



**community  
food and health**  
(scotland)



# **Knowing Me, Knowing You**

**A Learning Exchange between National and Local Organisations  
Addressing health inequalities**



**Tuesday 19 August 2014  
New Register House, Edinburgh**

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## Background

The Learning Exchange Programme is a joint initiative between the Community Health Exchange (CHEX), Community Food and Health Scotland (CFHS), Voluntary Health Scotland (VHS) and funded by the Scottish Government Third Sector Unit with an additional funding contribution from CFHS.

The programme aims to improve health outcomes for people, by building bridges between policy making and its implementation in, and effect on, communities.

The Scottish Government's 20:20 vision sets out that by the year 2020 everyone will be able to live longer healthier lives at home or in a homely setting and that all care is safe, effective and person-centered. The main emphasis of this, and the current suite of public sector reform, is on improving people's health outcomes and putting people at the centre of care and services. This programme is a series of exchanges, which brings community-led and voluntary sector health organisations and Scottish Government officials together. The programme aims to facilitate a shared understanding between policy-makers and the people their policy is intended to support.

These exchanges are designed to enhance officials' ability to engage with external stakeholders and enable them to make a significant contribution to a wide range of policy agendas, including focusing on co-producing services within preventative health care and tackling health inequalities. The exchanges enable this to happen by developing participants' skills for engagement, supporting participants to gain a better understanding of their respective roles and challenges, and facilitating the co-creation of practical ideas for improving policy making and implementation.

This report provides an overview of an event called *Knowing Me, Knowing You: A Learning Exchange between National and Local Organisations and subsequent field visit to local organisations*. On 19 August 2014, 14 representatives from community and voluntary health organisations, 10 Scottish Government civil servants and 10 representatives from National NHS organisations came together to understand how

policies affect and impact on people's lives and discuss how all agencies across all sectors can work together to eliminate health inequalities.

Organisers of the event wanted to create an opportunity for people to hear about and discuss real life stories of impact from community and voluntary sector organisations and the people they support. The main objectives of the event were to discuss how these stories can be used to inform and influence policy and strategic working, and have an opportunity to network and share news, information, and learning about health inequalities.

## Programme

**Pauline Craig**, Head of Equality at NHS Health Scotland started the day, welcomed participants and set the scene, outlining the need to promote equality and tackle health inequalities through policy making and implementation.

Health inequalities are the differences in health outcomes between individuals and groups that arise from differences in environmental, social and economic conditions. The gap in health outcomes between the most and least advantaged groups in society is widening. These differences are not inevitable – they are both unfair and avoidable. Current work by NHS Health Scotland, the national agency charged with tackling health inequalities, is underway to prevent, reduce and undo health inequalities.



Pauline posed a number of questions to stimulate thinking throughout the event, including:

- Why do some people have more challenges than others?
- What are the structures to support individuals? How can we strengthen communities?

- What is the impact of the policies we have? How can we bridge the gaps between policies and communities?
- How can we achieve a greater say for people around how services are planned and delivered?
- How can we work together better to take this forward?

**Gerry Power**, the National Lead for Co-production and Community Capacity Building with the Joint Improvement Team then went on to frame the context of the event within current legislation, including public sector reform and the Public Bodies (Joint Working) (Scotland) Act 2014. He highlighted the importance of increasing understanding and engagement between the statutory sector, third sector and communities, and promoting joint working between all sectors to work together to improve people's wellbeing.

*“The fundamental principle of integrated partnerships is about improving people's wellbeing. To achieve this you have to focus on the outcomes...it's about having a vision and working towards that. It's about a major shift in cultures. It's about the local context.”* Gerry Power, Joint Improvement Team

## Story telling

The event also showcased storytelling sessions from two community health organisations; Pillar Kincardine and Health All Round. These sessions gave participants a detailed description about the work of the organisations through personal accounts. Participants then reflected on these stories, discussing how the stories related to them individually and professionally, and what this meant for future policy work and partnerships.

Pillar Kincardine, based in Stonehaven Aberdeenshire, offers a range of individual and group services providing support and advice from qualified staff on every aspect of living with – and recovering from – mental ill health. This includes stress and anxiety management, healthy eating and cookery, gardening, creative arts and crafts. There are specific support groups for men, women, over 60s and young people. As well as referrals from professional health and social care workers people can self-refer to Pillar. Many who have benefited from their services return as volunteers providing peer support for others. This enables people to build a supportive network of friends and contacts as they move along the road to recovery and wellbeing. They may also become members of the Board of Directors bringing with them the richness of their life experience to ensure the continued support and development of the organisation. [www.pillarkincardine.co.uk](http://www.pillarkincardine.co.uk)

**Stuart Valentine** told us his personal story of how he has moved from being a very reclusive person shunning people and avoiding social contact to the active member of Pillar's Board that he is today. A change process that has taken place over 15 years. He described himself in terms of somebody who would never have sought out services of any kind whether that be General Practitioners, Community Psychiatric Nurses (CPNs) or Social Workers. He spoke of how he first made contact with Pillar and how he gradually became involved in its activities through 'peer support'.

*“Sometimes working with people is not just about role modelling or connections, but it’s also about hope – that people can get better, and time – people don’t get better overnight.”* Stuart Valentine, Pillar Kincardine

**Sara Kamrath** told us of the journey undertaken by another member of Pillar, Emma, who was isolated and was brought to Pillar’s services through their Peer Support model of working. Initially unresponsive in group situations Emma became a member of the women’s group and gradually became more confident and animated. Her new found confidence led her to sign up for a class in jewellery making and she then brought her new found skills back to the group and led sessions in teaching others to make jewellery. Since then she has gone on to study at college and ultimately found employment.

Issues raised included the fact that the statutory sector will never be able to meet the needs of all and what is required is a good mix of statutory and voluntary sector organisations. Sara spoke of “the hoops you have to go through to get people referred to statutory services” she cited an example of recognising that somebody who was in crisis and in urgent need of support and the ‘phone around’ that she had to undertake to ensure that the person would be kept safe.

She described her organisation as a “bridge for people who are not well enough to access services” and told us that Pillar has been around for 25 years while others have come and gone. She identified her experience of working with the statutory sector where health professionals are trained to be gatekeepers “managing the flood of people into the system”.



The ‘coming and going’ of voluntary sector organisations is perceived by statutory officers as a challenge. And yet many such as Pillar have long histories while statutory services also change and come and go but are never perceived to have this characteristic.

Another issue raised was that voluntary sector organisations are often not credited with employing professional staff and people working in community and voluntary sector organisations experience a “lack of respect” for the professional role they have and the services that they provide. Improved communication between sectors is seen as key to this and recognition of the length of time over which a voluntary sector organisation can provide support for someone.

**Health All Round** is a registered charity and voluntary sector agency which aims to support people living in Gorgie Dalry, Saughton, Stenhouse and surrounding areas of Edinburgh to live longer, healthier lives. Using a community development approach Health All Round provides services focusing on physical, social and

emotional wellbeing and aims to build social capital and reduce inequalities within the city of Edinburgh.

The organisation is able to provide a wide range of services because the dedicated staff team involve local people in all that they do – through volunteering, consultation and by working together to meet the needs of the whole community.

**Catriona Windle**, manager of Health All Round, spoke to the audience about the opportunities that have arisen following a chance conversation with a member of another organisation called Feniks.

**Feniks**, which is Polish for Phoenix, is an Edinburgh-based Polish organisation. They approached Health All Round looking for premises and since that first encounter Feniks has become a member of the Lothian Community Health Projects Forum where Health All Round is an existing member. Health All Round and Feniks have also gained funding from the Health Foundation and created a partnership project called Alba Polska. As a result of the funding there is now an Alba Polska development worker to increase uptake of services by central eastern European communities. Health All Round and Feniks have worked closely together throughout the funding and recruitment process.

**Magda Czarnecka**, the newly employed development worker spoke to the audience about the work she has already done and what she hopes to do in the future. Magda has already made links with and worked with several community organisations in the area and she spoke of her work around mental health and suicide prevention which are priority issues for her community.

*“I was really impressed by all that Feniks had achieved without any funding or paid staff.”* Catriona Windle, Health All Round

*“We need to identify organisations that are able to provide support to Polish people.”* Magda Czarnecka, Alba Polska

*“I will certainly be contacting Magda of Feniks about working together”.*  
Delegate

## Reflection and discussion

During the storytelling dialogue participants were encouraged to jot down their own reflections and thoughts on post-it notes. They were also encouraged to think about how the stories related to their own work and how personal stories can positively influence policy. The main themes which emerged during the story dialogue were:-

- Flexibility
- Sustainability
- Utilising community assets
- Person-centred approaches
- Networking
- Evidence and evaluation influencing policy
- Preventive approaches

*“Networking can lead to exciting times!!”*

*“Situations that one person finds easy and non-threatening can be another person’s biggest challenge.”*

A number of people thought that the third sector offers a more flexible person-centred approach when it comes to service delivery and that the third sector can be seen as more accessible. It was widely agreed that people have multiple complexities affecting their lives therefore tailored support for individuals is beneficial when it comes to service provision.



*“Social contact is important on the road to recovery.”*

Participants spoke about the value of peer support and social prescribing in terms of mental health recovery and the importance of social connections in all aspects of community and voluntary work. The audience welcomed hearing about services providing support to people before they become unwell therefore providing preventative services.

*“Helping people to help each other.”*

*“Breaking barriers between professionals and users.”*

## **Feedback**

The organisers received excellent feedback on the day and afterwards via an online evaluation. People valued the day, particularly the time dedicated to networking and table discussions. 100% of participants reported that they had made new work related contacts as a result of the day and 80% said that they would change an aspect of their work as a result of attending. Some feedback is shown below and throughout the report.

*“Really interesting talking to the people at my table gained a better insight into anxieties of statutory sector re accountability when they refer to 3<sup>rd</sup> Sector”.*

*“Discussing with civil servants the difference in organisational culture was beneficial and great to hear stories from two organisations”.*

*“Have a greater appreciation of 3<sup>rd</sup> Sector issues re my policy area”. “I will continue to work towards better integration. Try to change stuck cultural attitudes”.*

*“Definitely a worthwhile programme! A genuine cooperation between the statutory sector and the voluntary sector is the only way forward to support clients and the communities”.*

## **Subsequent Visits to Local Organisations**

As part of the Knowing Me, Knowing You Learning Exchange held in August 2014 follow-up field visits to two community/voluntary organisations were arranged. These visits were advertised at the event in August to encourage delegates to participate in a more in-depth learning experience of how community and voluntary sector organisations operate and how those who access their services benefit.

### **Health All Round September 2014**

Four people visited Health All Round in September. Those who attended represented Community Food and Health (Scotland), NHS Health Scotland and Scottish Government.

The visiting group were able to learn more about the organisation, by visiting their premises and meeting members of staff and volunteers. A strong sense of partnership working was evident within the discussions that took place.



Visitors were able to hear from one of the volunteers who suffered from mental health problems. The volunteer talked openly about their condition and how accessing services provided by Health All Round has helped with their recovery. By taking small steps they now volunteer with Health All Round, which further supports and maintains their recovery.

*“We encourage people to be active in the community, we focus on health and wellbeing.”* Catriona Windle, Manager, Health All Round



*“Volunteering is a really important part of what we do.”* Maysoon Sutherland  
Development Worker Health All Round

After a networking lunch with staff and volunteers the visiting group took a walk around the area including Saughton Park. Being able to walk and talk with one another was a great way to exchange information. Richard Lyall, team leader for reshaping care for older people in Scottish Government made a working connection with Health All Round. Richard spoke about his work in relation to older people and food which led Catriona, from Health All Round to talk about a local project she is involved with. During the visit, as a result of this conversation, it was agreed that Richard would join the Gorgie Dalry Forum project.

*“Great visit today and really looking forward to keeping up the connection.”*  
Richard Lyall, Scottish Government

[www.healthallround.org.uk](http://www.healthallround.org.uk)

## **Wester Hailes Visit October 2014**

On 21st October 2014 Wester Hailes Health Agency hosted a learning exchange visit based at their new premises within the Wester Hailes Healthy Living Centre. 21 people in total attended including volunteers and members of the Wester Hailes Health Agency Board. Additionally staff from the local housing agency, Council Officers, local NHS public health team, three GPs and other local voluntary sector organisations were included in the visit. From Scottish Government Elaine Bell of the Public Health Division and John Langlands from the 3rd Sector Directorate were also in attendance.

**Sean Bell, Children’s practice team manager for Edinburgh City Council** provided those who were new to the building with a guided tour of the premises. He explained along the way the major benefits of shared premises in which Staff Teams from NHS, the Council and the community and voluntary sector sit in adjacent and related teams. This simple mechanism ensures that a great deal of networking takes place. Improved communication between the varying teams has ensured more effective use of all services in the first year of the building’s use.

**Linda Arthur of Wester Hailes Health Agency** welcomed the group and provided a summary of her organisation and its community development approach to its work within the community. Linda then



introduced a series of presentations each with a Question and Answer session to follow.

**Tracey Lee** told the group about the success of the **Timebanking project** which has seen 200 members provide more than 3,000 hours of services delivered in five years.

**Dr Sineaid Bradshaw** told the group about the **Westerhaven initiative** which supports people and their family and friends after a diagnosis of cancer.

**Dr Peter Cairns** provided information on **Integrated Working** and what has been achieved to date with his vision for how this could work in the future.

**Eoghan Howard** Chairperson of the Wester Hailes Health Agency Board of Directors, shared some of the history of Wester Hailes and presented a video called **At the Underpass** which encapsulated in song the experiences of local people.

**Greig Robertson of Edible Estates** provided background information to this initiative followed by two site visits to these new growing initiatives.

Having heard the speakers and visited the growing initiatives Elaine Bell, pictured below, who is a Policy Manager in the Public Health Division of Scottish Government said.

*“It is hugely valuable for us as civil servants to actually see what is happening on the ground as it helps us better understand people’s lived experience and this can only influence policy-making for the better. The Wester Hailes Health Agency is a fantastic example of an asset-based approach which values the strengths of local people and helps to build social capital and capacity in and around the Wester Hailes area.”*



As with previous feedback from others this is testimony indeed to the value of such learning exchanges.

[www.whhealthagency.co.uk](http://www.whhealthagency.co.uk)

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