Sharing the prescription for better health

How communities contribute

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chex community health exchange

Welcome to the spring issue of CHEX-Point! In this edition we're examining ideas, approaches and examples of community-led health in action across Scotland and the world.

In our lead article, CHEX's Elspeth Gracey takes a look at social prescribing, how it can work to improve the mental and physical health of individuals and how community organisations are best placed to be a part of that work.

We then have two examples of community-led health organisations in the field from Tracy Gibson at Tullibody Healthy Living Centre in Alloa and David Cruickshank at Lambhill Stables from the north of Glasgow – both detailing what they do and the difference their approaches are having on their communities.

Our last feature is a look from the international perspective with a piece from Paul Ballantyne at SCDC about the Grundtvig European Learning Partnership, which took place between 2011 and 2013. Paul examines the Nograd County Roma project in Hungary which was visited by SCDC and CHEX staff and offers an eyeopening view of the challenges and successes of community development approaches in Eastern Europe.

Finally, we bring you CHEX News. Firstly, on the National Event on 1st May, which will profile evidence from five community-led health organisations, hear from Paul Gray, NHS Director General and John McCafferty Senior Development Advisor with South Lanarkshire Council and provide an opportunity for dialogue on community-led health approaches to tackling health inequalities at a local level. Secondly, outcomes from successful event held in Fife last year and thirdly details of the next Health Issues in the Community (HIIC) open course being held on 6th and 7th May.

We hope you enjoy the issue and would like to thank all of our great contributors!

In this Issue

Sharing the prescription for better health: how communities contribute

In Scotland between April 2011 and March 2012, over 387,400 patients consulted their GP or practice nurse about anxiety or depression.[1] This, in addition to other mental health consultations and the impact of physical ill health on wellbeing accounts for the use of substantial amounts of primary care resources.

Recognising the complementary contribution that can be made to public health by more than the statutory sector alone offers the opportunity to expand the boundaries of primary care.

More than 40% of the organisations in the CHEX network define at least some of their work under the heading of 'mental health' and many take referrals from both health and social care professionals into the services and activities that they offer.

Integration of health and social care services[2], a move towards greater person-centred care[3], more emphasis on self-management[4] of long term conditions and Self Directed Support (SDS) [5] - all of these things highlight the opportunities that exist for strengthening the links of statutory services to community and voluntary sector organisations.

CHEX is currently a member of the National Mental Health Improvement Network, facilitated by NHS Health Scotland and contributing to the implementation of commitments found within the Mental Health Strategy for Scotland.[6] Through this network we bring information to the national arena of the work undertaken by organisations within the CHEX network. Recently we have been involved in a sub-group of this network looking at Self-Management and Social Prescribing. The sub group work to date includes updating the evidence and mapping local social prescribing activity.

All footnotes are available at: www.chex.org.uk/footnotes

In this article we seek to illustrate the concept of social prescribing and how organisations in the CHEX network provide these services.

Sitting with a GP colleague in his surgery, 25 years ago I recall one particular patient; a man widowed three months earlier who described the impact of losing his wife of 50 years.

"I'm not sleeping. I'm irritable with my daughter, she's only trying to help me but I find myself snapping at her. What can you do for me doctor?"

The best the GP was able to do for him was to prescribe sleeping pills. I recall my sense of despair that we could not link him to others who would understand the normal grieving process he was going through, people who, having been through similar experiences themselves, could listen to his plight and help him to cope with what life had thrown at him and to find meaning in his life again. I didn't know it then but if his GP could have referred him to such a group that would have been what is now called 'social prescribing'.

Alternatively known as 'community referral', social prescribing has been defined as:

"linking patients in primary care with non-medical sources of support within the community." [7]

The process itself can apply to both mental and physical health. Although many can benefit from social prescribing, it is particularly helpful for those who:

- experience mild to moderate depression or anxiety
- find themselves returning repeatedly to their GP or other health professional with symptoms for which standard pills and potions are not the answer e.g. people who are lonely, isolated or socially excluded. These might be people on low income, lone parents, older people, and people from newly arrived communities
- experience of long-term mental or chronic physical health problems which reduce their sense of wellbeing
- might benefit from increased exercise but are not comfortable with standard leisure services provision
- might benefit from additional information about nutrition and cooking.

Local community-led health organisations are well placed to offer a range of support activities to help somebody who is vulnerable in terms of their physical or mental health. Many such organisations now accept referrals to their activities from local health professionals. Examples include:

» **Self-help/support groups** where people who have had similar experiences help and support each other

» **Supported access to information** e.g. guided reading (bibliotherapy) or referral to web-based information and programmes including cognitive behavioural therapy (CBT) programmes

» **Physical activities** often encompassing outdoor activities including walking, gardening activities. The social aspects of these are often as important, if not more important, than the physical side of the activity

» **Creative Arts activities** e.g. writing, drawing and painting, photography, dancing, community choirs, theatrical groups etc. These provide the vehicle for therapeutic self-expression and increased social connectedness

» **Volunteering** where finding that you can contribute to something in your community enhances your sense of self-worth and confidence. This may also lead to people gaining practical skills and to finding employment and it provides the community with services which might not have existed otherwise.

» **Befriending or buddying** services tackle loneliness and isolation or simply help somebody back into a more sociable existence after a setback e.g. bereavement or serious illness

» **Literacy or numeracy support** difficulty with words or numbers can result in people being left behind in terms of life's opportunities and addressing these issues with a trusted tutor, often a volunteer, can be life changing enhancing a person's sense of control and reversing social exclusion.

» **Time banking** where people 'bank' the time they might contribute in terms of a service to others which they can then redeem when in need of a service that someone else will provide for them.

» **Cooking classes** and advice and information about food and nutrition

» **Financial advice services** this can include welfare advice or information about managing on a budget so that money worries are lessened and income maximised.

There are many places across Scotland where social prescribing is and has been used. Just a few examples from within the CHEX network include:

Stepping Stones in Clydebank is contracted by the local Community Health and Care Partnership to provide the 'social care' component for patients referred to them by primary care staff. Over the past two years referrals have continued to rise by nearly 50% from 45 to 65 people a month Stepping Stones provides one to one support and uses Wellness Recovery Action Planning WRAP[8] for their members who can also access a range of peer support groups.

Pillar Kincardine based in Stonehaven, Aberdeenshire complements clinical and medical support and are clear that social prescribing is not a replacement for that. They offer a range of activities tailored to members needs including work on their allotment, physical activity classes, preparation of a shared lunch and peer support groups. People can also simply pop-in for a chat. Manager, Sara Kamrath says: "It's not usually possible to 'pop in' and see your psychiatrist. What we do can prevent somebody becoming more seriously unwell. Having somebody listen to you can help to prevent a crisis."

COPE in Drumchapel, Glasgow has long been involved in supporting local people through their individual work, training and advice, community capacity building and alternative therapies programmes. They recognise that encouraging people to be actively involved in their own recovery can require a shift in understanding for some professionals. "If they are used to having people who are the passive recipients of services then solution focused work with people as equal partners can be quite scary for those who are not used to this way of working" However, COPE believes supporting people to self-manage and / or be active in their own recovery is essential for building resilience and well-being.

Dundee Healthy Living Initiative has been a key partner in the Equally Well initiative, which established a process called Sources of Support, (SOS). GPs in designated practices refer patients to a Link Worker who identifies what non-clinical sources of support would best suit their needs. [9]

There have also been Links projects in both Glasgow[10] and Fife[11] where links between primary care teams and local community organisations have strengthened referral routes and increased awareness amongst primary care workers of the assets a community has to offer.[12]

Stewartry, Dumfries and Galloway

A partnership including CHEX network member, Building Healthy Communities, DG Health & Wellbeing and the Stewartry Public Health Practitioner have been working together with 2 GP practices to establish Healthy Connections Stewartry. Since May 2013 people with 'low mood' have been signposted into a range of support opportunities available in the local community as an alternative approach to improving their wellbeing. This includes access to activities such as exercise, art and volunteering or employment and financial advice.

With this range of community-led health organisation offering such a wide array of locally available support services for people I would hope that nowadays the consultation with my GP friend and his grieving patient would have gone quite differently. The GP might be able to tell him about a self-support group or other locally available activity which would have helped to support him. Allowing him the space to talk and work through his grief and then find his way back to being able to enjoy life again. In time he too might feel able to offer support to others who follow him on this path, continuing the process of social prescribing through community-led health.

Elspeth Gracey,
CHEX Development Manager.

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Tackling the effects of health inequalities – commentary

Tracy Gibson is the Community Development Worker at the Tullibody Health Living Centre and has contributed to this issue with an article highlighting the important role of community-led health organisations in tackling the effects of health inequalities.

Tullibody Healthy Living Centre in Clackmannshire supports local communities to take action on issues that result from health inequalities. We systematically compile, analyse and present evidence from our interventions and are extremely interested in research and reports concerned with health inequalities.

As a community-led health (CLH) project, demonstrating our contribution to tackling health inequalities is at the heart of what we do. So too is our role in supporting communities to respond to the issues that result from those inequalities.

I recently read with interest the ScotPHO Report, *What would it take to eradicate health inequalities?* which sets out the fundamental causes theory on health inequalities in Scotland. This theory compares socioeconomic gradients against health inequality gradients, and finds that:

"the current strategy to reduce health inequalities in Scotland, which has largely focused on eradicating the proximal causes of inequalities, such as tobacco, will be ultimately futile."

The report concludes that tackling the root causes of inequality is the fundamental way to create a more equal society. While agreeing with the report's conclusions, I would suggest that addressing the structural causes of health inequalities should include, and point to the range of proven approaches and interventions that currently implement national policies and tackle health inequalities at a local level, including community-led approaches.

Supporting local people to respond to the health priorities they have identified is the unique role of community-led health organisations. We listen, build relationships and support people to find their own solutions. This often results in us acting on health issues that fall through the net of statutory provision and implement activities that address unmet need.

CLH organisations support communities to become active in tackling their issues – making private troubles, public issues – and the impact on both communities and individuals is significant. The following case study illustrates how we identified the health issues of one individual and worked to turn this into a collective response to welfare reform.

Joan's story

Joan had been receiving Incapacity Benefit for a number of years. Due to the welfare reforms, she was required to change from Incapacity Benefit to Employment Support Allowance. This should have been a straight forward transition for Joan and as she was being treated for physical and mental health problems and a medical review would have confirmed this. However, Joan had heard of other people's unfavourable experience with medical reviews and believed that she would also suffer the same fate and be deemed 'fit for work'. She did not complete the questionnaire she was sent and therefore no medical review was arranged. Not responding resulted in her benefit being stopped. After three months, Joan eventually phoned the Department for Work and Pensions (DWP), their response, that she needed to complete a new Work Capability Assessment, further heightened her anxiety, the new name itself contributing to her fears. A neighbour urged her to come to our project for support, saying "they are part of the community, not like the bigger agencies. Why don't you just go in for a chat?"

Identified need

A chat with Joan revealed that she had been living without any income for nearly three months. Throughout this time her health had deteriorated and she felt unable to engage with any services.

Intervention

We were able to reassure Joan that she was unlikely to be deemed fit for work and that the medical review was a result of the Welfare Reforms. We encouraged her to contact the DWP. But she only felt able to do with advocacy support from us.

I'd like to say it was a straight forward process for Joan, but on completing her new claim she had to await a date for her medical assessment. This proved to be the barrier to her receiving any new benefit. Throughout this time we assisted Joan in making over 20 calls to the DWP and completing three separate forms. With telephone contact only, the DWP could not have been aware of Joan's deteriorating health. Joan's feeling of wellbeing was paramount in our approach and this had a direct impact on her immediate health outcomes. In building a relationship with Joan, as we supported her through this process of change, we were able to encourage her to seek a health service she would not otherwise have accessed.

Outcome

Joan's new benefit claim was reinstated, after six months without any income. Her completed questionnaire resulted in not having to attend the medical review she had first feared. Through our encouragement Joan is now engaging with mental health services and attending a weekly art class.

Joan told us:

"I don't know what I would have done without your help. My situation would have got worse, my health would have got worse. Thanks for everything. I feel better now than I have in years and really enjoying my wee art class, the folk there are really nice."

Joan's story illustrates that by addressing some of the effects of health inequalities, we help to understand and inform the bigger picture of how best to tackle the causes. The work of CLH projects in Scotland increases access and knowledge to those who need it most and, I would argue, contributes to narrowing the health inequality gap.

Supporting people to feel connected with those around them reduces isolation and encourages an uptake in services that promote positive health behaviour change. Community fun days, walking groups, fruit barras all have a direct effect on health inequalities and people's lives where at a local level, they vote with their feet.

The health message for a walking group is to increase physical activity. The added benefit this brings, as you make new friends, is a feeling of connection and the beginnings of building positive social capital. The report states that "socioeconomic gradients in mortality result from either a difference in knowledge on how to avoid harm or a difference in the ability to act on that knowledge".

Community-led actions exist to change that difference.

So, what can we do to eradicate health inequalities?

The research calls on a need to redistribute resources to tackle the root causes and that focussing on the individual causes *"will be fruitless in reducing inequalities and may even increase them".*

Our work has shown us that enhancing relationships that result in capacity building creates a more resilient community. This increases people's ability to access health support and knowledge they didn't have before.

We must ensure that communities are at the heart of approaches which seek both to tackle the root causes of health inequalities in Scotland, and respond to community issues. I'd like to see research that compares different areas in Scotland, to identify if the inequalities gap, especially for avoidable mortality rates, is more favourable in areas where community-led health activity is taking place. This would help the case for sustainable funding and commitment to community-led health approaches."

For more information on Tullibody Healthy Living Centre visit:

www.tullibodyhealthyliving.org.uk

From conversion ...to transformation

Lambhill Stables bring positive change through community development

Despite not having health in its title or an overt health strategy, Lambhill Stables Community Development Trust has improved the health of many people in the Lambhill, Cadder, Possil, Maryhill and Milton areas of North Glasgow. The organisation reaches out and engages with people who traditionally would not access health services. While its approach emphasises the inclusion of everyone, people who are isolated due to mental illness, disability and addiction have positively responded and got involved! The involvement has been life changing for these people and life enhancing for the wider community.

An active membership of 250 local residents have used their knowledge and experience to transfer derelict property and brown field sites into thriving community facilities. A community hub in a refurbished B-listed building renovated from a derelict shell, a thriving community garden and local allotments from vacant land are just two of these major impacts. At the heart of this transformation are positive opportunities for people experiencing poverty and disadvantage to have a better quality of life - all through involvement in community activity and volunteering or training and employment.

Since initiation of the organisation in 2007, management, staff and volunteers learnt that 'hands on' work and engaging community members in the natural environment offers participants a sense of purpose, and increases physical and mental wellbeing. And for some people this provides a diversionary path away from drug addiction and anti-social behaviour towards new skills, increased confidence and, ultimately, employment or other positive destinations. The staff create opportunities for development through varied activities e.g. working alongside 75 volunteers every week in therapeutic gardening, cookery, walking, cycling, canoeing, heritage, and arts and crafts. 12 local schools participate in the schools programme and over 670 people took part in the very popular drop-in activities programme. The youngest participants are nursery school children and the

oldest volunteer is 91 years-old. The following comments testify to the difference that the Stables are making to people's lives.

"I volunteer at the Stables. It is a friendly, creative place. I and many others are gaining skills, confidence, environmental awareness– It is bringing a community together to make life better for everyone."
Agnes

"This is an inclusive and inspiring place where mentally ill people are accepted."
Raymund

"Lambhill Stables has had such a positive impact on the surrounding communities and our school!"
Cheryl

David Cruikshank, Director of the Stables emphasises the need to continually consult and work with community members on issues and activities that motivate and energise people to become involved and take action to improve the immediate surroundings.

"We consult widely in our local communities to establish the relative weight people give to the problems they face, to seek solutions that people believe are relevant and feasible, and to design actions that interest and energise people. We have learned that action to improve the physical and natural environment is an important early step, that creating outdoor leisure opportunities engages people, that there is a substantial interest in local history, heritage and place, and that people are eager to volunteer their time and skills where we create purposeful and interesting volunteering opportunities. Young people's futures are a key local concern. Crime, drugs, alcohol and gang disorder are prevalent. Positive opportunities are scarce.

"The main social problem we face is the community's poverty of aspiration; amongst the elder residents there remains a self-respect and sense of values which unfortunately have got lost in the ensuing generations. The consequence of this is benefit dependency, high levels of addiction (drink and drugs) and generally dysfunctional relationships and low morale. We have found the easiest groups to engage are the older people and the primary school children, and there are significant levels of interest and feedback from both these ends of the generational spectrum. This is particularly evidenced by the participation of older people in the weekly walking group, the reminiscence sessions and cafe attendance. Many of the participants in the weekly walk talk about reclaiming the streets and pathways, and appreciating both the cultural and natural heritage of the area. The Primary Schools participants eagerly engage in whatever subject matter we care to present them with, be it gardening, history, environmental activities, sport or art."

Further information from David Cruickshank:
david@lambhillstables.org

Grundtvig Learning Partnership

The Bátonyterenye, Nógrád County Roma Association (Hungary)

Between October 2011 and April 2013 staff from the Scottish Community Development Centre and CHEX took part in the Grundtvig Learning Partnership. The objective was to share mutual learning and lessons about innovative community development tools that tackled the problems of marginalised social groups in different regions of Europe. The work involved a series of visits to various projects in Spain, France, Scotland and Hungary and joint discussions with partners from those countries.

One of the visits was to the Bátonyterenye, Nógrád County Roma Association in Hungary. Bátonyterenye is part of an ex-industrial micro region in the northern part of Hungary and is in one of the most underdeveloped areas of the country. It is the only town in the micro region, surrounded with a number of rather poor, small villages where the Roma population is estimated at 20-50%.

The Roma community organisation was established in 1996 to support the most vulnerable social groups in the area. Its programmes are very diverse; including the desegregation of Roma segregated housing areas, the establishment of a network of after-school extra-curricular educational institutions, helping employment of Roma people and social reintegration of prison inmates.

After-school, extra-curricular educational institutions are one of the most successful Roma integration programmes of the last decade. Their aim is to help disadvantaged primary school students move on to further education. Support focuses on help in the actual school curriculum, arts education, personal development and working with parents and families.

As part of the desegregation project within the Roma housing areas. fifteen families were relocated to newly purchased and renovated houses in the town. The programme also helped young people complete their primary education, provided job training for older people in various occupations and installed prepaid electricity meters to help with housing costs.

Other anti-poverty projects include the bio-briquette program: using simple techniques, winter heating costs are reduced by producing fuel briquettes made of a mixture of waste paper and dry leaves.

More recent community based development programmes offer social work support in the settlements. These are flexible partnership projects based upon local needs and implemented in many localities.

The visit to Bátonyterenye made quite an impact on the Scottish group. We were struck by the absolute levels of poverty amongst the Roma population relative to that in Scotland and at the ways in which the Roma people had been physically segregated and suffered various forms of discrimination. But we were also impressed at their determination to improve their lives and how they had organised to set up a variety of projects either in their own right or in partnership with public agencies to tackle poverty and to get better education, housing and job outcomes for the Roma people.

Paul Ballantyne,
Development Manager, SCDC.

For more information please visit:
www.scdc.org.uk/what/grundtvig/ **or contact**
paul.ballantyne@scdc.org.uk

CHEX National Conference 2014

Community Health Exchange (CHEX) warmly invites your community-led health organisation and a nominated partner from a statutory sector agency to attend our free annual conference.

Communities at the Centre

Community Led Health Approaches to Tackling Health Inequalities

Townhead Village Hall, Glasgow
1st May 2014 10:30am – 3:30pm

With an emphasis on discussion and information exchange, we would very much like you to attend to share ideas, inspirations and shape our future.

We will use the conference morning session to share lessons and build on the successes of community-led health organisations like yours. We are delighted that members of our CHEX network, Health All Round, North Coast Connection Stepping Stones and Parents Advisory Group for Education and Socialisation, have agreed to lead workshops to help achieve this.

Paul Gray, Chief Executive of NHS Scotland will attend the afternoon session. We have asked Paul and others, to speak and take questions on how, if community-led health is to play its full part in tackling health inequalities, dialogue and partnership working with statutory services can influence decision-making to:

- Address organisational and cultural resistance
- Build the necessary leadership that is committed to this way of working
- Realign the resources to fully invest in this way of working.

A hearty lunch will be provided.

Who should come?

We are offering your organisation two places at the conference. You could choose to use these for staff, volunteers or management committee. You would also be welcome to offer one of your two places to a public sector partner whom you work with.

How to book your place:

To attend, complete your details in the link below:

www.surveymonkey.com/s/CHEX2014

We will follow up with confirmation and full details. Please let us know in good time of any requirements you may have including communication support, access or dietary requirements.

If you would like to attend, please register as soon as possible - places are limited and will be allocated on a first come, first serve basis

There is no charge for the conference. However, we politely ask that after booking, if you are unable to attend this event you let us know as soon as possible to ensure your space can be offered to someone else. Failure to attend without prior notification may result in a non-attendance fee of £25 being charged to cover costs.

To discuss or for assistance with booking please contact David Reilly on:
0141 248 1924 or **david.reilly@scdc.org.uk**

CHEX News: Creating a Healthier Levenmouth Event

In November, last year, CHEX organised a joint event in Fife with Fife Health and Wellbeing Alliance, Fife Voluntary Action (FVA) and the Levenmouth Locality Support Unit of Fife Council in an event was entitled Creating a Healthier Levenmouth.

What did we want to achieve?

- CHEX and FVA being better known and connected with grassroots organisations/groups across Levenmouth and adjacent areas.
- Organisations/groups themselves being more effective in improving health and wellbeing (and thus reducing health inequalities) in their locality.
- Groups that are better connected locally and nationally – and know what is available to help them to be more effective in improving health.

The programme for the day included; exploring what affects your own health and what affects the health of your community; an input about health inequalities in the area and why what projects do on the ground is important for tackling health inequalities; as well as information stations and stalls and ample opportunity for networking. All of the partners above contributed to the day, as well as West Wemyss Community Trust and Fife Council Funding and Monitoring Team.

Did we achieve our outcomes?

80% of participants felt that they had had an opportunity to network (20% partly)

80% felt that they had had an opportunity to identify a range of organisations that could help them achieve their outcomes (20% partly); 70% felt that they were clearer on how their group can contribute to creating a healthier Levenmouth (30% Partly).

Thank you to all who contributed to a successful day.

For more information please contact:
Kate McHendry, SCDC Development Manager
kate.mchendry@scdc.org.uk.

Health Issues in the Community (HIIC) Tutor Training Dates May 2014

Interested in becoming a HIIC tutor? The next dates for HIIC Tutor Training are the 6th & 7th May at the STUC Centre, Glasgow from 9.30am – 4.20 pm (both days). Lunch will be served. The 2 day course is for individuals who wish to become HIIC Tutors and costs £300 for those from the statutory sector and £200 for those from the voluntary sector.

The 2 day HIIC Tutor Training course is a credit rated course, 8 points at level 7, and aims to equip participants to deliver Health Issues in the Community training to a wide variety of people in a broad range of settings. As part of the course, and in order to become accredited, you will:

» Undertake 8-10 hours of practice delivery and provide a briefing note of each session.

» Submit a 1,500 word reflective account of your experience, within 5 months of undertaking the 2 day course. This will be marked to ensure that prospective tutors have attained a certain standard before they are able to deliver the course.

For more information on the course click here or, to register, please contact Alex on 0141 248 1924 or email alex@scdc.org.uk.

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