The Big Lottery Fund has launched a new £4.6 million scheme to test practitioners and managers to strive for best practice that goes beyond what is undertaken across NHSScotland. The briefing is designed to give people the confidence to try using the method themselves. Ideally, it is better to attend a story-dialogue training day or event to see how it works in practice, but it should be possible to use the method from this briefing alone. For hard copies, contact Tom Warrington at CHEX by e-mailing chexadmin@scdc.org.uk. On-line copies are available from the CHEX website at www.chex.org.uk.
CHEX: What do you see as the main issues in tackling health inequalities and enhancing health improvement in Scotland?

I think that recognition has been achieved. However, more than ever, there are multiple areas of deprivation and real issues that have to be addressed. We're very committed to the Task Group and the next few months are crucial in pulling together all the work that has been undertaken over the last eighteen months, with a strategic overview and action plan. The action plan will need to be owned by all the partners, but Health Scotland will play a key role in the dissemination and development of recommended areas of action.

CHEX: How would you envisage Health Scotland working to demonstrate an impact on community-led approaches to national and local decision makers?

Essentially through networks building practice building capacity and developing the evidence base. There is an interest in the impact of sustainability and transferability of lessons. There are a lot of established networks within – CHEX, Voluntary Health Scotland, NHS and local government and also Health Scotland’s H&C Strategic Development Post. I think we need to have a view on how we ensure that all of this is shared and we need to think of who that target audience is and how to work with them.

There is a strong response in policy terms that community groups need to be round local planning tables and they need to have a voice that’s heard. It’s interesting because certainly ten years ago my recollection of community involvement was “we need to have recognition that communities need to be involved and that was a very strong message.” I think that recognition has been achieved. However, more than ever, we need to demonstrate the health improvement outcomes from consultation and engagement with communities.

CHEX: What was the thinking behind establishing the Healthy Settings Team – composition of staff resource and the way it operates?

The establishment of the Healthy Settings team asserts that a settings approach continues to be a fundamental aspect of how we work. The creation of the local government programme is significant in recognising that the expertise for planning and delivering for health improvement has changed and that local government are key players in the delivery of health improvement.

The Community and Voluntary Sector Programme is key to ensuring that community approaches to health improvement are fully maximised. Through the NHS programme we recognise the importance that the emerging CHPs have in contributing to planning and delivery of Health Improvement and we continue to develop the Health Promoting Service Framework.

The Healthy in Life programme highlights the importance of engaging with a growing ageing population and explores how we can help sustain health and build capacity for health improvement. We need to articulate what our unique contribution to the health improvement agenda is, where and how we are working with partners from different organisations contribution to Health Improvement. It may be say exactly where resources will be placed. We are planning around priorities; the priorities that are particularly significant for the Healthy Settings Team are Health Inequalities, CHP’s, CFP’s and developing infrastructure. As an organisation we also have some long-standing commitments which will also be part of future planning.

CHEX: Will the Healthy Settings team be evaluating its impact on health improvement and how will this be done?

Yes, we will. We need to take a long term view of evaluation across the community and voluntary sector and understand what approaches work and why. We are currently discussing how to move this forward.

CHEX: How do you see Health Scotland linking up with other agencies to maximise the impact on health improvement?

We need to articulate what our unique contribution to the health improvement agenda is, where and how we are working with partners and how can we best help them to have an influence in their area. The priority is to be through providing facilities for an environment to explore different organisations contribution to Health Improvement. It may be through the development of networks. Engagement with our partners continues to be a key area for us to develop.

CHEX: What is the most effective way for CHEX, both the staff resource and the network, to work with Health Scotland and other relevant agencies and sustain effective implementation of community led approaches?

I think that a growing based on having meaningful relationships. I think that already exists, so it’s probably best for us to continue and develop that. With hopefully more of a focus on reporting inequalities and looking at indicators, sharing that with the network, making sure that we’re able to find the policy arm which you’re currently engaged in – CHEX is a very well represented around national tables.

(Janet Muir and Tom Warrington conducted this interview on behalf of the CHEX Editorial Board.)
Chex, in collaboration with other national agencies, is working to support the work of the Poverty Alliance’s ‘Get Heard’ initiative in Scotland. As part of the UK’s process to ensure community members voice their priorities and influence the European National Action Plan on Social Inclusion (NAP), 90 organisations have set up a series of events across the country. In the run up to the 2006 NAP, organisations have been working to support the work of the Poverty Alliance, Scotland’s anti-poverty network, taking the lead in steering Get heard for Scotland by assisting with the organisation and facilitation of workshops, as well as developing a strategy alongside policy makers and voluntary organisations to move Get heard forward as powerfully as possible.

There have been 45 workshops in Scotland, 70 workshops in England, and at least 4 in both Northern Ireland and Wales.

Scotland alone has involved approximately 500 people in workshops with hundreds more aware of the existence of the NAP. The Poverty Alliance, Scotland’s anti-poverty network, took the lead in steering Get heard for Scotland by assisting with the organisation and facilitation of workshops, as well as developing a strategy alongside policy makers and voluntary organisations to move Get heard forward as powerfully as possible.

A Poverty Alliance ‘Get Heard’ group in action

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Community Radio Station for health ‘broadcasts’ its benefits to the nation.

John Davidson, Health Promotion Officer (Special Programmes), Ayrshire and Arran NHS. The story of how it all started... In search for the studio; someone who could recruit and support Community Learning and Development, who facilitated local radio - in our case, the University Campus Ayr who provided the necessary licences and studio facility. The component parts needed were: someone who ‘knew’ about radio, someone who could see the fulfilment of their objectives in the project and, most importantly, someone who were tuned in and enjoying the local content of the programmes.

The key to success was going to be how these interested partners would emerge to become the constituted group that now takes forward the station today. When we started, largely because it was “something new”, we tended to fall into the trap of spending too much time exploring the concept and what it might mean to differing parts of our mutual organisations. Thus we delayed the recruitment of volunteers. One concern was the perceived risk - our minds at time went into overdrive imagining the pitfalls. The idea of controlling this perceived risk produced a policy of pre-recording programmes in order to vet them before broadcast. This policy increased the workload hugely and began to inhibit a vital factor in radio – the intimate, personal quality of the medium. The disadvantages of such a policy were, fortunately, soon obvious and it was quickly moved to a back burner. There is a place for pre-recording programmes but not on such a dominant scale. Such was the commitment of the volunteers we never regretted its recording.

When recruitment began, the steering group could take more of a background role. It concerned itself with the overall strategy and direction while the volunteers formed the group which would produce the programmes. The group was supported by members of the steering group and a support worker and it was in this group the real action took place - training needs identified and met, programmes discussed and scheduled, jingles and station ident produced. The buzz was electric at times. Much of this activity took place under the roof of the Caley ICT Music Learning Hub in Stevenston. The existence of such a project and the willingness of its staff to be involved contributed greatly to the success of 3TFM. Eventually, it was this volunteer group that would emerge to become the constituted group that now takes forward the station today.

The benefits were many including:
- Contact with 244 local organisations
- Over 50 organisations contributed directly by giving interviews, submitting items for programme content, visiting the station, promoting over the station to their members and constituent groups.
- Staff from haulage firms, local shops, take away outlets, taxi firms and a number of town centre businesses commented, that they were tuned in and enjoying the local content of the programmes
- 42 Community organisations contributed significantly, to the production of programming, including: primary schools, community police, youth organisations, voluntary and not for profit sector, philosophy group, writers workshop, Headway Trust, See Me campaign.
- The station volunteers established and managed the work of the following sub groups; Community Contact and Engagement, Scheduling and Programming, Web Site Development, Marketing, Development and Promotion. These groups effectively undertook all of the day to day work associated with the running of the station and reported back to the full partnership meeting.
- Six primary schools and one secondary school contributed to the wider involvement of the local community.
- 54% of volunteers were recruited from the target area of the three towns, within the worst 20% SIMD data areas

Healthy Futures, be part of it.

Healthy Futures is the name for the community engagement strategy of the Glasgow Centre for Population Health (GCPH) which is being carried out in partnership with Gorbals Healthy Living Network.

GCPH is a research and development Centre established to generate new insights and evidence on those issues which drive the patterns of ill-health that characterise Glasgow and the west of Scotland. The Centre’s remit provided a challenge Healthy Futures hopes to overcome: how do we combine the insights of local people with those of the academics, policy makers and practitioners that organisations such as ours traditionally converse with? Additionally, how do we make this an empowering experience for the local communities that share their thoughts with us? Research, even the most well-meaning, is by its very nature an extractive process, taking the knowledge people have about their own lives and situations and repackaging this as “expert” description and policy recommendation.

Participatory Appraisal (PA) is now well established as an inclusive method of gathering opinions and local expertise that has been used to bring communities closer to the policy making process. The skills provided by PA can empower individuals and communities to be heard, explore issues critically and crucially, provide evidence to support their claims. Healthy Futures is currently recruiting peer researchers to be trained in PA to explore issues around health in their own communities. Their findings will feed into the Glasgow Centre for Population Health’s development of fresh thinking in identifying potential solutions and actions for health improvement. It will also, through the work of peer researchers, generate thinking and discussion in communities about health and the future of the city and region. If you know of anyone who would find training in PA beneficial and has an area of interest that could contribute to this project, then please get in touch with us. The Centre will cover costs for the training of 24 peer researchers.

Healthy Futures uses a broad definition of health and its influences. Potential research interests need not be solely about services or disease conditions, they can equally be about area, community and wellbeing as they can be about things such as diet and smoking. The possibilities are endless. We are open to new ideas as well as the more well-known ones. We would also like the project to provide as much benefit as possible to the peer researchers through increasing their self-esteem, skills and employability. If training in PA or exploring an issue in their community would provide someone with a big step in the right direction, then this is the kind of person we want on board. The training will take three days followed by feedback on the peer researchers own project over approximately two days. (We aim to be flexible about hours.) The peer researchers will be fully supported and will help to disseminate their findings back to the community.

For further information contact either Pete Seaman on 0141 221 9439 or Pauline Male on 0141 429 0360.

3TFM takes off!