investing in Volunteers in 2011 and the Healthy Working Lives Bronze Award in 2011.

Edible Estates: local food in Wester Hailes

Wester Hailes Health Agency is a communityled organisation working to address health inequalities in WesterHailes an area of multiple deprivation. The Health Agency makes it their business to understand the impact that inequalities has on health; how social models of health link to medical models; and, how important it is to work across professional boundaries. The organisation has a wealth of positive experiences of working in partnership with the community, and with local voluntary and statutory organisations. Linda Arthur, Manager, tells us about plans for a new community-led initiative based around food growing and green space: the Edible Estates.

How did the Edible Estates initiative come about?

"Local people in the community we were working in had expressed an interest in growing their own vegetables, which galvanised us into partnership action to commission a feasibility study which would investigate the potential to establish food growing and other greenspace projects in three council estates in South West Edinburgh. We are interested in the potential for community food growing to promote healthy lifestyles, and to bring people together to engage in the management of their community thus using an assets based approach.

The community planning process would, we hope, provide a role in supporting the communities to develop a positive working relationship with the local authority in the management of local community green space assets."

So how have you taken it forward?

"We carried out a Residents Survey with a representative sample of residents at each estate. We found that a sufficient number of residents, approximately 50-60 households in each neighbourhood, would be likely to participate in the community food growing project. Many said they would also like to involve their children."

We know there are large areas of greenspace throughout the estates which are set out to grass representing a considerable maintenance burden for the council. The council are interested in working with

communities to promote community food growing and increasing biodiversity of the estates. So we have identified potential sites for community food growing in all three neighbourhoods."

How will the local community be involved in developing the green space?

"There appears to be many opportunities for improving the playscapes around the estates and we plan to work with local children to see how this could be brought about. In most of the estates there is little involvement of residents in deciding how their local landscapes are managed. We intend to work with Community Councils to support the community to engage in decision making around these spaces"

How will it work?

"We have worked out a whole programme of actions to bring community food growing projects to life.We are going to launch a campaign to encourage households to participate which will also raise awareness about local biodiversity and community food growing.

We are also going to support residents to establish 'edible estates groups' in each neighbourhood. And we are then going to run community participatory design workshops to support residents to develop plans and strategies for their greenspace. We plan to make a special effort to engage with young people in this process.

Once the groups are established, we plan to train and resource the edible estate groups to work together to build community food growing sites in each neighbourhood. And if the above all goes well, we're going to support participants to set up mini market gardens to grow food for themselves, their community and to earn a wee income!"

So what are your next steps?

"We are currently making funding applications for the initiative, with one pending. We hope the project will start soon. Watch this space!" http://www.whhealthagency.co.uk



Rag Tag N Textile is a community organisation based in Broadford on the Isle of Skye. It aims to provide an environment that supports and encourages the personal growth and development of vulnerable adults by training and employing people primarily with mental health illnesses. and is an excellent example of the Mental Health Foundation's 'Recovery in Action' programme in practice. Rag Tag operates as a Social Firm and registered charity which manufactures and sells high quality, hand finished eco-couture fashion and homeware from donated textiles. Rhoda Cameron, Operations Manager tells us about how Rag Tag has maintained its community-led approach while operating as a thriving modern business on the island.

'The organisation started nearly 8 years ago, from a community-led group of committed volunteers, some of whom are still involved and are now on the Board of Directors. It was recognised that there was a gap in the market for re-using so called 'waste' textiles, and using the creative talents of the group, Rag Tag and Eco Couture was born. Permanent employment on Skye can be difficult to find out with the seasonal tourist industry, particularly if you are recovering from mental health issues, but during its lifetime Rag Tag has created 10 new jobs at varying skill levels, and has won three awards for Regeneration, Diversity and Best Social Firm.

Although initially grant funded for the first four years, the organisation has gone on to receive contracts and grants from Highland Council to provide employability services, and support the use of recycled materials - which helps to greatly reduce the amount of waste going to landfill. NHS Highland are



also regular supporters of the organisation utilising the service as a referral point for clients of the Community Mental Health team. HIE also recognise the excellent work that the organisation does and are working alongside the business supporting us to develop our trading income and be more sustainable in the future.

The techniques of training and learning which Rag Tag N Textile use are unique and there is the potential for this to be developed for wider application. One of our course manuals, Practical Crafting has recently been accredited through SCQF, and the other manuals will soon be available to promote to interested organisations, further generating income for the organisation.

The work undertaken at Rag Tag N Textile is high quality and gives the trainees and volunteers a high level of self-confidence, purpose and pride in the work they do. At Rag Tag we are particularly proud of our philosophy of treating everyone the same, respecting an individual's talents, with no labelling. When you go through the doors of Rag Tag you will not know who is who, just expect to see extraordinary people getting on with their work, and having fun. The atmosphere is warm and welcoming and the kettle is always on!

www.ragtagntextile.org.uk

CHEX News

'Making Scotland Better':"Achieving Radical Change" 23rd April 2013

Partly in response to the call for "radical change" in the most recent Chief Medical Officer's annual report (Health in Scotland 2011: Transforming Scotland's Health) , CHEX has organised its latest national event around the theme of tackling Scotland's health inequalities and exploring further the role that community-led health organisations have in this most important task. In keeping with the ethos of strong partnership working, participants at the event will be drawn in equal numbers from the community-led health sector and statutory sector partners. While the event will showcase the work undertaken by community-led health organisations and the value these provide in terms of tackling health inequalities the ultimate session will ask participants what recommendations they would like to make to the Chief Medical Officer for Health and Scottish Government's Health Inequalities Task Group about what should happen in the future to ensure that communityled health continues to flourish. CHEX most recent briefing on health inequalities is available to download here.

Health Issues In the Community (HIIC) Annual Conference 2013

The date for this year's annual conference has been set for the 20th June in Pollokshields Burgh Hall Glasgow.

The theme of the conference will be 'Changing Lives: Changing Communities' with people who have been on the course demonstrating how taking part in HIIC has done just that!

Open to tutors and course participants the conference will also incorporate workshops which will allow those attending to discuss various aspects of HIIC and how we can keep taking the course forward.

HIIC tutors and course participants are encourage to sign up quickly as places are limited and filling up fast!

For more information on HIIC visit <u>www.chex.org.</u> <u>uk/what-we-do/training-development-support/</u> <u>hiic/</u> or contact Robert Cuthbert, robert@scdc. org.uk.

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

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