

CHIP - CHIP

'Blow your own trumpet!'

The Community Health Improvement Partnership (CHIP) Initiative started with a novel approach to health improvement in East Ayrshire. Linda McCartan, Community Health Development Manager with East Ayrshire Council, explains...

The CHIP initiative initially developed as a mobile resource, the CHIP van – this idea was based on the mobile library service and mobile screening vehicles which had already been successfully adopted to reach rural communities.

During the initial stages of the initiative, a strong focus was placed on community involvement and an extensive community consultation exercise was carried out to determine the three main priorities each community felt required to be addressed. An action plan was developed for each area which highlighted the priorities which would be addressed. These ranged from access to low cost fresh fruit and veg to unemployment to alcohol and drug issues.

During the first two years, the project worked to tackle the concerns raised through the development of partnerships with key local services. As the years have passed, the focus for interventions has been prioritised by both national and local priorities which have not necessarily been driven by the community. For example, the need for falls prevention work was highlighted locally by the increasing numbers of older adults attending hospital due to falls. Our Men's Health officer was appointed following the prioritisation of this target group at a national level. The true community-led approach to developing services has been diluted.

The Lifestyle Referral Scheme was established, initially as a pilot and then, over the following year, it was rolled out across East Ayrshire to combat the risk factors associated with developing CHD, stroke and cancer. Although individuals raised concerns about developing chronic conditions, they were not consulted on the method to be implemented to reduce risk.

Being based within a Local Authority has its own positives and negatives. On the positive side, we have full support for personnel and financial management issues, we have been fully involved in Community Planning since it began and we have strong support from key personnel within the Council. The negatives include the length of time it takes to implement any changes to the staffing structure/new developments, being tied in to specific pay scales, and the number of people who need to be involved in some of the decision making.

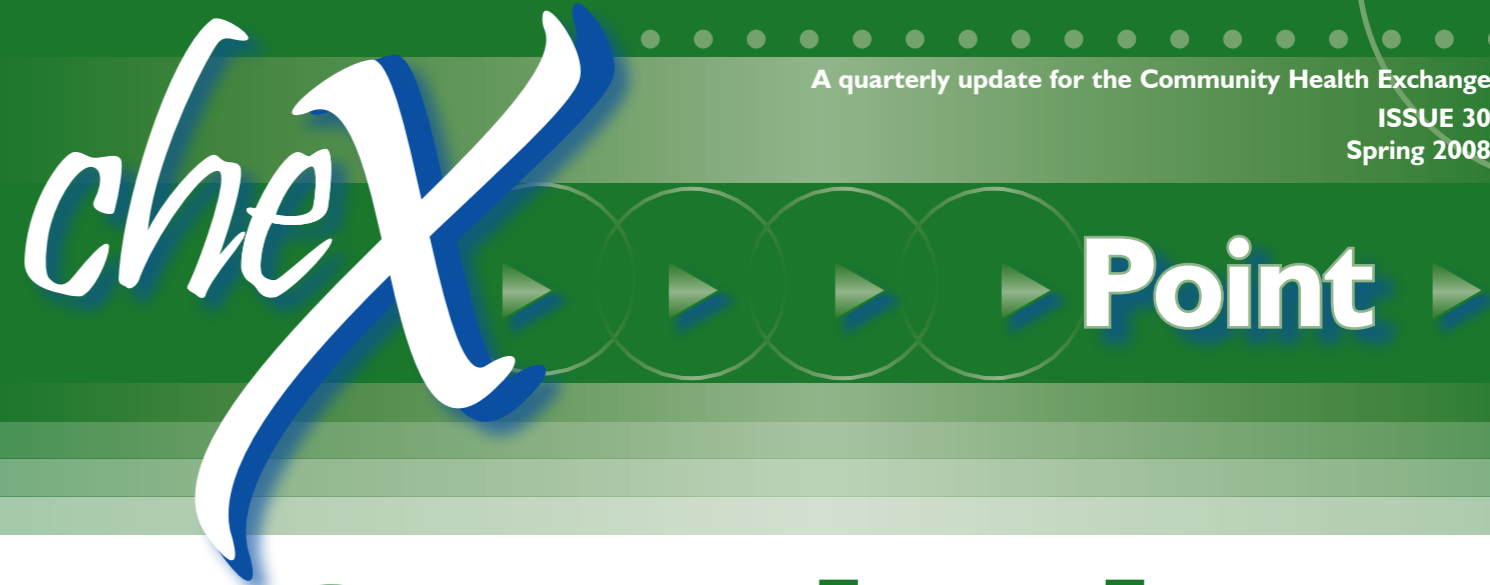
CHIP has been highlighted as an example of best practice locally and nationally in several documents and at events, and has been the finalist in a number of awards. This has helped to ensure the profile of CHIP continues to be in the public eye and has played a vital role in successfully securing mainstream funding from both NHS Ayrshire and Arran and East Ayrshire Council. It has also been useful, at events, to meet others providing similar services or who have implemented completely new initiatives and learn from their experiences.

A final word on the key lessons learned over the past seven years; blow your own trumpet – loud and proud! Get a hold of the key individuals within your area and constantly inform them of what you do – in the nicest possible way, of course.

Linda McCartan
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The famous CHIP van on location



CHEX looks to the future...

In the changing world of health improvement and tackling health inequalities, CHEX staff are often asked to talk about what CHEX does; how our work contributes to - and differs from - other areas of health improvement activity. Over the last few months, this inquiry has been brought more sharply into focus with the CHEX Strategic Review. This Review has brought external and independent scrutiny on the assessment by others of the impact of the work of CHEX.

Advisory Committee and CHEX Network - together with external partners and relevant decision-makers.

The findings of the Review are currently being analysed and will be widely circulated in the near future. Critically, they will also be used to inform and shape the next CHEX Business Plan - August 2008-2011. As we look to that future, the CHEX-POINT Editorial Board thought it timely to revisit CHEX's role, highlighting the range of health improvement work undertaken by organizations in the CHEX Network and the role that CHEX staff undertake in supporting these organizations.



Christine Grahame MSP (second from left) and visitors at the 'Tackling Health Inequalities: Working with Communities' exhibition at Holyrood (see page 2 for more details)

CHEX's Role

The twin roles of capacity building for community-led health and the 'bridging' role between community health networks and national decision-makers aims to support and ensure that communities fulfil their role as key stakeholders in health improvement.

Community-led health is concerned with creating opportunities that support people in taking positive steps and action that leads to improved health both for themselves and the wider community. Capacity building for community-led health is undertaken at different levels and with different audiences from community organisations and community networks to health improvement practitioners and policy makers.

This included listening to and exploring the views of internal stakeholders - Community Development Foundation/ Scottish Community Development Centre (parent agency), NHS Health Scotland (funders),

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CHEX, part of the Community Development Foundation, operates within the Scottish Community Development Centre and is funded by NHS Health Scotland to network information, ideas and good practice on community development and health.



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Until now, CHEX has primarily worked with community organisations and community networks – although not exclusively; sometimes undertaking work with health improvement practitioners to provide information and training that will, in turn, help them work alongside community organisations.

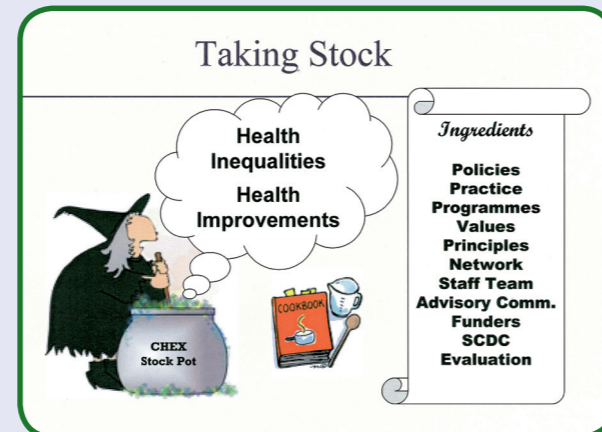
The understanding of community-led health can sometimes be misinterpreted as working with community members in a community setting. This fails to take account of the development process required to build confidence and skills which can enable people to not only address a life style health issue such as smoking but also use the experience to benefit other areas of their lives. For example, the 'Tea in the Pot' article (pg.7) talks about member's participation in the 'Health Issues in the Community' training programme and the use of this experience to build on their work with other community members to provide a health improving drop-in service for women in Govan, Glasgow.

Through CHEX's collaborative work with SCDC in the national capacity building programme - 'Meeting the Shared Challenge' - participants have found the following definition helpful in articulating a clear understanding of what is meant by community-led health:

'Community-led health is concerned with the community as the focus of, and mechanism for, change rather than the community as a setting for health practice. This makes it fundamentally different from the provision of community-based health services and different from the participation of communities in pre-determined health initiatives.'

The 'bridging' role between community health organisations and national decision-makers is quite a complicated role. It places CHEX firmly in the role of 'intermediary' between organisations on the ground and national policy makers with the need for clear lines of accountability to both. While creating a two-way process for community health organisations to raise awareness about their work and feed directly into policy making, it also creates a direct route for policy makers into communities for information and consultation.

However, it can also be misinterpreted as a lobbying role; advocating on behalf of organisations



and networks. The 'bridging' role is not about lobbying or a representative role on behalf of the sector. It is about creating opportunities and supporting communities to either speak directly with policy makers or support the collective organisation of community health organisations coming together to speak on their own behalf. In February, along with other national health networks, we had a very positive opportunity to support Network Members in raising awareness with MSPs with an Exhibition in the Scottish Parliament on 'Tackling Health Inequalities: Working with Communities'.

As we look to the future, the policy and practice environment would appear to both welcome and support community-led health. 'Better Health: Better Care', 'Single Outcome Agreements' and the ongoing implementation of the Community-Led Supporting and Developing Healthy Communities Task Group Recommendations demonstrate major opportunities for the approach to benefit all partners in health improvement.

However, the critical funding situation currently facing the majority of community health organisations creates major challenges in both our capacity building role and 'bridging' role. And, as we continue to monitor, update and reflect the situation to all those with a responsibility and interest in community-led health, we want to continue to promote and share the practice of those organisations that continue to thrive and impact on health improvement.

Janet Muir, CHEX Manager
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Tea in the Pot – A healthy brew

Tea in the Pot is a Drop-in and Support Service run by women for women in the Greater Govan area and beyond. Here, Anne Keegan tells the story of their very personal, exciting and positive journey.

In 2004, Oxfam UKPP and Govan Social Inclusion Partnership funded a 6-month Re-Gender Pilot Project in Greater Govan. This 6-month course involved finding out about 'gender'; group building; local regeneration and why gender matters in regeneration; finding out about what women want addressed in Govan, action planning etc. A crèche, lunch and travel expenses were available at all times which played a huge part in the women becoming involved, particularly lone parents who would have been excluded without the provision of childcare. At the end of the course, it was decided that a resource centre for women was needed in the area. 4 women got together and named themselves 'Tea in the Pot'.

Govan Community Forum (now closed down) helped us with a Constitution for our group. Due to work and family commitments 2 women dropped out, and then there were two. We sought advice from the Govan Social Economy Team who assisted us with printing out of questionnaires etc as we decided the best way to go about this was to do a survey of the women in the area. At this point, we were offered a free room in the premises of the Govan Integration Network (now closed down). This was only for a few months but was long enough for us to distribute the questionnaires out into the community. Of 400 questionnaires that were given out, 158 were returned and ALL of them ticked YES for a women's centre in the area.

We had also been given considerable admin help from HLC Keeping Well in Greater Govan (now closed down!). At this point, Oxfam UKPP very kindly funded a room for us in the Pearce Institute where we are now based - a self-contained room with our own toilet and kitchen/office area. We launched ourselves on International Women's Day on 8 March 2006.

One of the women became involved in a Health Issues in the Community Course run by Keeping Well. From here, another 3 women on the HIIC course then joined Tea in the Pot. All of these women did Tutor Training after the HIIC course which was a great confidence booster. They are now registered tutors and are planning to run out courses in Tea in the Pot. One woman campaigned in the area regarding lack of public toilets. This woman has a chronic illness but

was encouraged by her new-found friends at Tea in the Pot to go on to college, where she has passed many exams with flying colours, and we are very proud of her achievements – as she says herself, her life is worth living again and she has something to look forward to. She has since become Chairperson of Tea in the Pot. Another member has since gone on to University.

Sunny Govan Community Radio has been a fantastic help in raising interest and awareness. It's a great boost to the community and our radio jingle has resulted in several new members. We take part in networking events and try to attend local community events whenever possible. Members have also spoken about Tea in the Pot at large-scale events such as The Gathering at the SECC - very nerve-wracking but very rewarding - and the recent SNP Conference in Aviemore. We have Support Workers who bring their clients in to Tea in the Pot – sometimes, after a few visits, the clients are confident enough to come back in by themselves.

At our Tea in the Pot Drop-in & Support Service, we are open 2 days per week at present and are run totally by volunteers. We encourage ethnic and generation integration. We have many women, a lot of whom have health issues of varying degrees, who come in and meet new friends. Some of them join local classes running in the area and we signpost women to other local organisations. We also encourage volunteering and have already run out a Health Issues class, together with a class on Positive Parenting and Gender Issues. We are very involved in holistic therapy and some of our women are qualified in massage, reiki, reflexology, etc.

For the future, we aim to run out more health issues classes, gender issues, positive parenting, child protection workshops, holistic therapy, healthy eating/exercise/ support classes among others. We also aim to get more training for our volunteers.

Oxfam UKPP catered for the needs of women to train in ReGender...otherwise Tea in the Pot might not exist today! Without Tea in the Pot, Govan would be a poorer community, as it's the only place where women can go and feel good about themselves and feel safe.

Anne Keegan
Tea in the Pot (teainthepot@yahoo.co.uk)

Augment & Sustainability

Augment is a user-led mental health voluntary organisation/charity, based in Arbroath but covering the whole of Angus. Here, Augment director Janet Addis highlights the organisation's newest project and offers valuable advice on sustainability.



A.C.E "Bust-A-Gut" Cafe

Augment's primary function is Collective Advocacy. This includes collecting the views of mental health service users across Angus and submitting reports, mental health awareness training, service user representation at conferences and meetings and the information project which includes our monthly newsletter MAD News amongst other activities.

Augment's largest and newest project is A.C.E (Angus Community Enterprise). A.C.E. is an employment and social initiative. Members basically run the organisation with support from the Project Workers who facilitate them to achieve their own goals (i.e. returning to further education, training or employment). Based on the Clubhouse Model, A.C.E differs through also being a community resource. The community is free to access the building and its facilities, thereby helping to increase social inclusion and decrease stigma.

Over the years, Augment has forged close links with various statutory bodies, service providers and other agencies. Members work in partnership with these bodies at local, regional and national levels, including strategic planning meetings, consultations and national Forums.

At present, like many other charities, we are dependent on funding to enable us to carry out

our goals, although we aim to become as financially independent as possible. Funding can seem to be a never-ending process, although we have achieved some notable successes - the largest being five-year funding from the Big Lottery for A.C.E. which is already exceeding expectations.

We were also successful in securing funding from the Camelot Foundation (one of only three charities across the UK to do so) to employ a Young Person's Involvement Officer to facilitate the involvement of young people aged between 16 and 25.

A.C.E runs two social enterprises; our craft shop and kitchen. Our community café and catering business opened in early Spring, and the first catering order was for a Valentine's Dance Buffet for 150 people. The café and craft shop will allow Augment to be less dependent on funding and the aim is to achieve total sustainability.



A.C.E. "Belly Laugh" Kitchen

Over the years we have learned some valuable lessons; firstly, **keep trying**. Even though a funding bid may fail, you should never give up. What doesn't appeal to one funder will appeal to another. Secondly, try to **ensure that your bid meets the criteria of the funder**. It is also important to **stay positive**. Finally, the most valuable lessons we have learned are to be **business orientated** and to work towards achieving **financial sustainability**.

In 10 years, Augment has grown from a small group of people sat around a kitchen table to the largest user-led organisation in Scotland. But that does not mean that we are resting on our laurels. We are always looking for ways to improve and expand on what we do and who knows where we will be 10 years from now.

Janet Addis, Director
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Community Health Initiatives – Drive and Good Results!

As CHEX-POINT goes to print, many CHIs still face an uncertain future and securing future funding continues to dominate the thoughts and practice of many management committees and governing bodies. At the same time, CHIs aim to maintain a work programme, involving communities in health improving activities, which shows benefit to both the individual and the wider community. CHEX-POINT features several of these organizations in this issue. Although the difficulties of achieving long term sustainability are a common theme, it is the health improving priorities of strengthening community wellbeing, responding to identified need, strengthening social networks and involving people in health issues which leads to change that continually shines through. From CHANGES Community Health Project promoting positive mental health among people in East Lothian to Augment, a user-led voluntary organization in Angus working in collective advocacy for people with mental problems and social enterprise. From Dundee Healthy Living Initiative and Community Health Improvement Partnership Initiative (CHIP) in East Ayrshire facing the challenges and delivering the benefits of community development to 'Tea in the Pot' providing a drop-in and learning centre for women in Govan. Despite the funding challenges, these organisations are looking towards the future with fresh ideas and creativity, confident in the knowledge that their contribution to health improvement is making a significant difference to their respective communities.

CHEX-POINT Editorial Board

Dundee HLI: From Local to National and back again

Dundee Healthy Living Initiative works in designated, disadvantaged communities across the city to tackle health inequalities in conjunction with other organisations and local people themselves. Here, Sheila McMahon talks us through the development of the project and the benefits of community led health.

Dundee Healthy Living Initiative has been operational in various forms for almost 10 years. It was awarded BLF funding from 2003-7, which allowed it to grow from a small community health project to a large healthy living centre initiative. It offers a wide range of health improving, social and non-threatening activities in disadvantaged communities, underpinned by community development principles and processes. In 2006-7, it offered activities in 76 different local venues including bingo halls, shopping centres and pubs, and was accessed by over 13,000 people.

In many ways, the DHLI is a textbook community-led health organisation; the BLF bid was developed around the issues raised in community health surveys in 1998/9, where local people identified their own health needs and solutions; community representatives sat on the bid development group. Local people help direct the project formally and informally; volunteers are an integral part of the

workforce. Mental, emotional and social wellbeing are recognised as being as important as lifestyle behaviours, and the root causes of poor health are understood and acted upon wherever possible.

Being community-led has huge advantages. Activities respond to local need so are well attended, assumptions are not made on what is best for individuals and communities, staff and project users have egalitarian, trust generating relationships and utilising volunteers means that activities are more sustainable and owned by the community.

Since BLF funding came to an end, local partners have been trying to develop a secure, sustainable funding package for the DHLI. New resources have brought different accountabilities and, at times, there have been concerns that this has moved the DHLI away from its core community development approach. However, the evidence, research and evaluations carried out internally and externally over the past 5 years have clearly shown that the community development approach is critical in achieving the health outcomes desired by all partners and the DHLI is attempting to integrate its approach in new arenas.

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Although this can be challenging at times, the opportunity of, for example, working more closely with GP Practices has opened new doors and brought individuals into the realms of the project who would not have accessed it otherwise.

In addition, the project has become more involved at a national level using the opportunity of a new Scottish Government to help influence health policy in the hope that community-led approaches will be funded in themselves, in recognition of the significant part they play in achieving national objectives and outcomes. Involvement with CHEX, SCDC and the HLC Alliance was crucial in taking the community-led health agenda forward at such a critical time

The HLI receives Award for Innovation and Good Practice

On Tuesday 18 March 2008, a very special Civic Reception was held in Dundee City Chambers to celebrate **Dundee HLI** achieving the national ISPAL award (Institute for Sports, Parks and Leisure) in recognition of innovation and good practice using physical activity to improve public health. Following an opening address by the city's Lord Provost and an historical overview by Sheila McMahon, Sue Sutton, Chief Executive of ISPAL told the audience of staff, volunteers and invited guests that sport and physical activity should be both enjoyable and social - when this is achieved, she said, it produced an 'irresistible package'.

That Dundee HLI had succeeded in applying this winning formula to the many activities taking place regularly across the city was obvious from the podium testimonies of the service users. From first to last, they expressed eloquently (with one man even bursting into song!) how activities such as walking, jogging, salsa, line dancing, aerobics and



Members demonstrate line dancing

and is already paying dividends in helping sustain local projects through additional funding and fit with national directives.

The lessons are that community-led health organisations have to work at every level - with their beneficiaries and communities, delivering the goods at a local level; with local partners and funders to promote their work and negotiate funding; and at a national level to ensure that the Government recognises and integrates community-led approaches into national planning processes.

Sheila McMahon
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(left to right) Sheila McMahon, Peter Glen & Alison Christie with ISPAL Chief Executive, Sue Sutton

chairobics had not only improved their general level of fitness but the combination of exercise with the associated social interaction had impacted immeasurably on their health and well-being...to a life-changing degree in many cases.

Following the official presentation by Sue Sutton to Alison Christie, DHLI Physical Activity Co-ordinator and Peter Glen, Walk Leader, service users took part in a series of physical activity demonstrations where the unbridled enthusiasm of all concerned left little doubt that the ISPAL award is extremely well-deserved.

Tom Warrington, CHEX Information Officer
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CHANGES

- promoting positive mental health

CHANGES is a community mental health project offering a non-medical model in relation to mental health, which works using a community development approach to raising awareness and promoting positive mental health among people in East Lothian. Co-ordinator Gary Smith explains their approach.

It is widely agreed that those experiencing severe and more deep-rooted mental health problems represent the tip of an iceberg. Those experiencing mild to moderate problems are by far in the majority and related interventions are potentially the biggest catchment area for people experiencing mental health problems.

CHANGES was established twelve years ago. It is now well established and noted for its accessibility. CHANGES engages with people for meaningful self learning so that they feel more able to move forward in their life. Its interventions are aimed at people experiencing mild to moderate mental health problems which can include (amongst others) stress, anxiety, low self esteem, panic, depression or general feelings of not coping with the stresses of daily living.

CHANGES has developed a range of tried and tested self-help courses and groups, mainly person-centred and cognitive behavioural therapy based. It also offers one-to-one work, counselling, a volunteer project, an extensive wellbeing walks programme and has developed a comprehensive resource library for public use.

CHANGES works with people to help them better understand and manage their mental health and wellbeing. People self refer to CHANGES. Accessing the project on their own terms is a key element of any intervention provided by CHANGES.

Over the past five years, the numbers of people contacting the project have soared with, currently, over four hundred new enquiries being made each year. Around one third of these are from men.

Whilst CHANGES would not hold itself up to be without flaws and is constantly developing and learning, there is no question that it is very successful in being accessible to large numbers of men and women seeking support with their mental health. Below are just some of the fundamental elements that we believe are partly the key to this success:

- ✗ CHANGES fosters a belief in people of their capacity to manage their own mental health and wellbeing
- ✗ We keep expectations of interventions realistic and clear
- ✗ Project is community based
- ✗ Time limited interventions and are careful not to create negative dependency
- ✗ Have good ongoing communication with people – before, during and after intervention
- ✗ We don't perpetuate the feeling that a person is a 'patient' and is 'unwell' – and are careful of the language that we use
- ✗ Offer flexible hours – including evenings and weekends
- ✗ We try hard to avoid labels
- ✗ As workers, we try to be open and bring something of ourselves to build and develop relationships
- ✗ We try to promote the normalisation of mental health.

As with many voluntary organisations, securing long-term and sustainable funding is an ongoing issue. We are, however, in a stronger and more secure place than we ever have been and I feel that is due to the fact that what we provide, the ways in which we deliver it and how we articulate this is very much in line with current developing local and national policy. In Lothian, there is a strong commitment to value-based approaches that reflect Recovery, Matched Care, and Peer Support. By successfully promoting our work and linking it with policy, we have managed to secure our core funding from East Lothian's mental health strategy funded through NHS and East Lothian Council.

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