

***Better Health Connections:
Health improvement through local
intermediaries***



**Report on the conference hosted by Voluntary Health Scotland and
the Scottish Council for Voluntary Organisations**

**Produced by Rock Solid Social Research on behalf of VHS & SCVO
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- Paul White, Director of Networks, SCVO
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- Peter King, Health Improvement Programme Manager, NHS Health Scotland
- Karen Grieve, Equally Well Implementation Manager, Scottish Government (Health Improvement Strategy Division)
- Norrie Murray, Policy Manager, Volunteer Development Scotland
- Andy McCann, SVA Thematic Partnership Officer, CVS North Lanarkshire
- Maureen Stephens, Chief Officer, Bridge CVS (Aberdeenshire)
- Elspeth Gracey, Development Manager, CHEX
- Chrissie Woods, Health Development Officer, CVS Clackmannanshire

Our thanks to you all for your support and input to the day,

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Glossary

CH(C)P	Community Health (and Care) Partnership
CHEX	Community Health Exchange
CPP(s)	Community Planning Partnership(s)
CVS	Council(s) for Voluntary Service
PPF(s)	Public Partnership Forum(s)
SCDC	Scottish Community Development Centre
SCVO	Scottish Council for Voluntary Organisations
SEN(s)	Social Enterprise Network(s)
SOAs	Single Outcome Agreements
SVA	Supporting Voluntary Action
VC(s)	Volunteer Centre(s)
VDS	Volunteer Development Scotland
VHS	Voluntary Health Scotland
Third sector	used interchangeably with voluntary and community sector or voluntary organisations e.g. CVS, VCs, local and national intermediary / infrastructure bodies

1 Introduction

The Conference *Better Health Connections: Health improvement through local intermediaries* was held on the 30th April 2009 in Novotel, Edinburgh Park.

It was a partnership initiative, jointly hosted by Voluntary Health Scotland (VHS) and the Scottish Council for Voluntary Organisations (SCVO).

Voluntary Health Scotland

Maximising the impact of the voluntary sector on health improvement in Scotland

Voluntary Health Scotland is the first national network of voluntary health organisations of its kind in the UK. Established in 2000, VHS is supported by the Scottish Government Health and Wellbeing Department and NHS Health Scotland.

Along with over 200 members, VHS works to maximise the impact of the voluntary sector on health improvement and health care.

The VHS vision for a healthy Scotland encompasses the increase of opportunities for a healthy life; fairness in access to resources and services; the widening of channels for participation in service planning and delivery; and commitment to work together in the pursuit of health for all.

VHS aims to realise this vision by:

- Fostering partnerships with the Scottish Government and NHS Scotland nationally and locally
- Improving access to services for people who experience disadvantage
- Seeking a greater role for the voluntary sector in service delivery
- Promoting the added value brought by the voluntary sector to health improvement and health care
- Supporting democratic participation by individuals and communities in the planning and development of services

SCVO

Working to advance the values and shared interests of the voluntary sector in Scotland

SCVO was keen to support this conference as part of the *Supporting Voluntary Action* (SVA) programme, one aim of which is to improve the effectiveness of the Councils for Voluntary Service (CVS) network in Scotland in engaging and collaborating with other voluntary infrastructure networks in Scotland such as VHS and its members and local and national statutory partners.

This report is designed to provide a flavour of some of the exciting ideas and learning that came out of the creative conversations fostered by this conference. These focused on partnership working between local voluntary sector intermediaries and public sector agencies on implementing national health improvement programmes.

Copies of the presentations by the key note speakers are available on the VHS website, and the opening address by Shona Robison MSP, Minister for Public Health & Sport is in Appendix 1.

1.1 Purpose of the conference

The impetus for this joint conference was provided by the desire, on the part of both SCVO and VHS, to demonstrate the mutual benefits to be gained by the joining of the Supporting Voluntary Action programme and the role of the CVS as local intermediary bodies which can facilitate third sector engagement in Scotland's health agenda.

The purpose of the day was to provide a unique opportunity for CVS and the third sector to come together with CH(C)P managers and CPP leads to take forward strategic engagement with the local third sector, leading to improved supports for local organisations working in health improvement and healthcare services.

The Conference *Better Health Connections* had three broad aims:

- All delegates from both the statutory and voluntary sectors to have a greater awareness of the barriers to local partnership working for health;
- All delegates from third sector intermediary bodies to have an increased understanding of the opportunities available for local partnership working for health;
- All delegates from statutory organisations to have an increased understanding of how local intermediary bodies can support the engagement of the third sector in health.

The key theme, which ran through the planning for the conference, the programme, and the emphasis on round table discussions, was one of developing better relationships between the statutory services and local third sector infrastructure bodies to ensure enhanced engagement of the health facing third sector locally. Four national health improvement programmes were selected as topics to give the discussion focus by asking participants how these could be delivered jointly by effective partnership working at local level. The national programmes chosen were:

- Meeting the Shared Challenge
- Equally Well
- Keep Well – Anticipatory Care
- Volunteering in Health

1.2 Programme

The format for the first part of the session was designed to lay out the policy background, give feedback on relevant research, provide information on the supports available through the SVA programme, and highlight an example from Forth Valley of a local health improvement partnership.

This provided the background to the second part of the morning session – the specially developed roundtable discussion called creative conversations. Each of the four national health improvement programmes was represented by an officer with a national remit for their delivery partnered with a representative from a local infrastructure organisation¹ with relevant knowledge of the programmes outcomes.

Their role was to be conversation agitators and to take it in turn, either individually or in twos, to facilitate a twelve minute conversation among members of each round table in turn, focusing on their topic and examples of effective local partnership working at strategic level.

This allowed simultaneous discussion to be facilitated at each of the six round tables, and at the same time bring continuity in terms of the focus of discussions. Feedback from these discussions was compiled from notes made by round table participants and presenters which were collected at the end of the conference along with evaluation forms.

The afternoon session provided an opportunity for the national health programme representatives and local intermediary partners to reflect on the insights they had gained from the morning's creative conversations and to provide feedback to delegates on elements of their programme that were not covered in the discussions.

This was followed by a question and answer session, and a round up of the themes from the day led by the chair, Shulah Allan.

¹ With the exception of *Volunteering in Health* which had only a national lead.

1.3 Conference Participants

The purpose of the conference was to bring together strategic partners in health improvement at the local level with relevant national partners. The conference was planned in January 2009 to be held at the end of April.

Attendance was good, with forty five delegates coming from:-

- The voluntary sector – CVS (21), voluntary and community sector representatives on CH(C)Ps (2), other local intermediary bodies (5) and national intermediaries (11).
- The statutory sector - Local Government (2), Scottish Government (3), NHS Health Scotland (1)

The participants from the statutory sector included two of the facilitators who work at national level. It is recognised that the purpose of the day would have been better served with more statutory sector partners present and this will be addressed at future events.

Agency type	Voluntary Sector	Statutory Sector
Local	28	2
National	11	4

Table 1: Delegates by sector, local / national agencies

In terms of geographical spread there was good representation from across geographical regions and at a Scotland level, a significant proportion of the latter being the keynote speakers and health programme representatives.

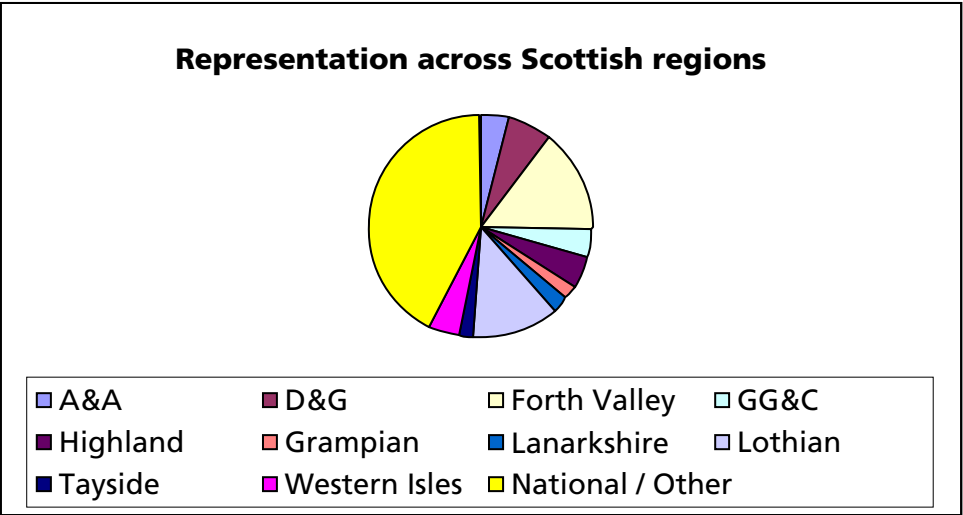


Figure 1 – Geographical representation of participants

2 Keynote speakers

2.1 Opening address by Shona Robison MSP, Minister for Public Health & Sport

The Minister unfortunately had to give her apologies, but wished participants a successful and productive conference, and her speech (see Appendix 1) was paraphrased on her behalf by Helen Tyrrell, Director of VHS.

The main theme of the Minister's speech was the critical role that the third sector plays in reducing health inequalities, which is the Scottish Government's top health priority.

"It is fundamental to the dignity of individuals, to the thriving of communities and to the economic success of Scotland" and "will depend upon a more robust and consistent approach towards collaborative working across agencies and much more effective engagement with people - as individuals and as part of wider communities." This theme runs through the Government's health agenda laid out in *Better Health, Better Care*. The aim is "to move to a more inclusive relationship with the Scottish people; a relationship where patients and the public are affirmed as partners rather than recipients of care", and which will require "shifts in control, status and participation", the main vehicle for which is CH(C)Ps.

The programme of work coming out of The Ministerial Task Force on Health Inequalities, *Equally Well*, aims to be a radical programme for change across the key priority areas of children's very early years; the big killer diseases of cardiovascular disease and cancer; drug and alcohol problems and their links to violence; and mental health and well being. It goes beyond an emphasis on individual behaviour to focus on the reduction of inequalities in people's environments, income, employment, educational attainment, skills, housing and other issues that have an impact on their health. Two examples given of specific initiatives were the new Health Improvement Social Marketing Strategy and Healthy Weight Communities. The third sector has a lot to contribute to both initiatives in terms of:

- a) experience of reaching groups such as young people and those dealing with multiple health inequalities, for whom traditional marketing routes might not work;
- b) engaging communities across Scotland in pathfinder Healthy Weight Communities, based on the *EPODE* model from France.

Although the Minister accepts that partnership working in a CH(C)P is complex and challenging, it is essential that CH(C)Ps maximise the contribution of the third sector in delivering and improving health and service outcomes. The recent research by VHS has identified some of the challenges to mutual engagement between the local third sector and NHS managers (see presentation by Bill Weir), including the following:

- the absence of appropriate local information;
- the structural complexities of both the NHS and the third sector;
- reservations on the part of the NHS about the quality and sustainability of the third sector as partners; and
- the limited resources within the third sector to mobilise its stakeholders.

Within this context, CVS play a key role in promoting the engagement of the third sector with CH(C)Ps in the following ways:

- ensuring that health and care services are fair for all;
- providing information, services and support particularly to the most vulnerable people;
- raising standards of care so that service users can be confident that their care and support are evidence-based and safe no matter where or how they are delivered;
- as service providers supporting health improvement and reducing inequalities.

The latter work receives funding through the capacity building, *Meeting the Shared Challenge* programme, which has been continued for a second year (more than £290,000 awarded during 2009 - 2010) along with transitional funding for healthy living centres to assist them in achieving a long-term future.

Her conclusion was that *“the role of intermediaries, as forums for discussion and conduits for communications, is crucial, and this important event provides not only the impetus for continuing and improving partnership working between the third sector and the NHS, but also an opportunity to think through how to ensure that intermediaries, like CH(C)Ps, VHS and SCVO are as effective as they can be”*.

2.2 Policy background and research insights

Helen Tyrrell, Director, VHS

Helen’s presentation focused on the common agenda for local intermediaries in supporting health engagement, and increasing collaboration and connectivity within third sector and with statutory partners - *“third sector organisations are stronger together”*. Research by VHS has found that thematic health organisations need more infrastructure support to engage in the health agenda.

Legislation, guidance and policy more widely strengthens the role of local intermediary bodies:

- The Local Government in Scotland Act 2003 – power to advance wellbeing through Community Planning – now, Concordat (2007) & SOAs
- National Health Service Reform (Scotland) Act 2004 – set up CH(C)Ps
- Guidance to CH(C)Ps – *development of CH(C)Ps provides...unique opportunity for closer working with the voluntary sector...Health Boards will be expected to discuss and agree with their local CVS and other appropriate key networks*
- Better Health, Better Care: Action Plan (2007)
- Shifting the Balance of Care (SBC) away from hospital care and towards health improvement, health care and community care.

Four action programmes coming out of the *Better Health, Better Care Action Plan* had been chosen as the focus for this conference: *Meeting the Shared Challenge; Equally Well; Keep Well; and Volunteering in Health*. These initiatives are

illustrative of ways of “*achieving connectivity for better health*” with local intermediaries facilitating the engagement of third sector organisations in the health agendas of the NHS and local authorities.

Bill Weir, Partnership Development Officer, VHS

Bill’s presentation focused on the learning gained from two pieces of research undertaken by VHS:

i) The role of the voluntary and community sector in health improvement within CH(C)Ps: the perception of the voluntary sector (2008) – which sought to clarify the planning and delivery contribution of the third sector to health improvement within CHPs and to articulate the unique value brought to health improvement by the third sector –

Responses given in the research led to the conclusion that...

“The breadth of services offered by the third sector appears to avert community reliance significantly away from acute NHS services.”

The challenge for effective voluntary sector engagement in CH(C)Ps was:

- To clarify the shared vision of health improvement in CH(C)Ps and the third sector’s role in this activity;
- To improve the perceived value of the third sector as a partner within CH(C)Ps;
- To achieve a more sustainable funding base for the third sector working in health improvement.

ii) Improving CHP engagement with the third sector – a survey of CHP General Managers by VHS (2009) – which sought to identify where further supports could be targeted to assist developing more effective partnership working between CH(C)Ps and the third sector. While senior staff in CH(C)Ps feel they are knowledgeable about *the* extent of their local third sector i.e. what organisations are working in their area, they acknowledge that they know less about the capacity of the sector to

deliver and the ways in which it delivers its services. There is a sense that there is a *“need for more understanding among the voluntary sector of the restraints placed on statutory agencies, and a shared recognition of the challenge of limited resources and how to maximise what we have”*. They highlighted the importance of accountability and quality checks - *“The ability to innovate and be flexible are key characteristics for third sector organisations (but) getting the right balance between these and achieving core quality standards is vital.”*

Among the challenges posed for third sector organisations and groups was:

Quality

- To address and discuss openly the issue of quality, and to reach a reconciliation of the differing arrays of quality frameworks, so that shared quality indicators can be agreed between partners who are working towards shared outcomes.

Relationships

- To develop collaborative partnerships with and within the third sector, such as pathway development with NHS staff and more formally, consortium approaches.

Sustainability & Risks

- To work with CH(C)Ps and CPPs to develop risk management tools and sustainability strategies e.g. a kite mark which could look at sustainability, risk and governance arrangements.

Accountability

- To provide training and support to enable organisations to meet expectations of robust accountability arrangements e.g. financial and patient / client safety.

Communication

- To promote good communication fostering trusting relationships e.g. information on what national organisations can offer CH(C)Ps, particularly in relation to long term conditions.

2.3 Supporting Voluntary Action Programme (SVA)

Paul White, Director of Networks, SCVO

SCVO has overall management responsibility for the SVA Programme, an £8m programme of investment by the Big Lottery Fund in the network of CVS and VCs, which runs from 2007 till 2012. The programme is directed by the SVA Management Group on which is represented: COSLA, the CVS network, the Scottish Government, the Scottish Local Authority External Funding Officers Group, SCVO, the Volunteer Centre network and Volunteer Development Scotland. The aim of SVA is *“To bring about a substantial, strategic, quantifiable and sustainable improvement in the infrastructure, capacity and effectiveness of the CVS network and in its engagement and collaboration with other voluntary and equalities sector infrastructure networks in Scotland, and with local and national statutory bodies”* which includes collaboration with VHS and the voluntary and community health sector.

This national conference *Better Health Connections: health improvement through local intermediaries* took place in the context of SCVO's work to support the CVS network deliver on its *Thrive and Connect* business plan, and the conference was a jointly funded partnership between SCVO (through the SVA Programme) and VHS.

Paul sees the SVA as making the following contribution to closing the gap between theory and practice – between the theoretical value given to an increased role in health improvement by the voluntary sector and the practical barriers presented by CH(C)Ps to effective implementation of partnership working. The SVA programme has the following work streams within it:

- *Change Champions* - identifying and replicating good practice;
- *Collaboration and Connectivity* - supporting joint work between local intermediary organisations and between local and national intermediaries (for example the Health Pathfinder Project in Forth Valley);
- *Developing Organisations* - developing improved and more consistent organisational development services;

- *Leading in Change* - equipping boards and senior staff in CVS & other intermediaries with the skills to anticipate, prepare for, effect and influence change;
- *Managing intelligence* - consistently gathering and managing intelligence on the voluntary sector locally;
- *Quality Matters* - developing and implementing a quality framework and shared brand;
- And finally *Think Tanks* - developing a shared vision and identifying effective and innovative ways for intermediary organisations to work better together.

Kenny Murphy, CEO, CVS and Volunteer Centre, Falkirk and District

Kenny talked about how the SVA programme translated into practice in terms of the Voluntary Sector Health Partnership Forth Valley. This Pathfinder project built on previous work by health development officers in Falkirk and Clackmannanshire CVS, as well as work with VDS and NHS Forth Valley in implementing the Investing in Volunteering standard. This is a partnership between three CVS and three VCs across Forth Valley, and NHS Forth Valley which sits on its advisory group and has been involved for about five years.

It is funded for two years from December 2008 and employs two full-time development officers. Key strands of work involve: information collation and dissemination; supporting organisations, including NHS Forth Valley, with the recruitment, training and support of volunteers; finding ways to demonstrate the impact the voluntary sector has on health; building capacity of voluntary health organisations; and working to improve NHS Forth Valley's understanding of the sector and to develop opportunities for the voluntary sector to work more closely with the NHS. The work is closely aligned with existing initiatives such as *Meeting the Shared Challenge* and *Health Issues in the Community*.

3 Creative Conversations

As noted in the introduction a significant element of the conference was devoted to *creative conversations* - roundtable events facilitated by and with input from national and local representatives of four health improvement programmes.

Members of each of the six round tables were given a series of questions to consider in the light of their discussions:

- How do we identify the right people and reach them effectively?
- How do we know we are making a difference?
- What supports do we need to make local connections better?
- Any other relevant information / ideas?

One measure of the success of these conversations was how well they absorbed the concentration of participants. As a result only thirteen took the time to hand in their answers to the questions posed. Some of these responses were framed in depth and one of these has been captured in full as an illustration of how useful the discussion was found to be (see figure 2).

3.1 How do we identify the right people and reach them effectively?

This was interpreted in two ways - in reaching the right people in the NHS / CH(C)Ps and in effectively reaching members of the community.

In response to the first interpretation, the answer from conference participants with regard to reaching statutory sector partners at local level seems to be - closer working between statutory and voluntary organisations, which will result in better communication, and respect for the knowledge that voluntary organisations bring. One challenge posed by the complexity of activity going on, experienced by both workers in the statutory and voluntary sectors, appears to be keeping on top of who is involved with what.

In response to the second interpretation, ideas included assisting people to reach voluntary sector service providers by better PR / marketing / branding and signposting / newsletters; using local people as *ambassadors*, and word of mouth; utilising schools e.g. the *Curriculum for Excellence* priorities include health and well-being; using playgroups which are often the first point of contact with parents; using opportunities such as volunteering and work opportunities to make health improvement services (such as anticipatory health care initiatives) known to young people. Some identified the need to address barriers such as geography, time, travel costs, and differing levels of computer literacy, as well as ignorance of public participation forums such as PPFs.

3.2 How do we know we are making a difference?

Proposed measurements include – early involvement in programme design and communities taking responsibility for developing / supporting themselves, referral data, individual health improvement measures / statistics including e.g. reductions in stress levels, prescribing measurements. Proposed measurement tools and methods included:

- use of *Steps to Excellence* course indicators;
- use of quality assurance indicators;
- collecting personal experiences and stories from people who have been involved (in volunteering) on how it has improved their lives, celebration of success - producing DVDs with comments, notes as well as case studies;
- impact studies of small initiatives which put together promote community confidence and thereby produce achievements in terms of *Active Communities*;
- Use of logic models, social return on investment and social auditing.

3.3 What supports do we need to make local connections better?

One participant commented that CPPs talk about community engagement but some appear too frightened to explore the needs of local communities because they

cannot deliver appropriate support. The implication is that working on a partnership basis with the voluntary sector should make it possible to provide the services that local communities need and not what organisations want to deliver.

Rural participants raised the issue of barriers resulting from distances in isolated and rural communities and the importance of support in addressing this by worker and funder alike.

Specific support identified included:

- Knowledge of shared challenges; policies / structures, representative forums in place; identification of need (by CVS) so that groups do not duplicate provision;
- Decentralisation of resources, meeting venues; linking in with community facilities programmes which promote health and encourage participation at all levels;
- Sustainability of funding, freeing up management development time; funding pot for small initiatives;
- Support for communities with health problems outwith areas of deprivation;
- Specific support for volunteering and advice to organisations on disclosure, data protection, health and safety and other regulations;
- Shared training – NHS / Local Authorities / third sector;
- More networks based on *Equally Well* model.

3.4 Any other relevant ideas?

One participant identified a number of questions that needed to be addressed:

- Who are 'the right people' for what? – to be involved, to support, to represent, to manage?
- How do we make people of all ages aware of what they can contribute to anticipatory care?
- How do we bring people through the door, what are the first steps?
- Who is leading on *Meeting the Shared Challenge*?

- How do we encourage statutory partners who think of themselves as local but are concentrated around the main centres of population to move out of their comfort zones?

1. How do we identify the right people and reach them effectively?

Every citizen in Scotland has an interest in health. We need to identify how we can encourage citizens to play a community-based role in improving Scotland’s health, perhaps focused on thematic activity or specific life transitions, which is meaningful and achievable for them. Matching the right people with the right opportunities is more of a challenge. Below are some examples of what might be done to address this:

Route to market	Target audience – accent on change
Village halls network	Accessible to people of all ages living in a rural environment; useful opportunities for cross-generational work
Playgroups, nurseries and schools / voluntary organisations working with and for children and young people	Opportunity to introduce / seed habits early via healthy eating, physical activity, mental well-being initiatives, befriending
Public meeting spaces e.g. shopping centres / supermarkets, concert halls / theatres, sports venues	18-65 yr old citizens who are less easy to reach via ‘contained’ routes / traditional structures – messages need to fit with individuals’ lifestyles, aspirations, work / life balance

2. How do we know we are making a difference?

There tends to be an emphasis on voluntary organisations, because many are issue or value-driven, on focusing on addressing problems or responding to need. While we should not undervalue or diminish the key drivers to voluntary action, we can improve respect for and the sustainability of voluntary sector activity by improving how we evidence the differences we make.

Quality Scotland, Evaluation Support Scotland, SCVO, and local intermediaries (CVS, VCS, SENs) can be key players in improving how voluntary organisations evidence the difference they make, increasing awareness of the need to make an outcome-based customer focused

approach to their activity. Evidence of the difference we are making has to be presented in accessible and concise format.

3. What supports do we need to make local connections better?

Investment of time to improve awareness and understanding between health partners, local infrastructure organisations and front-line organisations are likely to have a significant impact on strengthening local connections, as we work together to tackle health inequalities and improve Scotland's health. Investment from health partners in local infrastructure organisations (CVS and VCs principally) would make a significant difference. Such investment is likely to encourage partners to value our infrastructure more and strengthen the ability of infrastructure organisations to connect the voluntary sector with the health agenda.

4. Any other relevant ideas?

There could be merit in producing a single toolkit to enable voluntary organisations / local infrastructure organisations to better demonstrate their impact on health which would result in:
better evidence; increased credibility; more direct and indirect resources; stronger partnerships; greater impact. *[See Learning from the Conference for discussion on existing toolkits, such as LEAP, Outcome Focused Planning Tools, etc]*

Figure 2. One participant's response to questions posed by *creative conversations*.

4 Key National Health Programmes - Joint Presentations

4.1 Equally Well

Karen Grieve (Equally Well Implementation Manager, Scottish Government, Health Improvement Strategy Division) and Andy McCann (SVA Thematic Partnership Officer, CVS North Lanarkshire)

Lanarkshire is a test site for *Equally Well*. The *Equally Well* focus here is on employability as a route to improved health through the development of a single referral source which will connect individuals in need directly to appropriate partner agencies for support.

The SVA focus is on bringing diverse organisations together under SVA thematic network banners which will in turn stimulate communication and partnership working. There have been three meetings of the Employability Network so far, involving 45 groups in North Lanarkshire.

Fifteen groups have benefited from SVA intervention in job brokerage. The third sector is connecting more fully with Council workers / NHS officers within partner agencies. One meeting has been held of the Health Network and nine groups attended, as well as North Lanarkshire Council.

4.2 Meeting the Shared Challenge

Elsbeth Gracey (Development Manager, CHEX) and Chrissie Woods (Health Development Officer, CVS Clackmannanshire)

The Task Group that looked at strengthening community-led health improvement across Scotland in tackling inequalities in health recommended:- building the evidence base through effective planning and partnerships; building capacity; and

learning lessons to ensure sustainability. *Meeting the Shared Challenge* is a capacity building support programme working in every area of Scotland, facilitated by SCDC with support from CHEX, funded by the Scottish Government and managed and supported by NHS Health Scotland.

The programme outcomes are:

- There is clarity and understanding on the purpose of community-led health improvement;
- There is a greater shared appreciation of the value of community-led health improvement;
- Communities' capacity has been enhanced;
- There is a more co-ordinated and strategic approach to community-led health improvement;
- Local practice and solutions in the delivery of community-led health improvement have been improved.

The example given was of Forth Valley Regional Plan and some of its successful outcomes.

4.3 Volunteering in Health

Norrie Murray (Policy Manager, VDS)

The first discussions about volunteering in the NHS took place with the Scottish Office in 1998 and in 2008 a refreshed Strategy was launched. The consultation on the draft strategy found that there was a need for more partnership work; for broadening the range of volunteers; and for tackling the *ad hoc* approach by NHS Boards to evaluation / monitoring of volunteering.

The *Better Health Better Care Action Plan* established a National Action Group to oversee implementation: Boards were to develop local strategies, to report annually, and to achieve *Investing in Volunteers*; NHS staff were to access training / development in the use of the *Volunteering Impact Assessment Toolkit*, supported by web based resources; *Employer Supported Volunteering Policy* was to be

developed; and links established with CPPs. A strategic partnership has been established between The Scottish Government and VDS.

4.4 Keep Well – Anticipatory Care

Peter King (Health Improvement Programme Manager, NHS Health Scotland)

Maureen Stephens, (Chief Officer, Bridge CVS, Aberdeenshire)

This is a model of anticipatory care coming out of the work of Dr Julian Tudor Hart in disadvantaged communities in Wales in the 1970s. It is reflected in various Government policy discussions such as *Delivering for Health* (2005), *Better Health Better Care* (2007) and *the Equally Well* recommendations. The *Keep Well Vision* is "to increase the rate of health improvement in deprived communities by enhancing primary care services to deliver anticipatory care by..."

- identifying and targeting those at particular risk of preventable serious ill-health (including those with undetected chronic disease);
- offering appropriate interventions and services;
- providing monitoring and follow-up.

The service is GP practice-based and led, involving the whole primary care team and other partner agencies, including the third sector; it targets individuals on the GP register between ages 45 to 64 years living in specific postcode areas; involves increased service engagement with target population; identifies risk factors associated with cardiovascular disease via a *Keep Well Health Check*; prompts a range of care and support services to patients (smoking cessation, lipid lowering drugs, weight management, alcohol services) and also identifies other needs (e.g. literacy, employment and income). Wave 1 initiatives were in Dundee, Edinburgh, Glasgow North and East, and Lanarkshire; and Wave 2 was Aberdeen, all Fife, Glasgow SW, Inverclyde and West Dunbartonshire², and North and East Ayrshire.

² The target group in West Dunbartonshire is extended to all ages diagnosed with Cardiovascular Disease.

5 Concluding Comments

5.1 Learning from the Conference

Speakers were asked to comment on the learning coming out of the conference.

In relation to *Equally Well*:

- Communication within as well as with the third sector is an important issue and might be addressed through thematic networks;
- The importance of national and local fora for stimulating discussion;
- Although SVA is aimed at the third sector it is also about shifting partnerships and closer working and dialogue with NHS and other partners.

In relation to *Volunteering in Health*:

- There are opportunities for partnership work around volunteering and mental health;
- There are also opportunities for volunteering in relation to primary care / CH(C)Ps;
- There is a need for stronger local leadership;
- Links need to be established between volunteering and community planning;
- Volunteering is part of a *mutual* NHS.

In relation to *Keep Well*:

- Infrastructure support is important;
- The need for the development of local voluntary health networks / forums;
- Importance of communication, marketing and promotion of the good work that is being done on the ground;
- Community vision is important for success;

- There are concerns about the capacity of the local voluntary sector to deliver;
- Recognition from the voluntary sector that there is a common agenda – that poverty / regeneration are the main drivers of national health improvement programmes and NHS / local government health agendas.

The Conference Organisers, SCVO / VHS:

- Delegates were very interested in the national programmes, wanted to learn more, and could see connections to their work - including the national programmes which appeared to be more clinically-focused e.g. Keep Well;
- The barriers to joint working were recognised as very relevant;
- There was a recognition that a national event did not provide a direct enough link to the local work of statutory sector community planning / health improvement partners for them to see value in attending;
- There was support for local seminars which might attract local NHS staff if focused on the national programmes in which they have an interest, and would provide an opportunity for discussion around the engagement of the voluntary sector;
- The issue of resources, or the lack thereof, was emphasised more by those coming from a rural location;
- There was an opportunity for future events to publicise existing planning and performance measurement tools such as LEAP, Health Improvement Performance Management and Outcome Focussed Planning;
- There was a clear link between the SVA programme and the work which VHS is doing with the CVS network;
- There was no support for setting up a new independent network of CVS, VCs, and the community health sector.

5.2 Evaluation of event

As the conference organisers noted in their evaluation delegates were more interested in talking than in recording, and in future this way of recording such discussions may require to be managed differently.

The overall *purpose* of the day could have been better served had the event been more successful in attracting statutory sector partners to attend. This is being addressed in the development of the format for future events.

While it had been thought that running an event of this kind at national level had been ambitious, from the following selection of comments made and the evaluation scores given it appeared that the event had met in the main its aims in the eyes of the delegates. There was particular support for similar events being run at a local level. The following are quotes from evaluation feedback by participants.

On the event organisation:

- Venue accessible, catering very good, though room a little warm in the afternoon;
- Slick unobtrusive and professional administration by VHS – thanks and well done.

On the absence of the Minister and of NHS representatives:

- The reasons for the Minister's inability to attend were perfectly understandable, however it was suggested that should this happen again, a member of the Scottish Government might be able to attend as an alternative speaker;
- We were aware that NHS representatives are in short supply!
- It would have been beneficial to have had more senior staff from the NHS attending an event such as this, by personal invitation.

On the chairing and key note speakers:

- Chair was first class, and brought a subject knowledge to the event, combined with reflective style which helped link presenters, and sense of humour;
- Policy scene setting provided helpful context to subsequent discussion;

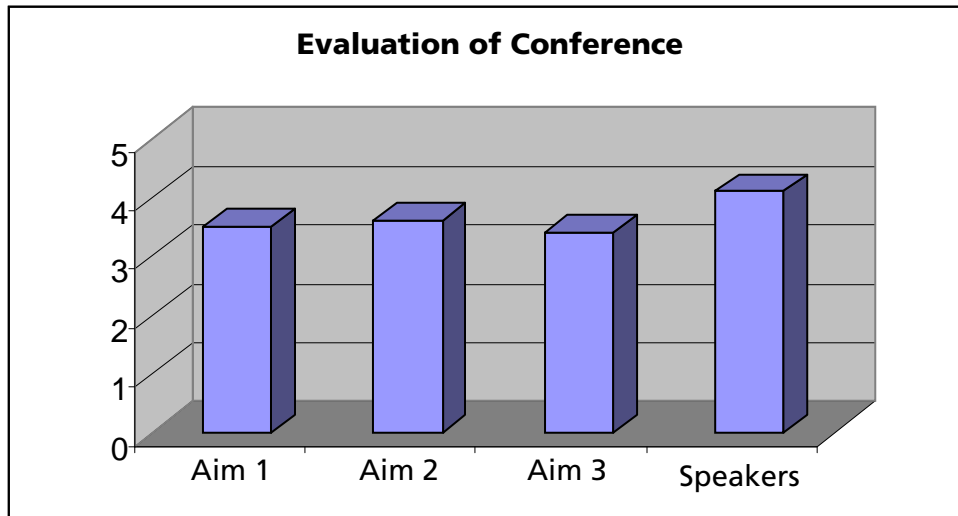
- All the speakers were very good and enthusiastic however I did have difficulty hearing some of them.

On the format of the *creative conversations*:

- Excellent idea. Although it took time to set scenes, it provided a different and participative way of sharing ideas and experiences;
- Very useful way of working through the issues but it would have been good to have had more time with each presenter; should have kept pairs together;
- Assumed that everyone knew about the themes that conversation agitators introduced, but time was taken in providing background information which took away from discussion;
- Would have liked to hear about more examples of projects that involve partnership working;
- Would have preferred more input / perspective from statutory agencies as we cannot connect with them;
- Questions did not work but not sure why; and nothing was recorded; *creative conversations* were very useful but having to answer the questions at the same time was distracting.

On the learning from the event and in particular the *creative conversations*:

- Concepts are great but I am unsure how widely health related projects are established across Scotland;
- Great to hear what is going on in other areas; being new to the sector this event helped me gain an understanding of what different approaches are currently being utilised and built on;
- Gave me food for thought for work at a local level; very beneficial as put things into context more and offered free and open discussion;
- My learning was the need to develop mutuality; to evidence good practice; and the need for framework for voluntary organisations to run on comparable lines to that of Health Boards.



Evaluation rating scale was based from 1, being not met, to 5, being met completely

Aim 1: Achieve a greater awareness of the barriers to partnership working for health

Aim 2: Achieve an increased understanding of the opportunities for partnership working for health

Aim 3: Achieve an increased understanding of how local intermediary bodies can support the engagement of the third sector in health

5.3 Recommendations

VHS and SCVO to explore with CVS network and members of the third sector CHP Network approaches to:

- Develop discussions with CHP and CPP partners to identify opportunities for increased engagement of the local CVS in delivering on a shared health improvement agenda;
- Develop event format to achieve greater levels of data capture whilst still facilitating discussion;

- Deliver events at regional level with support from CVS network in order to be more accessible to local strategic members of statutory sector;
- Future events should feature the programmes currently being implemented and the planning and evaluation tools to which all partners have access

Appendix 1

Opening address by Shona Robison, MSP, Minister for Public Health & Sport

Reducing health inequalities is the Scottish Government's top health priority. It is fundamental to the dignity of individuals, to the thriving of communities and to the economic success of Scotland.

Improving health and reducing health inequalities will depend upon a more robust and consistent approach towards collaborative working across agencies and much more effective engagement with people - as individuals and as part of wider communities.

This need for more effective engagement with the people we serve is a theme which runs through the Government's agenda. In health, we see it in *Better Health, Better Care*, which set out our plans to move to a more inclusive relationship with the Scottish people; a relationship where patients and the public are affirmed as partners rather than recipients of care.

A mutual NHS requires shifts in control, status and participation that cannot be achieved overnight. *Better Health, Better Care* sets out to embed the mutual philosophy in the way in which NHSScotland helps the people of Scotland to sustain and improve their health and takes action to improve the quality of care services.

To achieve our mutual NHS we need to ensure robust joint working between the NHS, local government, the third sector and other stakeholders within community planning partnerships. Much has already been achieved to develop these working relationships, but more needs to be done. I welcome this event as an opportunity to take this another step forward.

The Ministerial Task Force on Health Inequalities I chaired and which published its report – *Equally Well* - in June of last year set out to prioritise practical actions to reduce the most significant and widening health inequalities in Scotland. *Equally*

Well, and the Implementation Plan which followed it in December, sets out an ambitious and radical programme for change across the key priority areas of children's very early years; the big killer diseases of cardiovascular disease and cancer; drug and alcohol problems and their links to violence; and mental health and well being.

This programme goes beyond just a focus on reducing the harmful effects on individuals of, for example, alcohol misuse, smoking, and obesity. It signals a commitment to work more effectively across government and with our partners in the public, private and third sectors to reduce inequalities in people's environments, income, employment, educational attainment, skills, housing and other issues that have an impact on their health.

I know that later today you will be considering how best your organisations can get involved or facilitate the steps necessary to put in place the collaborative working relationships which are needed to make the *Equally Well* programme a reality.

I would like to mention here just two examples of work emerging from our focus on addressing health inequalities. The challenge for all here today, is to ensure these initiatives deliver the maximum benefit and best outcomes for the people who need them most.

Social Marketing

The central aim of the Scottish Government's new Health Improvement Social Marketing Strategy is making the right connections: the right connections between health topics in a way that reflects people's real lives and the right connections between the myriad different communications routes we use to support people to choose healthier behaviours.

The third sector has invaluable experience of effecting behaviour change on the ground and we recognise how much our national campaigns can learn from this. We are keen to share our strategic direction and learn from you, particularly when it comes to reaching groups such as young people and those dealing with multiple health inequalities, for whom traditional marketing routes might not work.

Healthy Weight Communities

Tackling rising obesity levels is one of the key health improvement challenges we face. The Scottish Government has recently sought applications from Community Planning Partners to deliver a handful of pathfinder Healthy Weight Communities across Scotland. The aim of these will be to explore how gathering together diverse healthy eating, physical activity and wellbeing projects, under a common purpose, can have a greater impact on health outcomes than more dispersed activity, as demonstrated by the highly regarded EPODE model in France. The third sector, alongside your partners in local government and NHS Scotland, will be instrumental in engaging communities in programmes that create local momentum towards positive healthy weight outcomes.

Community Health Partnerships

The theme of this conference is intermediaries and I want to turn now to Community Health & Care Partnerships which have a central role in taking forward the Scottish Government's Health and Well Being agenda. CH(C)Ps provide a forum to enable partners to work together to reduce health inequalities, improve health and shift the balance of care to community settings.

The policy intention of this Government is to provide more services closer to home. And CH(C)Ps remain the key mechanism through which we will deliver this objective.

In recent years CH(C)Ps have made significant progress in providing new models of service and care that address the needs of local people.

This has only been possible because of the effort that has been put into developing partnership arrangements with a range of professionals and staff working in health and social care, including independent contractors, and community based teams.

Partnership working in a CH(C)P is complex and challenging. Many different organisations and professional groups need to be involved in planning and delivering a very wide range of health and social care services.

We believe that third sector organisations are vital partners with CH(C)Ps in helping to shape the services needed at the heart of Scotland's communities.

I know that CH(C)Ps are looking at how they can maximise the contribution of the voluntary sector in delivering and improving health and service outcomes. It is not enough just to have representatives on CH(C)P Committees – partnership working goes well beyond this.

I also know that many in the third sector are looking at ways in which they can more effectively engage with CH(C)Ps. This conference provides an excellent opportunity to discuss how to strengthen these links.

I am also well aware that collaborative working is rarely straightforward.

Research carried out by Voluntary Health Scotland in 2008 and earlier this year showed that both the local third sector and NHS managers face challenges to mutual engagement.

There are many reasons for this, including the absence of appropriate local information; the complexities of both the NHS and the third sector; reservations on the part of the NHS about the quality and sustainability of the third sector as partners; and the limited resources within the third sector to mobilise its stakeholders. Together, this points to the key role of Councils for Voluntary Service and Volunteer Centres in taking forward the engagement of the third sector with CH(C)Ps.

We have to ensure that those who understand a community's needs, and those who are best placed to deliver solutions, are an integral part of the process.

There is no doubt that one of the strengths of the third sector is their dedication to serve local communities and their well established networks and connections within communities. You play a crucial role, as partners in CH(C)Ps, in ensuring that our health and care services are "fair for all".

You have a key role in providing information, services and support for local people but also an important role and track record in reaching out to some of the most vulnerable people in our communities.

I am clear that as CH(C)Ps and their partners take the lead in providing more care closer to home, and different types of services locally, we must be able to demonstrate that these services are of the highest quality and that safety is paramount. Service users need to be confident that their care and support are evidence-based and safe no matter where or how they are delivered.

Therefore, all statutory and voluntary sector organisations should continue to step up their efforts to raise standards of care across the country to those of the best areas and practice. I want to reinforce the value we place on the contribution of Scotland's third sector as service providers supporting health improvement and reducing inequalities. This is why we are taking steps to help develop the capacity of the third sector to be more fully involved in supporting these aims.

As part of this capacity building, *Meeting the Shared Challenge*, is the programme funded by the Scottish Government to take forward the recommendations of the Community-led Health Task Group to develop and support community-led health interventions. The voluntary and community health sector have a major role to play in delivering interventions that can make a significant impact on reducing health inequalities, particularly amongst the "hard to reach".

Meeting the Shared Challenge addresses the need to improve the ability of the various partners within a community to work together, to share objectives and outcomes, to develop a common language and to identify the information that needs to be shared.

I am pleased that it has been so well embraced across the country and is achieving its intended outcomes as it is an integral part of the range of initiatives aimed at tackling health inequalities.

It is important that we do not lose the momentum that the programme has picked up and I am happy to be able to say that we will continue to fund *Meeting the*

Shared Challenge for a second year by providing more than £290,000 during 2009 - 2010.

We also recognise the valuable contribution that Healthy Living Centres make to promoting good health and supporting people with complex needs in some of our most deprived communities. This is why we put in place transitional funding for a further year in 2009 -2010. It is vital that those centres which have a healthy long-term future are supported through this transition period.

Conclusion

I do not underestimate the challenges that we face in improving health in Scotland and in closing the gap on health inequalities. Equally, I don't underestimate the complexity of the landscape in which we are all operating, nor of the difficulty and the time consuming nature of creating productive and genuinely collaborative working relationships. For these reasons, the role of intermediaries - as forums for discussion and conduits for communications - is crucial.

This important event provides not only the impetus for continuing and improving partnership working between the third sector and the NHS, but also an opportunity to think through how to ensure that intermediaries, like CH(C)Ps, Voluntary Health Scotland and SCVO are as effective as they can be.

It offers you an opportunity to share success and to make sure that our focus continues to be on addressing the needs of our communities; building services which support and sustain healthy lifestyles; and delivering better quality of care closer to people's home.

In closing I want to express my thanks to all of you involved in ensuring that third sector organisations are fully engaged in the wider health improvement agenda. I know it is challenging and sometimes frustrating work, but the prize of a healthier Scotland is what keeps us all going.

I wish you a successful and productive conference.

Appendix 2

Key National Health Programmes

Meeting the Shared Challenge

Aims

- To develop clarity and understanding between all partners on the broad purpose of community-led health improvement, and its implications at local level;
- To encourage and support communities to investigate and report on local needs and issues, thus helping shape the health improvement agenda and its priorities
- To improve partnership working between the NHS, local authorities and the community and voluntary sector;
- To enhance community capacity to participate in decision-making processes.

Approach

Originally working in 12 'cluster' areas across Scotland, SCDC led on bringing different stakeholders together with CHEX supporting the community and voluntary sectors to engage with the Programme.

During the development phase (January 2008 – April 2008), stakeholders in each area came together to assess the status of community led health, its impact, strengths and weaknesses. Opportunities were also taken to explore processes and methods to support community-led health's contribution in implementation of the Single Outcome Agreements.

This in turn has led to practical responses such as a region-wide conference, an awareness raising seminar, a framework for building the evidence base through case studies, capacity building on specific themes within Joint Health Improvement Plans and methods to support community involvement in service redesign.

Funding has been given from the Scottish Government to continue the work with year two being seen to be about the strategic push, bringing community led health higher up the local agenda.

More information on the programme can be found at www.scdc.org.uk.

Equally Well

Objectives

- To reduce factors in the physical and social environments in Scotland that act to perpetuate health inequalities;
- To build the resilience and capacity of individuals, families and communities to improve their health; and
- To enhance the contribution that public services make to reducing health inequalities.

Approach

A key part of implementing the health inequalities Task Force report Equally Well was to set up local test sites which will lead the way in delivering the Task Force's recommendations. 8 core test sites were selected from nearly 30 applications.

Each test site is a collaboration between local public services, aimed ultimately at reducing inequalities in the health and wellbeing of people who need most or all of those services. Test site applicants selected their own focus from the Task Force's priorities e.g. preventing violence among young people, promoting people's chances of sustained employment. Their proposals aimed to improve client pathways or routes into, through, between and out of a range of local public services, particularly for clients who are most at risk of poor health and wellbeing.

More information can be found at

<http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce>

Keep Well – Anticipatory Care

Objectives

The programme aims to increase the rate of health improvement in 45 - 64 year olds in areas of greatest need, with a particular focus on early intervention for those at a high risk of coronary heart disease and diabetes.

The Keep Well vision is *to increase the rate of health improvement in deprived communities by enhancing primary care services to deliver anticipatory care.*

Approach

Keep Well will do this by:

- identifying and targeting those at particular risk of preventable serious ill-health (including those with undetected chronic disease);
- offering appropriate interventions and services to them, which can be clinical or non-clinical and from the NHS or from partner organisations such as third sector service providers and;
- providing monitoring and follow-up.

Individuals in the target population will receive a letter or a phone call from their GP practice, or outreach worker, inviting them to attend a Keep Well health check.

Interventions from the health checks will be centred on:

- Tackling intermediate clinical risk factors – identifying, treating and controlling high cholesterol and high blood pressure, and promoting the effective application of tailored cardiovascular disease (CVD) secondary prevention packages among people who already have CVD and / or diabetes;

- Tackling lifestyle risk factors, through smoking cessation services, Counterweight (addressing diet and physical activity) and brief interventions on alcohol
- Referring people on to appropriate supports for wider health issues.

More information can be found at <http://www.healthscotland.com/anticipatory-care.aspx>

Volunteering in Health

Aims

- For Scotland's NHS – improving the health and wellbeing of the users of NHS services (patients / users and their families / carers) by enhancing the quantity and diversity of volunteers and the effectiveness of their contributions to health delivery;
- For volunteers – ensuring that they have a consistently positive experience, whenever and wherever they volunteer in Scotland's NHS;
- For national and local volunteering support bodies – providing a framework for quality standards in volunteer development in Scotland's NHS and creating a platform for better recognition of the importance of volunteering in Scotland's NHS.

Approach

In summary the Refreshed Strategy requires Boards to:

- provide VDS with details of a designated person within their Board area (possibly PFPI Designated Directors) who will lead on volunteering;
- equality impact assess their volunteering policy;
- develop a local strategic action plan for volunteering in partnership with key local stakeholders during 2008 / 2009;
- ensure that their Units and Divisions maximise the opportunity volunteers offer for complementing the skills of their clinical staff;
- ensure co-operation and support is given internally to staff involved in volunteering and to VDS to ensure that the strategy and action plan

outlined in this document are progressed in accordance with the targets set;

- work in partnership with VDS to achieve the Investing in Volunteers Standard by 31 March 2011;
- review and report progress on volunteering within their Annual Review self-assessment reporting process as part of their performance in relation to their PFPI responsibilities beginning in 2008 / 2009;
- consider with Community Planning Partners whether a generic strategy for volunteering in the area is appropriate.

More information can be found at www.vds.org.uk

Appendix 3

Biographies of speakers and facilitators

Paul White – Director of Networks, SCVO

Paul White is the Director of Networks at SCVO, where his responsibilities include the strategic management of the Supporting Voluntary Action programme, the fruit of an £8m investment from the Big Lottery Fund. In addition to working closely with Councils for Voluntary Service (CVS) and national intermediary organisations, Paul is charged with growing SCVO's membership, which is current at record levels. A belief in the benefits of community-based approaches to health led Paul to complete a certificate in health promotion at the Open University.

Helen Tyrrell, Director, VHS

Helen is the Director of Voluntary Health Scotland. VHS has been funded by the SGHWD and NHS Health Scotland for nine years to support the engagement of the third sector with the government health agenda and to represent its views to policy makers.

Helen is a member of SCVO's Policy Committee and Management Board and has a background in education and public health.

Bill Weir, Partnership Development Officer, VHS

Bill is the Partnership Development Officer for Voluntary Health Scotland, charged with supporting the development of local third sector-NHS partnerships for health, in the context of Community Health Partnerships.

Bill has a background in mental health nursing.

Peter King, Programme Manager, NHS Health Scotland

Peter studied physiology and sport science at University of Glasgow and started working with NHS Greater Glasgow and Glasgow City Council on a pilot project introducing community based cardiac rehabilitation among other services. He moved to NHS Lanarkshire Health Promotion Department where he held responsibility for portfolios including workplace, physical activity and training.

Peter then managed an alcohol diversionary initiative aimed at providing opportunities for disengaged young people in some of our most deprived communities. During this time he returned part time to University of Glasgow to complete his Masters Degree in Public Health. This was followed by taking up a Service Development Manager (Public Health) post with responsibility for managing staff groups such as health visitors, school nurses and health promotion as well as services such as community planning.

Peter started with NHS Health Scotland as Programme Manager for Anticipatory Care in November 2008.

Karen Grieve, Programme Manager, Equally Well Test Sites

Karen is the National Programme Manager for the Scottish Equally Well Test Sites. Karen has worked in the NHS for 23 years, in Nursing, Midwifery, Health Visiting, Community Care and Public Health. Karen has an MSc in Primary Care and has a broad range of experience in working with communities and groups facing inequalities.

Norrie Murray, Policy Advisor, VDS

Norrie started in VDS in 1994 initially working with the volunteer centre network helping it to grow into a national network, develop common standards, and establish a shared vision, aims, database, branding and website. In 2002 he moved into policy and has contributed to the Scottish Executive Volunteering Strategy (2004) and the Scottish Government Strategy for Volunteering in the NHS (2008).

Norrie lives in Paisley and is active locally with the Renfrewshire Association for Mental Health and a small grass roots sports group which gives youngsters of all abilities a chance to enjoy sporting activities.

Appendix 4

Conference programme flyer

Better Health Connections: Health improvement through local intermediaries

**Thursday 30th April 2009
Novotel, Edinburgh Park**

**A conference hosted by Voluntary Health Scotland and the
Scottish Council for Voluntary Organisations**



A unique opportunity for Councils of Voluntary Service and Volunteer Centres to come together with Community Health Partnership Managers and Community Planning Partnerships health improvement lead officers to take forward strategic engagement with the local third sector working in health improvement and healthcare services.

Phone: 0131 225 7290

Fax: 0131 220 9940

Email: mail@vhscotland.org.uk

Website: www.vhscotland.org.uk/events/conf.html



About the conference

Voluntary Health Scotland and SCVO are hosting this conference intended for Councils of Voluntary Service, Volunteer Centres, Community Health Partnership Managers and Health Improvement lead officers in local authorities.

This event will focus on the strategic role of CVS and VCS as the gateway for local engagement of the third sector in health improvement action and health care delivery.

The day has been structured to allow as much directed discussion as possible, as we recognise that this is where the expertise lies. VHS and SCVO will provide the policy background, while representatives from national health programmes, Councils of Voluntary Service and Volunteer Centres will help to steer the conversations.

Feedback from the morning conversations will be merged with the afternoon presentations to ensure that learning from the day is immediately put into a real life context.

Who should attend?

- Councils for Voluntary Service
- Volunteer Centres
- Community Health Partnership Managers
- Health Improvement lead officers in the NHS and local authorities



Venue

Edinburgh Novotel is 3 minutes from Edinburgh Park Station, a short distance from Edinburgh Airport (taxi fare approx. £8). Further information including directions to the hotel can be found at:

<http://www.novotel.com/gb/hotel-6515-novotel-edinburgh-park/index.shtml>

Registration

To register for this conference please fill out the attached registration form and return it to Voluntary Health Scotland by **Monday 27th April 2009**. It is advisable to book early as interest in the conference is high and places are limited.

Programme

A draft programme accompanies this notice. Any final adjustments to timings will be available at the event.

Accommodation

Accommodation is available at the The Novotel, Edinburgh Park for the night before the conference. Delegates who wish to stay at the hotel should contact the hotel directly on 0131 446 5600.

Cost

There is no charge to attend this conference.

Better Health Connections: Health improvement through local intermediaries

**Thursday 30th April 2009
Novotel, Edinburgh Park**



Programme

9:00 - 9:25	Registration & refreshments
9:25 - 9:30	Welcome from the Chair, Shulah Allan, Director, EVOG
9:30 - 10:00	Opening address from Shona Robison, Minister for Public Health & Sport
10:00 - 10:35	Policy background and research insights, Helen Tyrrell, Director and Bill Weir, Partnership Development Officer, Voluntary Health Scotland
10:35 - 10:55	Refreshments
10:55 - 11:30	Supporting Voluntary Action Programme, Paul White, Director of Networks, SCVO, Kenny Murphy, CEO, CVS Falkirk and District
11:30 - 13:15	Creative conversations – roundtable discussions with CVS, Volunteer Centres, CHP and local authority managers.
13:15 - 14:30	Lunch and Exhibition Tai Chi session (optional)
14:30 - 14:35	Welcome back from the Chair
14:35 - 15:55	Joint presentations from key national health programme representatives & intermediaries, including feedback from the roundtable discussions and featuring local engagement in: <ul style="list-style-type: none">● Equally Well● Meeting the Shared Challenge● Volunteering in Health● Keep Well Q&A session
15:55 - 16:00	Round up and close
From 16:00	Refreshments available



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Voluntary Health Scotland is supported by
NHS Health Scotland and the Scottish
Government Health & Wellbeing Directorate

