

# CHEX Points to the Future

**This issue's editorial is written by Douglas Guest, Equalities and Human Rights Commission and retiring member of the CHEX-Point Editorial Board (2004-2010).**



*Minster for Public Health and Sport  
Shona Robison MSP speaking at our  
national conference in November 2009*

It goes without saying that we live in interesting times. The past decade has seen change, real change. The positive influences that devolution, community planning reorganisations and funding booms have had on expanding community health are behind us, and we all know we are in a financial down turn.

However, in celebrating a decade of CHEX, we can also reflect that we have most definitely made progress - some small inroads, some bigger leaps - so it is good to revisit the journey and figure out what worked well, and what we want to fight for in the future.

This issue of CHEX-Point takes a timely look back over CHEX's first ten years, with photographs of some familiar faces and events, and contributions from just a few of the people and organisations CHEX has supported during that period. The articles reflect individual views, opinions and experiences rather than the usual practice based feature.

At this point, I must admit it is with both pleasure and sadness that I am writing this editorial. It is an honour to reflect on my past 6 years on the CHEX-Point editorial board, but it is also sad to leave such a forward thinking and challenging role.

I would naturally encourage all of you reading this to entertain the thought of taking my place. It is a quarterly meeting for a couple of hours, with a useful networking lunch. Importantly, it allows an environment for wider, more creative thinking, and for the exploration of practical issues in a pragmatic manner.

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Central to these meeting is to see important themes and issues that are emerging for communities and the avenues that need further exploration. It is also the basis of all good networks. A network is only as good as the information it exchanges, thus events, consultations and e-bulletins like CHEX-Point Snippets are some key factors. The quarterly CHEX-Point newsletter allows for more in-depth sharing.

The showcasing of work, strategies and projects gives ample reason for people to get in contact and engage in dialogue, in a world where the story and the narrative are increasingly important. Medium(s) to share, be heard, and to listen are essential. In the information-overloaded e-mail environment we work in, the simple hard copy magazine style of CHEX-Point allows essential space to listen and reflect. Whether you read it on the bus, train, or in the office, we always strive to make it relevant and provoke further actions.

I hope we have the space to reflect and build on the last decade of CHEX and keep reading the narratives that inspire us to find out more and help to make even small changes towards ensuring a fair future.

## Message from Graham Robertson, Chief Executive, NHS Health Scotland

"I'd like to join in congratulating CHEX on its tenth anniversary, and in commending the team for their commitment and hard work over the last decade. NHS Health Scotland (previously HEBS) has supported and helped guide the development of CHEX over this ten year period.

This reflects our belief in the importance of the contribution that community health initiatives and community-led approaches can make to health improvement, and particularly addressing health inequalities.

Our relationship with CHEX is one of reciprocal and mutually beneficial partnership. Besides working to support the health improvement work undertaken by community organisations and their contribution to local health partnerships, CHEX also directly supports the work of specific NHS HS programmes, recent examples including contributions to our key child healthy weight, tobacco, and mental wellbeing initiatives.

We hope the next ten years will see CHEX continue to thrive and make an impact in improving the health and wellbeing of people in Scotland."



*Graham Robertson, Chief Executive  
NHS Health Scotland*

# CHEX-Point Newsletter . . .

## Ten Years On

**Janet Muir, CHEX Manager looks back over a decade of CHEX-Point articles that have brought to life the impact of community-led health activities across Scotland. Ideas, expertise and enthusiasm from community members, support and commitment from local and national agencies...all have featured in different ways.**

**In this article, Janet reflects on the range of articles and highlights the contribution of the Editorial Board in sustaining production of copy and increasing the circulation.**

Documenting community-led health activity and its impact on health inequalities can be a hugely positive experience, but also a frustrating one. On the one hand, there is the excitement of showcasing the work of inspiring organisations but, on the other, reporting on the withdrawal of resources from organisations with a proven track record in community health and strong partnership working.

The CHEX-Point Editorial Board has consistently navigated its way through these ups and downs and it is a testament to its effective decision-making that it has retained a fresh, topical and sometimes provocative perspective which not only spotlights good practice, but highlights the issues that community health organisations grapple with on a daily basis.

The Board has consistently benefited from a committed and lively membership, who have sometimes started meetings with “Where to start with head-liner in this issue” only to end up with “We’ve got too much copy, what do we hold back?”.

The consistency of membership has been greatly valued from the early days with Elspeth from Phoenix Community Health Project and Morag from CoSLA to more recently with Anne and Caroline from ‘Tea in the Pot’ and Andrew from Midlothian Council. A hearty thanks and appreciation goes to all of them and especially to Douglas from the Equalities and Human Rights Commission who is leaving the Board this month after six year’s of ongoing commitment.

CHEX-Point has lived through different Scottish Government Administrations and has featured several Ministers for Health including Susan Deacon and, more recently, Shona Robinson MSP. It has highlighted the implementation of key health improvement policies from ‘Working towards a Healthier Scotland’ to ‘Better Health: Better Care’ and ‘Equally Well’, profiling the sterling work of community-led health initiatives throughout.

From Orkney to Dumfries and Galloway...from Aberdeen to Glasgow...diversity, creativity and impact have prevailed! Here are just some of the organisations that offered willing contributions over the last 10 years. Sadly, some have closed, but the majority – despite fragile funding support – continue to thrive as inspiring community-led health initiatives:

Kingsway Court Health and Wellbeing Centre, Glasgow; Caberfeigh Horizons Ltd, Kingside;

Burnfoot Community Health Project, Scottish Borders; Castlemilk Stress Centre, Glasgow;

Ormlie Community Association, Thurso; Stirling Health and Wellbeing Alliance; LGBT Centre for Health and Wellbeing, Edinburgh; Stepwell, Inverclyde; Be Active: Stay Active, Clackmannanshire;

Ayrshire Community Radio; Chill out Zone, West Lothian; Ambulant Health and Food Project;

ECHO Community Health Project, Dumfries and Galloway; Nair Kalian Sango, Edinburgh; Broxbourne Family Centre; Community Wellbeing Project, East Renfrewshire; Chapelside Women’s Health Project, North Lanarkshire; Augment (Scotland) Ltd, Angus...the list goes on and on!

Mid-way through the last decade, single themed issues became popular with priorities as varied as community development approaches to health improvement, inequalities in children’s health, community safety, community-led health and older people, use of information technology and social enterprise.

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*Continuous improvement - the changing face of CHEX-Point over the past ten years*

CHEX-Point has experienced several makeovers in layout and format over the past ten years. Although the primary colours of green and blue have remained constant, the newsletter has lost its 'water-marks' and both font size and line spacing have been increased in an effort to be more accessible and readable. One highly noticeable and warmly welcomed change was, of course, the move from monochrome photography to full colour in the winter 06/07 edition.

However, there is always room for improvement. If you are interested in any aspect of the newsletter (e.g. suggestions on layout or content) or, better still, would like to participate on the Editorial Board itself, why don't you get in touch with them via Tom Warrington at CHEX by e-mailing [Tom@scdc.org.uk](mailto:Tom@scdc.org.uk). For more information on joining the Board, see the article on page 7.

## Partner Organisations – Western Isles Health Board

“As CHEX approaches its 10th Anniversary, I find myself becoming even more aware of the role the organisation, its staff and the advisory committee play in supporting Community Health Projects.

Health Boards in Scotland face a tough time

ahead financially in ensuring the needs of patients and staff are fully covered. The efficiency of medical and surgical services are paramount in all our minds when friends and family become ill or have an accident, and we should be very proud of the Health Service in respect of the care we all receive when these issues affect our lives.

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Health Boards are charged with a range of core HEAT Key Targets and Performance Measures including 7 targets on Health Improvement, 7 targets on Efficiency and Governance, 7 on access to Service targets and 9 targets under treatment. In relation to Health Improvement, early years is now seen as one of the key areas within the Health Inequalities challenges we face in Scotland.

Early Years (I believe) is where the role of community health projects can be a major factor in achieving the potential of our children. We live in communities seven days a week and, indeed, in some of our communities, some families and individuals live there 24 hours a day. It's therefore essential that communities enable, support, and encourage their most vulnerable members, whether in a very rural or urban setting. Communities are able to visibly see the difference a small amount of funding can achieve within the ethos of Community Health Initiatives.

As well as working for the Health Board, I am also a volunteer in a Stornoway-based community health project which received funding from Fairer

Scotland, (criteria was, in fact, based on the key Health Improvement HEAT Targets) (Comhairle Nan Eilean Sair) and I am able to witness the visible and tangible benefits this small funding allocation has made to its participants.

I have been involved with CHEX for probably more years than I can remember. CHEX is who we rely on for support to Community Health Projects - networking, practice exchange, training, advice and information, training; all essential for Community Health Projects and their volunteers.

I can't think of a more important time in its history that CHEX is needed more than ever."

**Tina Burgess**  
**Senior Health Improvement Officer**  
**Western Isles NHS Board/CHEX Advisory Committee member**

(These comments are solely Tina's own personal reflections/views)

## “Here's to another 10 years!”

“The Scottish Healthy Living Centre Alliance (SHLCA) would like to congratulate CHEX on their 10th anniversary and to congratulate everyone who has been involved through those years. We would also like to wish them every success for the next 10 years and beyond. There is no doubt that many community-led health improvement organisations around Scotland have benefitted greatly from the support and expertise offered by CHEX and, crucially therefore, many communities around Scotland have benefitted as well.

The SHLCA was established in 2007 and our vision is to see Scotland at the top of the European health league tables with communities placed centrally as experts in this transformation and we aim to embed community-led health improvement and reduce health inequalities across communities throughout Scotland.

The progress made by the SHLCA would not have been possible but for the consistent support from CHEX, before and during our formal establishment and to date. We are committed to maintaining and developing our close and complimentary relationship in the pursuit of our vision and aims. The knowledge, passion, skill and expertise of all involved at CHEX is very impressive and is even more crucial as the country and public sector look forward to difficult times.

Well done, you guys...and here's to another 10 years!”

**Brendan Rooney**

**Chairperson, Scottish Healthy Living Centre Alliance**



*Brendan Rooney*

# ‘Health Issues in the Community’

## A way of working in West Lothian

‘Health Issues in the Community’ has been an integral part of West Lothian’s Health Improvement agenda since 1997 and is one of the few areas in Scotland that has a dedicated officer to deliver the programme. ‘Health Issues in the Community’ is integrated into the Community Planning structure as a sub group of the Health and Lifelong Learning Management Group and subsequently to the Health and Wellbeing/ CHCP sub-committee.

CHEX staff have been members of West Lothian’s Health Issues in the Community Advisory group since 2005. As well as this, they have been involved in organising and delivering stakeholder events, developing action plans and supported the delivery of local tutor-training courses.

CHEX staff are consistently able to offer practical and effective advice and information on the delivery of HIIC. They are capable of pinpointing national work which may be of interest to West Lothian, and which saves valuable time and resources in trying out new ways of working. CHEX staff are always very supportive of the benefits of networking and sharing best practice and their tutor forums are always well organised, informative and interesting.

West Lothian Council has viewed this relationship extremely positively, enabling us to keep up-to-date with national initiatives and good practice. The benefits of having a local input from this level

of knowledge has ensured that we are connected to national strategies, that we are aware of (and contribute to) good practice and that we make use of resources developed to meet the needs of our participants and tutors.

In the future, it is hoped the relationship between West Lothian Council and CHEX will be strengthened by the continuation of the current way of working. Work is underway to develop a customer journey map that will explore the range of options after completing the course. We will consult with CHEX as part of this exercise and it is hoped that CHEX may be able to use this information in other localities. It is also hoped that we will be able to support them with evaluation information to assist them in documenting the benefits of HIIC to people in West Lothian.

It is foreseen that the current changes in the HIIC pack and tutor responsibilities will be positively received in West Lothian, and enable continuation of the delivery of HIIC to promote community-defined health issues, and work towards reducing health inequalities.”

**Kate Marshall**

**Service Development Officer Community Health**

**West Lothian Health Improvement Team**

### CHEX Update

**Meeting the Shared Challenge conference presentation material available** - Watch videos of the ‘Healthy Communities: Meeting the Shared Challenge National Conference (Feb. 2010, Perth) at <http://www.scdc.org.uk/shared-challenge/national-conference/>. In particular, view Penny Richardson’s presentation, Chair of Lothian Community Health Initiative’s Forum, who highlights the role and benefits of community health organisations of working in partnership with statutory agencies on community-led health. For further information, contact Janet Muir at [Janet@scdc.org.uk](mailto:Janet@scdc.org.uk).

**Communities for Health Advisory Group** - This group came together after the CHEX conference in November last year. Their key objectives are to take forward the feelings of the conference relating to increased recognition of the contribution that community led health organisations make to health improvement. If you are part of a community-led health initiative and would like to participate or need information, please contact Elspeth Gracey, Development Manager at CHEX by e-mailing [elspeth@scdc.org.uk](mailto:elspeth@scdc.org.uk) or telephoning 0141 222 4840.

# Support for community-led projects; what it means in practice

“I am the manager of a community-led health project in Wester Hailes and have experienced enormous benefits from CHEX over the years, both for the Wester Hailes Health Agency and for the Lothian Community Health Projects Forum.

CHEX has provided support for community-led health projects to engage meaningfully in community development approaches to health improvement and help challenge health inequalities across the country.

CHEX staff have worked tirelessly to help workers identify issues and solutions to build confidence to enable full participation in decision making at all levels. They have galvanised joint work with national health agencies and supported community health projects to engage with MSPs and the Scottish Parliament to raise awareness of the community and voluntary sector’s contribution to tackling health inequalities and achieve further commitment for support and funding.

It has been a privilege over the years to serve on the advisory board; it made me realise that CHEX is at the forefront of this fast-changing world with competing priorities, different policy directions and tensions between meeting needs of the community and national priorities. CHEX is a national organisation that works at a grass roots level.”



*Linda Arthur*

**Linda Arthur**

**Manager, Wester Hailes Health Agency, Edinburgh**

## Interested in joining the CHEX Editorial Board?

Do you feel passionately about communities sharing ideas in improving health? Would you like contribute to an established platform for sharing practice in community-led health? Why not join the CHEX-POINT Editorial Board? We want to expand the membership of the current CHEX-Point Editorial Board to reflect more perspectives in community development approaches to health improvement.

The Newsletter is an important vehicle to profile good practice in community-led health and raise issues in relation to policy and practice development. The Board attracts a mixture of interests in health improvement and community development and current membership includes: two community health initiative, a local authority and Equalities organisation. It focuses on single themed issues such as health inequalities and children/ young people, draws on practice from the field and highlights current CHEX news.

CHEX-Point is currently distributed to 2,000 subscribers. Our readership typically includes community health initiatives, voluntary organisations, NHS staff, local authorities and researchers.

The quarterly meetings of the CHEX-Point Editorial Board are held at the CHEX offices in Glasgow and last approximately two hours. If you’re interested in joining the Board, please get in touch with Tom Warrington, CHEX Information and Communication Officer by e-mailing [tom@scdc.org.uk](mailto:tom@scdc.org.uk) or telephoning 0141 248 1990.

## Some steps back, but many more forward

"I was pleased to be asked to give my view of CHEX since I have been around in the Community Health Sector since 1994 – firstly with East End Health Action and, latterly, with the Community Health Initiative...which makes me older than CHEX in terms of my involvement in the sector! So, hopefully, I am well placed to reflect on how it has been from a project's perspective to have CHEX around as a resource for us over the last 10 years.

As part of my role, I had the privilege of being a member of the West of Scotland Community Health Network before ultimately becoming its elected chairperson and, when CHEX was born, they proved to be a very valuable addition to not only the field of Community Health and Community Development but a welcome boost of energy to the Networks that it supported.

Together, we have seen many changes in Community Health; green papers, white papers, lots of papers! The coming and going of many Health Projects...urban programme, PPA, SIP, Community Planning, LHCC's, CHCP's...change of government...the list goes on but, as always, CHEX was there 'for us' to offer support, sound advice and encouragement and produce documents like 'Routes to Sustainability', 'Beyond the anecdote – story dialogue in action' and 'Understanding the policy maze' to assist us to 'get our heads' around all the rhetoric that clearly had an impact on Community Health Projects.

CHEX, over the last 10 years, has produced many documents, leaflets and newsletters as well as organising seminars and conferences – all for the benefit of its network members and many others – and this vast knowledge and experience has helped shaped the future of community development and health...long may this continue.

I am, and will continue to be, a staunch supporter of CHEX. I have had the privilege (up until 31 March 2010) of being a CHEX Network member and, over the last couple of years, have served as a member of CHEX Advisory Group. Again, this has been a real honour for me as I strongly believe that "we must become the change we want to see" and feel that being part of CHEX has offered me the chance to do this. I hope that I have given as much to CHEX from a very 'grass roots' community-led health project as they have given to me, to the project and to Community Development & Health in general.

May CHEX continue to go from strength to strength – they are a valuable resource and even more so, in this current time, will rise to the fore and do what they do best in supporting and ensuring that community development and community led health remains high on the agenda of many. Our colleagues in high places take note, please!

Happy Birthday...the future's bright...the future's CHEX!"

**Christine Caldwell**

**Co-ordinator, Community Health Initiative in GERA, Glasgow (till end of March 2010)**



*Community-led health in action  
(photo of The Annexe HLC, Glasgow)*



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

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