



Partnership  
Approaches to  
Address Local  
Health  
Inequalities



Interim Evaluation  
of the Govanhill  
Equally Well  
Test-site



## **Acknowledgements**

*Sincere thanks are due to a number of organisations and individuals.*

In particular the authors would like to thank the partner agencies contributing to the Govanhill Neighbourhood Management Group and frontline staff operating within the Govanhill Operational Hub. Special praise is due for the way in which these organisations and staff have embraced and contributed to the ongoing evaluation of the Govanhill Equally Well Test-site.



## Summary

# Summary

## Introduction

The Govanhill Equally Well Test-site has proven to be a rich source of learning from which to inform the implementation of Equally Well and the development of Scottish Social Policy. For the purpose of this interim report, in excess of 220 hours of fieldwork (with partners in Govanhill) and 300 hours of rigorous thematic analyses have been undertaken by the evaluator.

## Findings

Findings strongly indicate that the working of the Govanhill Test-site through the Neighbourhood Management Group (NMG) and the Operational Hub are closely aligned to the type of approaches required to address health inequalities outlined in Equally Well.

### **How is the working of the Test-site likely to impact on the health and wellbeing of Govanhill residents?**

In answering this question the evaluation uses Dahlgren and Whitehead's determinants of health model to provide a framework from which to conceptualise and clarify how the working of the NMG and Hub can potentially impact on the health and wellbeing of Govanhill residents. Dahlgren and Whitehead's model has four layers, each of which is now considered against the working of the Govanhill Test-site:

#### **Layer 1: Govanhill Test-site action within macro-policy environment**

There is unequivocal evidence that, led by the Govanhill Housing Association, partners within the Govanhill Test-site have been operating at the macro-policy level and indeed have been influential in changes within housing legislation. This legislative change is designed to bring about more effective enforcement within the privately-rented housing market. This is of pivotal importance within Govanhill, as the apparent proliferation of rogue landlords within the area is a key underlying source of many detrimental circumstances and conditions affecting the lives of local residents.

#### **Layer 2: Govanhill Test-site action on the living and working conditions within Govanhill**

A defining characteristic of the NMG is the appropriate breadth and mix of Community Planning Partners (CPPs) active within the group; working to impact on all aspects of the general conditions within Govanhill. Partners work collectively and individually as appropriate, and crucially, through the NMG, most services are specifically tailored to increase effectiveness within Govanhill.

#### **Layer 3: Govanhill Test-site action on social and community networks**

Social and community relationships are important determinants of health and are socioeconomically patterned. There are many strong examples over the reporting period where the NMG has supported work which directly (e.g. "Streetland" Govanhill Street Festival, Participatory Budgeting, cultural and sporting events and groups) and indirectly (lessening of stigmatisation through reduction of overcrowding and below tolerable living standards) promote social cohesion within the area.

#### **Layer 4: Govanhill Test-site, action on individual lifestyle factors**

Much discussion within the NMG concerns the most effective approaches to positively influence damaging behaviours within the community. There are many streams of work designed to positively influence behaviour within the Test-site, both discretely and collectively; e.g. alcohol and drug programmes, smoking cessation services, employability schemes, young offender rehabilitation, further education initiatives and endeavours to increase school attendance to mention but a few - most of which have been tailored to be more effective locally through discussion and partnership working within the NMG and Hub.

The work of the Test-site has the potential to impact on the health and wellbeing of Govanhill residents because partnership working straddles all four layers of Dahlgren and Whitehead's determinants of health model.

### **How is the working of the Test-site likely to impact on the health inequalities faced by the Govanhill area?**

The Test-site has the potential to reduce the health inequalities faced by Govanhill because there is a commitment both nationally and locally to prioritise time and resource to Govanhill ahead of most other areas of Glasgow City. Furthermore local partners have demonstrated a commitment to adapting services and facilities to enable equal access and outcomes for all Govanhill residents and to enhance effectiveness of service delivery recognising local needs.

### **What can be learned from the partnership approaches adopted within the Govanhill Test-site at this stage?**

The interim learning from the Govanhill Test-site is arranged under five core themes. The five themes outline some important challenges in implementing the type of partnership approaches endorsed by Equally Well, to reduce local health inequalities:

#### **1) Complex issues demand complex solutions: there is little alternative**

- Test-site partners are committed to developing and implementing tailored, complex and multi-faceted approaches within Govanhill
- Often partners do not have the resources required to truly realise upstream, multi-faceted approaches
- Factors exist which perpetuate short-termism and a desire to apply simplistic methods to complex issues
- Short-termism tends to focus effort on efficiency of discrete service delivery ahead of long-term, upstream, partnership solutions
- Upstream, multi-faceted approaches may yield little return in the short-term and are difficult to evaluate in traditional ways

#### **2) Health inequalities are not a singular entity; they represent an outcome of complex and multiple unmet needs**

- Test-site partners are committed to developing and implementing tailored, complex and multi-faceted approaches within Govanhill
- The circumstances and behaviours which propagate health inequalities are multiple and extremely complex
- The Test-site indicates that strong partnership working is not merely a desirable way of working but is fundamental to addressing health inequalities
- The Hub is an exemplar of the types of partnership working endorsed by Equally Well and its development is important to capture

#### **3) Uneven ground from the outset: the drivers of short-term efficiency ahead of upstream working and solutions**

- Upstream working and thinking is potentially more complex and challenging than efficiency driven working
- At the operational level upstream working and efficiency-driven working are fundamentally different and should be defined and separated
- Current political, structural and cultural environment tends to inhibit upstream thinking and action
- Public services operate within target culture which tends to promote efficiency in discrete service delivery ahead of upstream partnership action
- The prevailing target culture may do little to promote equality
- Often there is inadequate resources to pursue upstream working whilst maintaining current efficiency in service delivery

#### **4) Inter-agency information sharing is central to effective early intervention and approaches to address health inequalities**

- Information sharing within the Hub is professional and appropriate and is fundamental to this progressive approach
- Inter-agency information sharing is pivotal to the types of partnership approaches required in Govanhill and endorsed by Equally Well
- However, there are valid legal, ethical and cultural barriers to information sharing between some partners
- The balance between the right to privacy and appropriate information sharing requires immediate consideration nationally and locally

#### **5) Collective responsibility for addressing health inequalities is not effectively promoted by current language and terminology**

- The language used in Equally Well and terminology of health inequalities represents a barrier to engaging with the policy for some
- Test-site working is closely aligned with Equally Well despite the reduction of health inequalities not being a strongly articulated aim
- Partners demonstrate an acute understanding of the determinants of health inequalities but articulate this in broader terms
- Minor refinement of Equally Well's language may help foster collective responsibility for addressing health inequalities across the range of Community Planning Partners
- Contextualising and establishing Equally Well within an established structure, such as Neighbourhood Management, has been challenging

Overall this interim evaluation of the Govanhill Test-site confirms that the underpinning ethos and principles of Equally Well remain highly relevant to the development of partnership approaches which promote equity of service delivery and outcomes across all socio-demographic strata. To this end findings also indicate that Equally Well continues to appropriately challenge the structures and values which underpin aspects of current public service delivery and performance monitoring.

## **Recommendations**

Partner agencies operating in Govanhill should be commended for their commitment to approaches to service delivery which recognise the complexity of the issues which perpetuate inequalities.

#### **In moving forward locally it is recommended:**

- That the NMG refresh and renew its focus on Equally Well as a framework from which to underpin future service delivery within Govanhill.
- That community consultation and engagement is enhanced by inviting a proportionate number of Govanhill Community Action Group (GoCA) members to permanently join the NMG.

Nationally, it is recommended that the language and terminology used in Equally Well is revised. Minor refinement of the policy's language may help foster the collective responsibility for addressing health inequalities required to develop the type of partnership approaches endorsed by Equally Well.

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## Introduction

# 1.0 Introduction

## 1.1 The purpose of this interim report

The Govanhill Equally Well Test-site has proven to be a rich source of learning that is to be shared for the purpose of informing the implementation of Equally Well<sup>1-3</sup> and the development of Scottish Social Policy.<sup>4,5</sup> Funding for the Equally Well Test-sites has been extended to March 2012, thus this report is written as a mid-point summation of interim learning themes emerging from the Test-site.

*“Perceptions of the Govanhill neighbourhood are as diverse as its ever changing population. Whilst it is an area with many challenges, it is also a neighbourhood with many assets; not least an active and resilient community.”*

In keeping with Equally Well recommendations<sup>1</sup> this paper also presents quantitative analysis of health outcomes in Govanhill compared to a nearby city

neighbourhood and Glasgow City. These represent a comprehensive baseline from which to monitor health inequalities faced by Govanhill in future years. These analyses are detailed in Appendix A.

## 1.2 Govanhill

Govanhill, in Glasgow’s south side, has endured economic disadvantage for decades, as indicated by levels of poverty and worklessness in the area. It is also a neighbourhood with more than its fair share of indigenous social and health problems and has been the focal area for subsequent waves of immigration into the city. Govanhill has a high ethnic minority population. Most recently, Govanhill is playing host to an estimated 2,000 Romanian and Slovakian Roma population – believed to be the largest concentration of that group in the country. Added to these characteristics, there is a high proportion of privately rented properties in the area, and an apparent proliferation of ‘rogue’ or ‘absentee’ landlords. All in all, it is clear that Govanhill presents a uniquely complex set of circumstances and challenges for public services and Community Planning Partners (CPPs). Perceptions of the Govanhill neighbourhood are as diverse as its ever changing population. Whilst it is an area with many challenges, it is also a neighbourhood with many assets; not least an active and resilient community. Based on fieldwork undertaken in this evaluation it is apparent that many community members are positive about living in Govanhill and are committed to, and passionate about having the opportunity to work alongside public services to improve the quality of life in the area.



## Methods

## 2.0 Methods

The aims and methods used in the evaluation of the Govanhill Equally Well Test-site have been detailed in the Evaluation Plan<sup>6</sup> which can be accessed through the Glasgow Centre for Population Health (GCPH) website<sup>7</sup>. The evaluation methods are mixed, adopting both 'hard' quantitative methods, such as analysis of health outcome data and 'soft' qualitative approaches, including thematic analysis of observation data, interview and focus-group transcripts and document data gathered during intensive fieldwork within the Test-site.

For a detailed summary of the data synthesis methods and the rigor applied to thematic analysis (involving multiple analysts) used in this evaluation report please see Appendix B.

All aspects of the evaluation methods are progressing well within the anticipated timeline detailed in the Test-site evaluation plan; for a more detailed account of evaluation activity and outputs to-date please see Appendix C. For a list of organisations which have contributed to this evaluation please see Appendix E.

### Definitions of key terms used within the Findings sections of this report:

- **'Social inequalities'** is closely linked to economic inequalities which refer to the uneven distribution of economic assets and income in society. Social inequalities result from this structural economic disparity; the lack of wealth in some areas means certain groups have lower access to education, healthcare and quality housing. The term socioeconomic status is a combined measure of social status and economic position relative to others in society.
- **'Health inequalities'** is related to social inequalities and can be defined as the uneven distribution of health and wellbeing and of health determinants across different social groups. Health is directly associated with socioeconomic status; where those of lower socioeconomic status have poorer health and wellbeing compared to those of higher socioeconomic status.
- **'Discrete service delivery'** refers to when organisations work primarily alone to deliver normal services; progress of discrete service delivery is measured against predefined organisational targets. Discrete service delivery may involve elements of partnership working where cost or time efficiency gains are evidenced.
- **'Upstream' action or working;** describes where organisations in partnership or individually seek to address the underlying cause or causes of repetitive issues or circumstances which are detrimental to both an area and its residents.
- **'Early intervention'** is closely related to upstream action in that it aims to break into recurring cycles, including poverty and poor health. However early intervention can also mean early detection and rapid response to detrimental local circumstances and issues; preventing escalation to crisis point.
- **'Multi-faceted approaches'** refers to approaches which contain several threads of activity undertaken to address distinct aspects of a common issue. To this end multi-faceted approaches usually involve multiple partner agencies and require local coordination.



## Findings

## 3.0 Findings

Before learning themes are discussed, an important first step is to describe the approaches adopted by the Test-site; specifically how this working relates to improving health in Govanhill and the reduction of health inequalities faced by the area relative to most other areas of Glasgow City.

Examples of Test-site activity are used in the description, as is an adapted version of Dahlgren and Whitehead's determinants of health model<sup>8</sup>. This report refers extensively to the Govanhill Neighbourhood Management Group (henceforth the NMG) and the Govanhill Operational Hub (henceforth the Hub) – for a detailed description of these groups and of other key Test-site activity and milestones over the 2010-2011 period please refer to Appendix D.

### 3.1 Defining the working of the Govanhill Test-site and the theorised impact on health and health inequalities faced by the area

Unlike the other Equally Well Test sites across Scotland, the Govanhill NMG initiative was in existence prior to receiving Test-site status. This poses a different set of challenges compared to other Test-sites. The enduring, complex issues within Govanhill have already acted as a driver to developing multi-faceted partnership approaches. This has ensured that much of the Equally Well 'priming' was not necessary within the Govanhill Test-site. This is positive in one regard but in the other it has seen Equally Well Test-site status struggle to achieve acceptance and standing amongst some partners in the area.

Based on fieldwork and analyses undertaken it is apparent that the Govanhill NMG strives to connect all key CPPs at a strategic level. This is in the recognition that Govanhill presents a uniquely complex set of circumstances. To this end Govanhill requires additional resource, time and innovative approaches relative to most other areas within Glasgow City.

The NMG also oversees and supports the operation of service delivery within the area; coordinating specific service re-design to promote early intervention and increase efficiency and effectiveness of service delivery within the local context. With all key CPPs contributing

to the NMG, the underpinning objective, through the strategic and operational connectedness achieved is thus to improve the general conditions and life circumstances within Govanhill.

Dahlgren and Whitehead's model on the determinants of health (Figure 1) is now used in the evaluation to provide a framework from which to conceptualise and clarify the ways in which the NMG work can potentially impact on the health of Govanhill residents and on the health inequalities faced by the area. This model is introduced in this report and has not been used in the development of NMG working to date. Dahlgren and Whitehead's model has four layers, each of which will now be considered.

*“Before learning themes are discussed, an important first step is to describe the approaches adopted by the Test-site; specifically how this working relates to improving health in Govanhill and the reduction of health inequalities faced by the area.”*

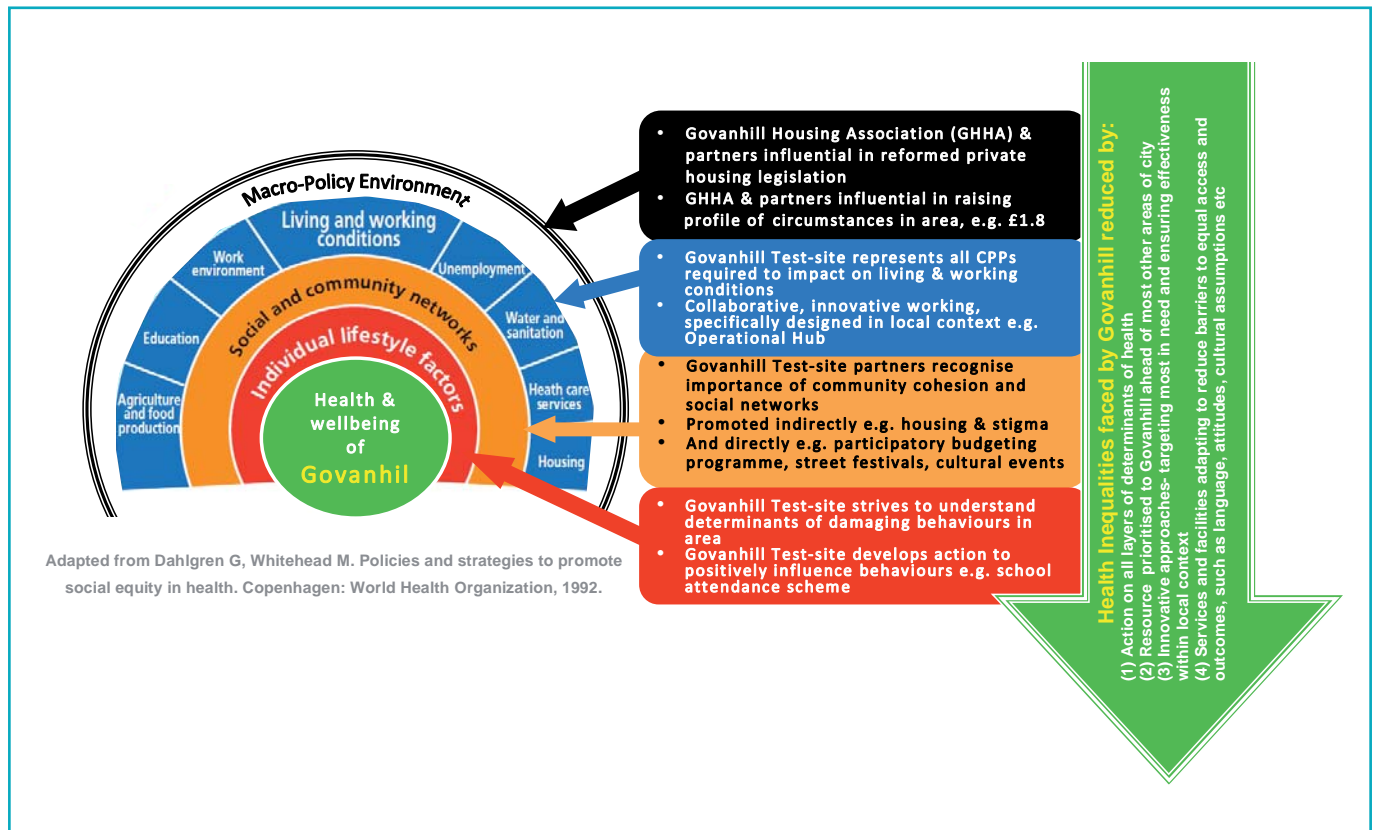
#### **The Govanhill Equally Well Test-site - Quantifying impact on health of Govanhill residents and on health inequalities faced by the area**

Broadly, the work of the Govanhill Test-site has potential to impact on the health of residents in the area because there is strong evidence that the working of the NMG comprehensively straddles all four layers of the Dahlgren and Whitehead's determinants of health model.

The working of the Test-site has potential to impact on health inequalities seen in Govanhill because both locally and nationally, key Test-site partners have been successful in ensuring the Govanhill area is given special consideration.

This has seen partners secure additional resource for the area and there is evidence of a strong commitment from, central government and local Community Planning Partners to work differently with different groups in order to achieve equal access to, and outcomes from services within Govanhill.

**Figure 1:** Relationship of Govanhill NMG to Dahlgren and Whitehead’s determinants of health and the theorised reduction of health inequalities in Govanhill



### 3.1.1 Govanhill Test-site - action within macro-policy environment

The outer layer of Dahlgren and Whitehead’s model refers to the macro-policy environment; broadly the fiscal, political & cultural structures within society. This layer of the model concerns the mechanisms which underpin many inequalities in Scottish society, including health inequalities.

There is unequivocal evidence that, led by the Govanhill Housing Association, partners within the Govanhill Test-site have been operating at the macro-policy level and indeed have been influential in legislative change.

The Housing Association, in partnership with the Govanhill Law Centre and Govanhill Community Council, submitted a Public Petition to the Scottish Parliament (Petition reference number: PE1189) on the 30th September 2008. The petition responds to the Govanhill community’s concerns – highlighting the levels of below tolerable standard housing in general and specifically the social and environmental inequalities faced by many local residents as a result of the abject failure of some private landlords operating in the area to act responsibly. The petition puts forward a logical and convincing argument that the underlying cause of many of the issues impacting on

*“There is unequivocal evidence that, led by the Govanhill Housing Association, partners within the Govanhill Test-site have been operating at the macro-policy level and indeed have been influential in legislative change.”*

Govanhill is due to the actions (or inactions) of ‘rogue’ or ‘absentee’ landlords. The petition indicates that the conduct of these landlords has led to the exploitation of vulnerable individuals and groups resulting in severe overcrowding in the area. This overcrowding represents a very real threat to public health, community cohesion and wellbeing as well as law and order within the area. Furthermore, it is highly likely that the overcrowding exacerbates health inequalities that exist between Govanhill and the rest of Glasgow City.

The Public Petition has remained open since September 2008 and local elected members have fed into the dialogue established with the Scottish Government. In April 2010, the new Housing (Scotland) Bill proposed tougher powers to challenge landlords who do not sign up to the national landlord registration scheme, as well as allowing local authorities to designate

'housing renewal areas' without ministerial consent. Furthermore the Private Rented Housing (Scotland) Bill was formally introduced to the Scottish Parliament on 4th October 2010. The objectives for this Bill are to improve standards of service for consumers in private rented housing. In addition to more robust powers to tackle 'rogue' landlords, the Bill further includes measures to strengthen the regulation of the private rented sector, ensuring that tenants and landlords understand their rights and responsibilities. The Bill also aims to introduce measures to help local authorities protect vulnerable tenants and specifically prevent overcrowding.

*"In terms of wider Equally Well application and learning this local work is an exemplar of upstream partnership action and engagement to address some of the underlying causes of local health inequalities."*

The public petition submitted by partners from Govanhill has undoubtedly had a strong influence on this legislative change. The former Scottish Government Minister for Housing and Communities, Alex Neil, dubbed Govanhill as his 'yardstick' for any new legislation that deals with private landlords.

The communication between the Scottish Government and partners in Govanhill has been well established and will continue for the purpose of providing feedback on the implementation of the new legislation. The evaluation of the Govanhill Test-site will not hinder or complicate this ongoing channel of communication; rather the evaluation can potentially feed into the dialogue by capturing emerging learning from the interpretation and application of the new legislation within the NMG and through the Hub.

In terms of wider Equally Well application and learning this local work is an exemplar of upstream partnership action and engagement to address some of the underlying causes of local health inequalities.

In identifying the need for legislative change to address the inequalities faced by Govanhill, the level of macro-policy influence achieved by the Govanhill Housing Association and partners is striking. International evidence supports that there are strong socioeconomic gradients in all four layers of Dahlgren and Whitehead's model but that appropriate legislative and regulatory changes and controls should be central characteristics of policy designed to reduce inequalities in health at a local and national level.

### **3.1.2 Govanhill Test-site – action on the living and working conditions within Govanhill**

A defining characteristic of the NMG is the appropriate breadth and mix of CPPs active within the group; working collaboratively to impact on all aspects of living and working conditions within Govanhill. Actions on this layer of the determinants of health are critical for reducing inequalities in health, as there are strong socioeconomic gradients in all of these factors. There is unequivocal evidence that Govanhill is an area of Glasgow which is experiencing lower levels of these conditions relative to most of the rest of the city. Govanhill has a disproportionate level of below tolerable standard housing, worklessness, unemployment, violent crime and anti-social behaviour. These are just a few of several factors which combine, interact and are cumulative in Govanhill becoming an area which is experiencing poorer levels of health and wellbeing. Compared to the Scottish average, Govanhill is a neighbourhood with high volumes of deaths resulting from heart disease and cancer as well as deaths attributable to alcohol, drug misuse and suicide.

There are many strong threads of regeneration and operational activity coordinated through the NMG and the Hub which act on this layer of the model, ranging from neighbourhood safety initiatives, fire safety awareness, employability schemes and economic/housing regeneration to cultural and sport programmes, health and legal services as well as environmental services. Partners work collectively and individually as appropriate and most services are tailored to increase effectiveness within Govanhill. If these actions are effective in the long-term, there will ultimately be improvements in the health and wellbeing of Govanhill residents. Furthermore, the health inequalities faced by Govanhill will be reduced primarily because the area holds priority status compared to most other areas within Glasgow; crucially the CPPs' collective positive discrimination of time and resource to the area.

*"A defining characteristic of the NMG is the appropriate breadth and mix of CPPs active within the group; working collaboratively to impact on all aspects of living and working conditions within Govanhill."*

### 3.1.3 Govanhill Test-site action on social and community networks

*“Grounded in the analyses undertaken to date, the Govanhill Test-site strongly articulates that there are many factors associated with the conditions in the area which threaten social and community harmony and cohesion.”*

Working inwardly to the ‘social and community networks’ layer of Dahlgren and Whitehead’s model, research evidence (variously termed social cohesion, social capital and psychosocial environment theory in the literature) indicates that social and community relationships are important determinants of health and are socio-economically patterned. Berkman and Glass<sup>9</sup> define this layer of the model as:

*“The nature of human relationships – the degree to which an individual is interconnected and embedded in a community – is vital to an individual’s health and wellbeing as well as the health and vitality of entire populations.”*

Grounded in the analyses undertaken to date, the Govanhill Test-site strongly articulates that there are many factors associated with the conditions in the area which threaten social and community harmony and cohesion. One obvious example reported by local CPPs is the overcrowding seen in certain areas of Govanhill, where vulnerable populations are reportedly exploited by ‘rogue’ landlords. Both NMG members and Hub staff have witnessed tensions and stigmatisation within the Govanhill community. Vulnerable groups are discriminated against because of the noise pollution and other environmental risks resulting from the overcrowded living conditions they experience.

*“There are many strong examples through the Hub of direct and indirect working to promote community cohesion and to reduce stigma and intolerance.”*

The collective work of the Test-site has potentially a significant role in reducing the destructive influence of these conditions on social and community

networks within the area. NMG members also state that community participation in decision-making is a priority to maximise the impact of the group’s working but it may also serve to promote community cohesion by fostering horizontal community interactions as well as interactions with public services and other CPPs. There are many strong examples through the Hub of direct and indirect working to promote community cohesion and to reduce stigma and intolerance. NMG partners have supported many streams of work which directly (e.g. ‘Streetland’ Govanhill Street Festival, Participatory Budgeting, cultural and sporting events and groups) and indirectly (lessening of stigmatisation through reduction of overcrowding and below tolerable living standards) promote social cohesion within the area.

The evaluation of the Test-site found there to be strong networks within the area; both for social purposes and around distinct purposes, e.g. tenants associations. It is however recognised by both NMG and community members that there remain significant challenges in engaging and promoting community cohesion with many individuals or sub-sections of the Govanhill community. The NMG’s recognition that social and community networks have an important bearing on the lives of Govanhill residents and must be a priority of the group’s activity is crucial in reducing the health inequalities seen in the area.

### 3.1.4 Govanhill Test-site action on individual lifestyle factors

Personal behaviours, such as smoking, drinking, drug taking, diet and exercise influence health and wellbeing. Furthermore, the ways in which individuals conduct their lives and interact with their neighbours and wider community also influences health and wellbeing. All behaviours described here are socio-economically patterned, contributing to inequalities in health. Within the NMG and the Hub there is much discussion around the behaviours of Govanhill residents and the ways in which they contribute to the inequalities faced by the area. Behaviours such as inappropriate refuse disposal and anti-social behaviour associated with alcohol and drug misuse are described as “bringing down the area”.

Analyses supports that NMG members view individual behaviours as the most distal of their areas of influence within Govanhill compared to the other layers of Dahlgren and Whitehead’s model. Much discussion with the NMG concerns the most effective approach to positively influence damaging behaviours within the community.

Two strategies to promote positive individual behaviour change are frequently discussed within the NMG. The first is to identify residents exhibiting

damaging behaviours and to educate/inform them of the negative consequences of their actions and support them in the behaviour change. Second, is to identify the residents exhibiting the damaging behaviour and enforce the behaviour change. Both of these approaches have proven challenging to pursue effectively within Govanhill. Indeed which approach is most suitable locally is often debated within the NMG and the Hub. Support may be perceived as too lenient an approach given the extreme behaviours evidenced in the area, yet enforcement in the form of fines or criminal prosecution, whilst essential in many cases, may serve to exacerbate inequalities and severely inhibit social mobility. Enforcement in this context is not to be confused with enforcement of legislation on 'rogue landlords' which is unanimously supported within the Test-site.

Surfacing within this debate is the assumption from some NMG members that the lifestyles and behaviours of some social groups within Govanhill are simply chosen out of free will. International research evidence<sup>10</sup> suggests that this is a questionable assumption; behaviours and lifestyles are shaped by more complex mechanisms than simply choice; behaviour is shaped by social and economic factors, which are structurally determined and culturally re-enforced. The recognition of these influences however still adds little clarity as to the best way forward in influencing certain behaviours in the area. That said, there are many examples of positive behavioural influences achieved within the Test-site, both discretely and collectively; e.g. alcohol and drug programmes, smoking cessation services, employability schemes, young offender rehabilitation, further education initiatives and endeavours to increase school attendance to mention but a few – most of which have been tailored to some extent through the NMG to increase effectiveness in the local context and all of which have potentially a bearing on addressing health inequalities faced by Govanhill.

*“Surfacing within this debate is the assumption from some NMG members that the lifestyles and behaviours of some social groups within Govanhill are simply chosen out of free will. International research evidence<sup>10</sup> suggests that this is a questionable assumption; behaviours and lifestyles are shaped by more complex mechanisms than simply choice;”*

### **3.1.5 Summary of the Govanhill Test-site approach to improving health and reducing health inequalities**

*“The approaches adopted within the Govanhill Test-site have not been easy to implement and are difficult to replicate. Partners within the Test-site have demonstrated a striking commitment to implementing the types of progressive approaches described in Equally Well.”*

As demonstrated using Dahlgren and Whitehead's determinants of health model the collective action of the Govanhill Test-site has potential to improve the health of Govanhill residents. There is strong evidence of local action on each of the four layers of the model. Research supports that there are well-evidenced socio-demographic inequalities in each of the four layers of the model which contribute to health inequalities. The work of the Test-site has potential to reduce the health inequalities faced by Govanhill because there is a commitment both nationally and locally to prioritise time and resource to Govanhill ahead of most other areas of Glasgow City. Furthermore local partners have demonstrated a commitment to adapting services and facilities to enable equal access and outcomes for all Govanhill residents and to enhance effectiveness of service delivery recognising local needs.

The approaches adopted within the Govanhill Test-site have not been easy to implement and are difficult to replicate. Partners within the Test-site have demonstrated a striking commitment to implementing the types of progressive approaches described in Equally Well. The next section of the report will describe some of the challenges encountered by Govanhill partners during the development and implementation of such approaches. These challenges have been summarised and systemised under five core learning themes.

## **3.2 Test-site interim learning themes**

The interim findings of the Govanhill Test-site are arranged under five learning themes. The five themes outline some important challenges in implementing

the type of partnership approaches outlined in Equally Well. Each theme is presented under the broad Equally Well principle it is most relevant to informing, these principles are direct extracts from the Equally Well 2010 review<sup>3</sup>. Some themes contain verbatim extracts of interviews or focus groups for illustrative purposes. In the interests of brevity, detailed examples are not provided for every point made and discussed within the themes; however each point made is supported by considerable evaluation evidence. Each theme also includes the evaluator's reflections which are offered to add context and further understanding. The analysis methods undertaken in arriving at these five learning themes has been detailed in Appendix B. It is worthwhile noting however that the themes were identified in a grounded way from the data gathered and then related to Equally Well principles at a later stage (See Appendix D for details of the NMG, Hub, GoCA and Participatory Budgeting Programme).

*“The interim findings of the Govanhill Test-site are arranged under five learning themes. The five themes outline some important challenges in implementing the type of partnership approaches outlined in Equally Well. Each theme is presented under the broad Equally Well principle it is most relevant to informing, these principles are direct extracts from the Equally Well 2010 review<sup>3</sup>.”*

## Learning theme 1: Complex issues demand complex solutions: there is little alternative

### Equally Well principles to inform:

- Transforming and redesigning the spectrum of local public services, so that they respond well collectively to people who need multiple forms of support, and who may not currently be getting a productive response from these services, because of the complexity of their needs.
- Improving the whole range of circumstances and environments that offer opportunities to improve people's life circumstances and hence their health and other beneficial outcomes.
- Reducing people's exposure to factors in the physical and social environment that cause stress, are damaging to health and wellbeing, and lead to health and other inequalities.
- Delivering health and other services that are both universal and appropriately prioritised to meet the needs of those most at risk of poor health and other outcomes. Services should seek to prevent problems arising, as well as addressing them if they do.

### Findings from data:

- Test-site partners are committed to developing and implementing tailored, complex and multi-faceted approaches within Govanhill.
- Often partners do not have the resources required to truly realise upstream, multi-faceted approaches.
- Factors exist which perpetuate short-termism and a desire to apply simplistic methods to complex issues.
- Short-termism tends to focus effort on efficiency of discrete service delivery ahead of long-term, upstream, partnership solutions.
- Upstream, multi-faceted approaches may yield little return in the short-term and are difficult to evaluate in traditional ways.

### Description of learning theme:

Complex social, environmental and health inequalities necessitate difficult and prolonged discussion and planning within partnership working arrangements aimed at improving such conditions. This is the case within the Govanhill Test-site. Action to address health inequalities within Govanhill is multi-faceted; recognising the complexity of circumstances which perpetuate inequalities. Furthermore the evaluation

suggests that the required multi-faceted approaches within Govanhill may yield little in the short-term and are undertaken with long-term change in mind. By their very nature, many of the approaches taken by partners in Govanhill are less 'visible' and are harder to measure and evaluate compared to normal, discrete service delivery. This is because the approaches reflect the complexity of the issues affecting the area; they require extensive discussion and planning and demand a strong partnership ethos with close links to the community. Furthermore this type of working may not (initially at least) fit with individual organisation's targets or reporting structures. Such approaches cannot be satisfactorily measured in traditional ways. This is especially true when considering upstream action. Within the Test-site, partners contributing directly to the NMG and Hub have made significant progress in understanding the complexity of the issues in the area and the type of approaches required to address such issues, as outlined in Equally Well. This progress is illustrated by comments made by the same NMG member 15 months apart:

*How will we know when we've fixed it (Govanhill)? How will we know when we can say 'job done'?* NMG member, December 2009

*It's not about fixing Govanhill, there are no solutions for this area, its too complex- I don't mean that in a depressing way its more about making sure that money coming into the area is used wisely - that is hard enough! Its about making sustainable changes that little by little impact positively on the lives of the folk living in the area* NMG member, February 2011

It is easy to theorise and bestow the merits of such complex approaches, however many characteristics of current public service arrangements, both political, cultural and structural, make the realisation of such new ways of working difficult to achieve. It is to the credit of partners participating in the NMG and the Hub that action of this nature is pursued.

The common and interconnecting theme which inhibits the type of working endorsed by Equally Well is the underlying desire of some (largely external to staff working directly in the Test-site) to apply simplistic methodologies to the complex issues seen in the area. There is strong evaluation evidence of a desire for quick diagnoses of the 'problems', a rapid and highly visible response and the search for hard and fast outcomes of actions taken. All of which is likely to lead to a fractured, mechanistic view of the issues affecting the area and potentially unsustainable or inappropriate action being taken locally:

*To truly understand the nature of the issues in Govanhill you need to sit in the mess for a while. It is complex, no question. There needs to be in-depth, detailed, discussion and thought. There are no easy fixes. If you think you have arrived at a quick fix for any part of it, then think again – it won't work. You will have arrived at a solution that only unpicks one part of an issue or a behaviour – at best you'd be putting a sticking plaster on it – which is pointless, pointless throwing money at it and pointless for the community* NMG member, Sept 2010

### **Evaluator's reflections:**

The description of complex circumstances relating to health inequalities, within an area like Govanhill, requiring complex solutions echoes much of the thrust of Equally Well principles. Yet this is an important learning theme to strongly emphasise, additionally it is critical to recognise the significant challenges partners face in delivering complex, tailored solutions. Short-termism, political cycles and current funding structures have been cited by partners as factors which inhibit the implementation of progressive approaches within Govanhill. These factors are central within the desire for simplistic methodologies and 'quick fixes' – neither of which are appropriate or indeed possible when attempting to address health inequalities and their upstream determinants.

The identified culture of short-termism often results in a drive for short-term efficiency in discrete service delivery within Govanhill; "that refuse needs cleaned up faster" rather than the multi-faceted approaches of partnership working in the area; "why is there refuse continually dumped there - how can we change this permanently?". However short-term efficiency should not be considered in a negative light. It is important that circumstances which are detrimental to the health and wellbeing of Govanhill residents are identified and addressed as quickly as possible. Observation evidence from within the Hub suggests that often this is exactly what community members want. The balance between short-term efficiency in service delivery and upstream action is complex and will be discussed in Learning theme 3. In general partners in the Govanhill area have made impressive strides to implement the type of approaches endorsed by Equally Well, locally, despite the political, cultural and structural challenges they face. There has been some progress on community engagement and consultation within the Test-site. Notably the participatory budgeting of Equally Well funds

through the Govanhill Community Action (GoCA) Group is a progressive step. Yet inclusive community engagement and consultation remains a key challenge in moving forward within the Test-site.

## Learning theme 2: Health inequalities are not a singular entity; they represent an outcome of complex and multiple unmet needs

### Equally Well principles to inform:

- Transforming and redesigning the spectrum of local public services, so that they respond well collectively to people who need multiple forms of support, and who may not currently be getting a productive response from these services, because of the complexity of their needs.
- Ensuring we have a flexible workforce with the right skills, able to work effectively together across organisational boundaries and to adapt their approach depending on the individual needs of service users.

### Findings from data:

- Test-site partners are committed to developing and implementing tailored, complex and multi-faceted approaches within Govanhill.
- The circumstances and behaviours which propagate health inequalities are multiple and extremely complex.
- The Test-site indicates that strong partnership working is not merely a desirable way of working but is fundamental to addressing health inequalities.
- The Hub is an exemplar of the types of partnership working endorsed by Equally Well and its development is important to capture.

### Description of learning theme:

In keeping with the previous learning theme, a key element of the complexity required in approaches to addressing health inequalities is the recognition that individuals experiencing poor health as a result of social inequality primarily have multiple and complex needs and that these needs are unique to the individual. Again this echoes the thrust of Equally Well principles. Interestingly, as Learning theme 5 will expand on 'health inequalities' is not a term regularly used within the Test-site, but when it is, it is often described as a singular entity in its own right; the complexity of multiple issues and detrimental circumstances which lead to health inequalities is perhaps not fully recognised or articulated. Nor is the relative or comparative nature of health inequalities, often the term 'health inequalities' is used to refer to poor health within the Test-site.

However, based on the observation of the NMG and Hub, partners in Govanhill are acutely aware that the intervention of one partner in the lives of individuals with complex, multiple needs is a positive step, but is unlikely to be enough to make a significant change to their circumstances or lives:

*"complex, difficult...however you want to word it, the type of issues in the area are interconnecting in people's lives, it's a combination of issues or factors, which see them not achieving their potential. So if we are to be of any help or support to folk, the community, the way we work needs to reflect how many issues are out there"*  
Govanhill Hub officer.

*"we have been told we need to work in partnership for so long that it almost becomes something you don't even question – it's a hassle but its like 'get on with'. Often we really aren't working as a true partnership. However some of the work through the Hub; its more like I know the other partners and I know what they can do and now its more 'yeah I can see why we need to approach this situation or this individual with the range of partners and services' otherwise you'd be making, well not much of an impact at all on their lives"* Govanhill Hub officer

This is of course the driver for partnership working in approaches to address health inequalities. However partnership working cannot be viewed as a desirable way of working when attempting to address health inequalities; rather, significant evidence from the Govanhill Test-site suggests strong partnership working is

the only way there is any chance of addressing health inequalities. Anything other than a comprehensive partnership approach is likely to tackle only one aspect of need and therefore is too simplistic to be effective in addressing health inequalities.

There is strong evidence that the establishment of the Hub has massively improved partnership working in the area for those organisations who contribute regularly to it. The establishment of the Hub also demonstrates that many operatives in Govanhill did not know other officers from other agencies working on aspects of often the same issue. Furthermore it is clear that many partners were unaware what the other did to any great extent. The Hub has been instrumental in addressing this and briefing sessions on partner's roles, responsibilities and legal parameters have proven extremely useful in the Hub's early development. Effective referral pathways between partners operating locally is imperative when addressing complex needs. In order for this to progress fully there are cultural, ethical and legal barriers which must be negotiated between partners.

The establishment of the Hub – a shared premise from which partners can work from, locally – has re-defined partnership working in Govanhill and brought working arrangements closer to those which are needed to provide a multi-disciplinary response for individuals with complex needs. The dedicated Hub staffing resource committed by central government as part of the £1.8million additional funding for the area will see the Hub consolidate and strengthen its position and its potential impacts. Genuine partnership working is based on the understanding of how partners can dovetail to increase efficiency and effectiveness and improve outcomes when working with individuals with multiple and complex needs. This requires strategic commitment to innovative partnership working and enough time and space to effectively embed arrangements like the Hub.

#### **Evaluator's reflections:**

The drive to establish the Hub within Govanhill has been striking. The Hub attempts to address both downstream consequences and upstream causes of circumstances which perpetuate inequalities. A key principle which underpins the NMG and the Hub is the *completeness* of the multi-disciplinary approach where partners align resource, effort and time locally to address complex issues and work with individuals with multiple needs. Individuals external to the Test-site have described its work as "*broadly addressing health inequalities*" or "*addressing health inequalities in general*". This is incorrect. Theoretically the complete multi-disciplinary approach adopted in Govanhill is the only way to reduce health inequalities. Again, if the approaches are not multi-faceted then they are unlikely to impact on health inequalities; a complex set of multiple unmet needs cannot be addressed by one partner or a simplistic solution.

#### **Govanhill Hub Case Study**

By way of a real life example from Govanhill; a case considered by the Hub concerns a young male who is currently a smoker, has a poor diet, has a criminal record, no qualifications, a history of profound excessive alcohol consumption (with strong peer influence to re-enforce this behaviour), is the sole carer for his father who is disabled, and has a long-running feud with neighbours which threatens his tenancy. Offering this individual smoking cessation would be positive; if the individual concerned successfully stopped smoking this is a positive outcome. However it is highly questionable whether smoking cessation in isolation is enough to significantly alter this young male's future health trajectory and thus the health inequalities he may experience in later life. Based on the type of working evidenced in the Hub, multiple and complex needs such as these are the norm when working in areas of extreme socio-economic disadvantage where health inequalities are evident. The Hub offered a more considered, comprehensive form of support, involving several partners, for the young male. Hub operatives began work with the individual before he was released from prison and to date he has not re-offended and has improved relationships with neighbours as a result of extensive mediation provided by Hub operatives.

Based on the evaluation of the Govanhill Test-site, it is absolutely fundamental that approaches and partnership working aimed at addressing health inequalities have the required skills, understanding, relationships and structures where individuals with complex needs can be referred to other appropriate agencies seamlessly or the appropriate agencies can engage with the individual collectively from the outset in a sensitive, informed manner. Effective community engagement and consultation is an overarching priority essential to ensuring that partnership approaches are effectively delivered; recognising the complexity of local needs.

## Learning theme 3: Uneven ground from the outset: the drivers of short-term efficiency ahead of upstream working and solutions

### Equally Well principles to inform:

- Prioritise early intervention – to break into recurring cycles, including poverty, unemployment, low skills, and poor health, and to prevent crises and problems requiring extensive responses from public services.
- Developing a ‘shared outcomes’ approach to local delivery of the relevant public services, in which action likely to work in achieving longer-term outcomes is shared between partner agencies, supported by sound internal performance management, public reporting and a cycle of continuous improvement.
- Promoting an investment approach to the best use of public sector resources, based on the business case for shifting resources over time to prevention and the underlying causes of social problems, rather than dealing with the consequences of those problems.
- Improving alignment of the relevant resources across public services managed by different agencies.
- Shifting priorities, towards the use of mainstream public sector budgets to address inequalities and underlying causes, and away from discrete project funding.

### Findings from data:

- Upstream working and thinking is potentially more complex and challenging than efficiency-driven working.
- At the operational level upstream working and efficiency-driven working are fundamentally different and should be defined and separated.
- Current political, structural and cultural environment tends to inhibit upstream thinking and action.
- Public services operate within target culture which tends to promote efficiency in discrete service delivery ahead of upstream partnership action.
- The prevailing target culture may do little to promote equality.
- Often there is inadequate resources to pursue upstream working whilst maintaining current efficiency in service delivery.

### Description of learning theme:

Equally Well advocates the implementation of approaches which improve effectiveness and efficiency of service delivery within the local context and also address the upstream cause of circumstances which perpetuate or exacerbate health inequalities. Observation of the Govanhill Hub suggests that operationally these two streams of working have very different and at times opposing characteristics. The daily tasking sessions within the Hub have proven to be worthwhile in improving efficiency of service delivery; where the sharing of information and experiences in relation to a particular case can quickly identify the most efficient short-term solution; avoiding duplication of effort amongst the partners. This efficiency driven working can be fast and dynamic. By contrast the upstream working demands considerable time to enable partners to conceptualise and discuss the local issues in detail and map out the root causes and upstream solutions. The two streams of working are so different that they should be clearly defined and separated at the operational level.

At a theoretical level upstream thinking and working is very difficult to truly realise within the current political, structural and cultural environment. There can be no doubt that public services operate within a target culture. There is strong evidence from within the Govanhill Test-site that there is greater support for short-term efficiency gains (both in terms of time and cost) ahead of long-term solutions. The target culture has been hugely influential in this. Progress against targets are usually measured in simplistic numeric terms i.e. numbers of people receiving a service, number of times a service has been delivered and length of time for an issue to be ‘fixed’. This pre-occupation with targets inhibits upstream thinking which by its definition is usually less efficient, in these narrow terms, over the short term, and may require resources being removed from target achieving activities. Little consideration is given to the equity or composition of service delivery

when simplistic numeric measurement against targets is to the fore. Indeed the target culture may serve to re-enforce a lack of consideration of equity as areas like Govanhill, may 'punch above their weight' in terms of the volume of repeat service delivery required within the area; thus bolstering numbers towards achievement of targets. Support for upstream partnership working has been further challenged within the Test-site given the current financial cuts within public services; many partner organisations within the Test-site have already experienced staff cuts with the majority aware that financial cuts are coming. The result is that such partners feel they simply do not have the capacity (presently or in the immediate future) to see past attainment of their own organisation's targets. Locally, within Glasgow, the separation of health and social care services within the former Community Health and Care Partnerships has also arguably been detrimental to partnership working which may further inhibit potential upstream working. These influences encourage a narrowing of partners' scope; tending towards discrete service delivery and achievement of individual organisational targets.

There is strong evidence from the evaluation that additional resource is often required to support up-stream, multi-faceted working – especially as it is normally to be delivered in addition to maintaining normal service delivery. Often these resources are simply not available, thereby inhibiting progress on upstream action.

Another facet of this learning theme which is already described in the 'individual lifestyle and behaviours' layer of Figure 1 is the ideologies of support versus enforcement. Within the Govanhill Test-site there are many behaviours evidenced within the community which have a detrimental effect on other community members and on the immediate environment. The ideology that enforcement of laws and rules on the Govanhill community is the most effective method of behaviour change fits closely with efficiency of service delivery. Whilst evidence from the Test-site suggests that even enforcement is complicated within Govanhill it is surely more simplistic, measurable and immediate than the upstream nature of support and education as methods of behaviour change. Similar to efficiency of service delivery; enforcement as an ideology, arguably comes to the fore more frequently than support and education within the Govanhill Test-site.

Fundamentally upstream working and thinking is much more complex and challenging than efficiency driven working. It requires strong leadership and influence to achieve a shared set of upstream values and principles nationally and across the range of CPPs locally. At the core of these values must be to engrain an understanding that successful upstream working in the short to medium-term will lead to massively increased efficiency of service delivery in the long-term. Upstream thinking and working must also be underpinned by equality as a principle; requiring greater scrutiny of performance measurement; ensuring that resource is positively discriminated in favour of those with greatest need.

#### **Evaluator's reflections:**

The focus on efficiency of service delivery and the limitations of the target culture are apparent within the Test-site. However, it must be stressed that partnership working within the Govanhill Test-site is highly progressive and there is strong commitment to upstream working; not least the macro-policy influence on housing legislation and the establishment of the Hub. These milestones have been built on strong upstream thinking with the Govanhill Housing Association providing much of the thrust based on local knowledge, insight and strong leadership. It must also be stressed that efficiency driven working is vitally important within Govanhill. Particularly when the detrimental effects of some circumstances on the health and wellbeing of Govanhill residents are in question; public services must respond quickly and effectively. This in essence, is an important aspect of early intervention which is strongly endorsed in Equally Well. The balance between efficiency driven working and upstream solutions is challenging to say the least. It will be interesting to see whether support for the upstream elements within the Hub endures or whether the drive for short-term efficiency of service delivery prevails.

Community engagement and consultation in deciding on the most appropriate upstream approaches is a further fundamental consideration as is effective communication with the community on progress, especially when upstream action may mean removal of a proportion of resources from efficiency-focused working. This remains a priority for the NMG and Hub in moving forward.

There is clear inter-connectedness between the first three learning themes (and indeed all five learning themes). Arguably, the dominance of a target culture is perhaps illustrative of a reductionist response to a complex issue or set of issues such as providing equitable service delivery or service delivery which reduces health inequalities. The focus on efficiency in discrete service delivery, whilst important, does tend to encourage a move away from upstream thinking. Evaluation evidence indicates that this move is reinforced by a culture shaped by targets and short-termism.

## Learning theme 4: Inter-agency information sharing is central to effective early intervention and approaches to address health inequalities

### Equally Well principles to inform:

- Prioritise early intervention – to break into recurring cycles, including poverty, unemployment, low skills, and poor health, and to prevent crises and problems requiring extensive responses from public services.
- Developing a ‘shared outcomes’ approach to local delivery of the relevant public services, in which action likely to work in achieving longer-term outcomes is shared between partner agencies, supported by sound internal performance management, public reporting and a cycle of continuous improvement.
- Transforming and redesigning the spectrum of local public services, so that they respond well collectively to people who need multiple forms of support, and who may not currently be getting a productive response from these services, because of the complexity of their needs.
- Ensuring we have a flexible workforce with the right skills, able to work effectively together across organisational boundaries and to adapt their approach depending on the individual needs of service users.

### Findings from data:

- Information sharing within the Hub is professional and appropriate and is fundamental to this progressive approach.
- Inter-agency information sharing is pivotal to the types of partnership approaches required in Govanhill and endorsed by Equally Well.
- There are valid legal, ethical and cultural barriers to information sharing between some partners.
- The balance between the right for privacy and appropriate information sharing requires immediate consideration nationally and locally.

### Description of learning theme:

Observation of the development of the Hub has revealed the pivotal importance of inter-agency information sharing within approaches to address health inequalities, especially promoting early intervention. Information regarding geographical areas and priority issues in relation to these areas is shared within the Hub. Moreover, information relating to individuals, their circumstances, their property and associations within the community are also shared between partners during Hub tasking meetings. This information exchange is pivotal to the Hub’s ability to tailor effective collaborative working to meet the complex needs of the community; collectively and individually. Information pertaining to individual community members is discussed professionally and appropriately. Information is shared in good faith, and is recorded anonymously and is not to be discussed outside of the tasking meetings or circulated beyond the specific collaborative working on the case.

Equally Well advocates this type of sharing of information in the recognition that it is crucial to the multi-faceted partnership working required to implement early intervention and address health inequalities. However there are many challenges within current arrangements which inhibit such information sharing and potential early intervention; primarily cultural, ethical and legal. A key issue raised within the Hub is that individual organisation’s interpretation of confidentiality and the legal parameters in which they operate cast considerable doubt over the legitimacy of an officer from a partner organisation gathering ‘client’ information to be used by another partner. It follows generally that ‘referral’ between services and information sharing between partners is often more complex than would be anticipated, which presents future partnership challenges in developing early intervention responses.

There also appears to be fundamental cultural differences regarding information sharing between some partners contributing to the Hub. The information sharing and exchange already described in the Hub is in

sharp contrast to that of the patient-carer or client-worker confidentiality at the core of health and social work services for example. Based on observation of the Hub tasking meetings this in itself may represent a barrier to partnership working for these partners.

Hub staff have been proactively exploring these issues as has the NMG; consideration has been given to how this type of working sits within the legal parameters of individual services and the information sharing protocol established between Glasgow City Council and NHS Greater Glasgow & Clyde. Information sharing is an ongoing issue within the Test-site.

#### **Evaluator's reflections:**

There is a difficult balance to be struck here. It cannot be emphasised enough that information sharing between local partners is absolutely fundamental to the type of partnership working endorsed by Equally Well. There is convincing evaluation evidence that information sharing within the Hub is professional and appropriate – it releases dynamism, it can identify shared priorities, shared agendas, it utilises more effectively the shared expertise and experience of officers operating within the area, it can immediately spark upstream thinking, generate well considered solutions and is absolutely vital in enabling partners to respond effectively to complex and multiple needs. The balance refers to what extent this type of information sharing needs to be considered against the fundamental human right of privacy?

There is a feeling amongst some partners, for reasons outlined, that risks are being taken by sharing information perceived as being sensitive, within the Hub. With Equally Well supporting bold, innovative and new ways of working, perhaps the Hub is an exemplar in this regard. Due consideration will have to be given to address the ethical and legal anxieties that exist and to ensure clarity around roles, responsibilities, structures and parameters in which public services operate. This needs to be accompanied by cultural shifts. Against a backdrop of a future reduction in public spend these are ambitious challenges that need to be addressed if strong partnership working and early intervention are to be truly embedded.

As described through the first three learning themes health inequalities means complexity and multiple needs, this requires complex, multi-faceted solutions which involve multiple partners. For partners to work together to support individuals with complex, multiple needs and to promote early intervention they need to share information appropriately but freely. This learning theme highlights the difficulty of this and the valid concerns of some partners under current arrangements.

## **Learning theme 5: Collective responsibility for addressing health inequalities is not effectively promoted by current language and terminology**

#### **Equally Well principles to inform:**

- Developing a 'shared outcomes' approach to local delivery of the relevant public services, in which action likely to work in achieving longer-term outcomes is shared between partner agencies, supported by sound internal performance management, public reporting and a cycle of continuous improvement.
- Transforming and redesigning the spectrum of local public services, so that they respond well collectively to people who need multiple forms of support, and who may not currently be getting a productive response from these services, because of the complexity of their needs.
- Ensuring we have a flexible workforce with the right skills, able to work effectively together across organisational boundaries and to adapt their approach depending on the individual needs of service users.

#### **Findings from the data:**

- The language used in Equally Well and terminology of health inequalities represents a barrier to engaging with the policy for some.
- Test-site working is closely aligned with Equally Well despite the reduction of health inequalities not being a strongly articulated aim.

- Partners demonstrate an acute understanding of the determinants of health inequalities but articulate this in broader terms.
- Minor refinement of Equally Well's language may help foster collective responsibility for addressing health inequalities across the range of Community Planning Partners.
- Contextualising and establishing Equally Well within an established structure, such as Neighbourhood Management, has been challenging.

### **Description of learning theme:**

As described in the first four learning themes there is strong evidence that the approaches taken within the Govanhill Test-site closely reflect the ethos of partnership working described in Equally Well. However this description belies many of the challenges encountered within the Test-site to date. Contextualising Equally Well within an established structure, such as the NMG, has been challenging. Moreover, there was also the realisation that addressing health inequalities was not perceived as a key priority within NMG. Although the group has a visible ethos of addressing inequalities, the mechanisms to reduce local health inequalities has not been planned or discussed in any detail. Therefore, how can it be that, as demonstrated, Govanhill partners are working in ways which are likely to reduce health inequalities faced by the area, without clearly articulating it as an aim?

Thematic analysis has revealed several interesting threads in answering this question. Firstly, for some partners in the Test-site, the language and terminology used in Equally Well and health inequalities represents a barrier to engaging with the policy. The language is seen as too academic in tone, is primarily health-sector orientated and is seen as requiring specialised knowledge and understanding to digest; these issues represent very real barriers, primarily for non-health professionals. Secondly, closely linked to this has been the tendency for some partners to compartmentalise 'health inequalities' as being the responsibility purely of the NHS and of health professionals and not recognising the role they and their organisation's services may play in addressing health inequalities. Partners articulate strongly the pressures of service delivery within their own organisation; and how this represents a basic priority ahead of any form of consideration of Equally Well. These two points are illustrated in the below interview extracts:

*"What does Equally Well mean to me? Not a lot to be perfectly frank. Sorry. I have had a look at the document, but it's health, that's for [Test-site health professional] to see how to implement it within Govanhill, I have too many other pressures to be devoting time to thinking of that, that's for him [Test-site health professional]"*

*"For me it's (Equally Well) too 'airy fairy', its up in the ether, very theoretical, very academic, I have no idea how to translate Equally Well principles into action and I'm not sure that it is relevant in the delivery of [interviewee's agency]'s services, it's all health related"*

In exploring how the Test-site came to be working in ways aligned with Equally Well and the reduction of health inequalities a specific line of questioning was developed and used (Nov 2010-March 2011) based on earlier fieldwork and analyses (Feb-Aug 2010) which arrived at the conclusion that partners were actually acutely aware of the determinants or casual mechanisms of health inequalities, but did not relate or fully articulate the relevance of these determinants or mechanisms to health inequalities. This third point is illustrated by the below interview extract:

*Evaluator: ...so we've spoken about some of the issues in the area [Govanhill] and how they adversely impact on health in the area compared to other areas of Glasgow, how do you think these health inequalities in Govanhill can be reduced?*

*Interviewee: I'm not sure, I feel like it's not really my place to say, not being from a health background, you know? [pause] I suppose it's about making sure the folk that are needing health services get them, I don't really know, sorry*

*Evaluator: No, it's OK, that's fine. Well, what if I was to ask you how would you improve the quality of life of people living in Govanhill?*

*Interviewee: just, generally?*

*Evaluator: answer any way you like [interviewee's name]*

*Interviewee: well, it's everything isn't it? I suppose, its getting people jobs that are out of work; them having more*

*purpose in their lives. It's about having a clean, safe neighbourhood, a good home. Things that folk can do in the area that are positive, positive for the community, instead of the alcohol and drugs. We need to make sure services work in Govanhill – that they meet the community's needs. Services need to work together with the community to achieve all of that, more joined up, we need to realise what we've done so far isn't quite there, hasn't been good enough, so we need to try new things and there needs to be lots more money pumped into the area, it needs to be recognised as an area in need in Glasgow and Scotland. [NMG member] has been great for that, with the petition, it gets the profile raised, so with the extra resource you are improving all of these pieces of the jigsaw, sorry I'm going on [laughter].*

*Evaluator: No, I was just thinking, you've given a pretty comprehensive description as to how health inequalities in Govanhill could be reduced, what you've just said is perfectly in line with Equally Well*

*Interviewee: [laughter] there you go then! I thought I hadn't a clue about health inequalities!*

The above interview extract demonstrates a strong and recurring theme identified in analysis for some partners. Questioning using the broader, more pragmatic terminology of 'improving quality of life' (or similar) is more likely to elicit the types of responses aligned to the type of working endorsed by Equally Well than the existing health inequalities discourse. Crucially, partners interviewed in this way recognised their own organisation's contributions to improving quality of life; how partnership working is essential in improving quality of life, given the complexity of issues in the area; and how the area requires additional resource to improve quality of life.

### **Evaluator's reflections:**

It is important to stress from the outset that the perceived absence of a local health inequalities discourse (through NMG language and the 'lack' of status Equally Well holds for some partners within the Test-site) is not a negative finding. It could be argued that in many ways it is to the credit of partners operating within the area that despite these language barriers there is an intrinsic collective understanding of the need to address basic 'quality of life' issues. Partners have already developed approaches and ways of working which are forward thinking, progressive and strive to promote equality. On-going investigation and analyses relating to this finding has uncovered some very important issues in relation to the implementation and development of Equally Well.

As described, given the multiple and complex unmet needs which result in health inequalities, partnership working is fundamental. It follows that a shared set of values and principles must be developed to promote and engrain the health inequalities agenda across the range of CPPs. Central to this is that all partners speak a shared 'language'. Evidence from the Govanhill Test-site suggests that the Equally Well policy document is potentially unlikely to achieve this in its present form for some partners. This is not a negative finding. The main barrier identified to engagement with the policy is simply its language and terminology; not the underlying principles. Within the Govanhill Test-site it is clear that the principles which underpin Equally Well are well understood and accepted as the way to improve 'quality of life in the area'. Minor refinement to the language of the policy may broaden its appeal and perceived relevance across the range of partners required to address health inequalities.



Discussion of  
interim learning  
themes

## 4.0 Discussion of interim learning themes

*“Equally Well calls for brave leadership and for space and time for innovative and untried approaches to bed in. This evaluation concludes strongly that there is little value in attempting to measure progressive, multi-faceted approaches using traditional numeric frameworks and short-term outcomes.”*

The implementation of the types of partnership approaches endorsed by Equally Well is difficult and may become increasingly challenging within the emerging economic climate. The shift from simplistic, target-driven, efficiency focused working towards upstream, long-term, collective action on the determinants of inequalities is a big step for many organisations. The learning themes describe how current political, cultural and structural arrangements generally cultivate short-termism. To move away from this would require a profound cultural shift and a new type of leadership where sustainable, long-term solutions and equity as a collective value attains equal precedence alongside short-term efficiency. This would also require extensive dialogue with communities to not only ensure appropriate long-term solutions are identified but to inform and discuss the implications of a potential shift of a proportion of resource from short-term efficiency to, at times, ‘less-visible’ long-term, multi-faceted action.

Equally Well calls for brave leadership and for space and time for innovative and untried approaches to bed in. This evaluation concludes strongly that there is little value in attempting to measure progressive, multi-faceted approaches using traditional numeric frameworks and short-term outcomes. Perhaps it is better to simply assume and accept that upstream partnership working will not measure favourably against efficiency-driven approaches using conventional numeric measures. Strong vision and leadership are required to ensure the longer-term benefits of upstream working are understood and accepted.

The learning themes also emphasise the complexity of circumstances which perpetuate health inequalities. Approaches to address health inequalities must be equally complex, providing tailored, comprehensive and multi-faceted responses; recognising health inequalities as an outcome of complex and multiple unmet needs. This endorses the principles of Equally Well and Scottish Social Policy’s commitment to inter-agency partnership working as both a key characteristic and an underpinning value within approaches to address the nation’s intractable social and health inequalities.

The learning themes also highlight pragmatic issues such as the ‘language of health inequalities’, and how, based on the data gathered, this has proven somewhat ineffective in promoting collective responsibility for addressing health inequalities for some local CPPs. Furthermore information sharing is a contentious issue within the Test-site; current arrangements are not conducive to establishing the type of dialogue required between partners to realise the type of working supported by Equally Well.

Overall this interim evaluation of the Govanhill Test-site confirms that the underpinning ethos and principles of Equally Well remain highly relevant to the development of partnership approaches required to reduce health inequalities. Equally Well’s core values are understood and endorsed by CPPs within the Test-site despite the reduction of health inequalities not being strongly articulated as an aim of inter-agency working. Many challenges exist which inhibit Equally Well’s successful implementation. These are outlined in the learning themes in this interim report and will be explored further in the final Govanhill Test-site evaluation report (March 2012) and in further evaluation outputs over the period 2011/12.

*“The learning themes also emphasise the complexity of circumstances which perpetuate health inequalities. Approaches to address health inequalities must be equally complex, providing tailored, comprehensive and multi-faceted responses; recognising health inequalities as an outcome of complex and multiple unmet needs.”*



## Interim Recommendations

## 5.0 Interim Recommendations

*“In moving forward locally it is recommended that the Govanhill NMG refresh and renew its focus on Equally Well as a framework from which to underpin future developments and approaches within Govanhill.”*

The interim findings of this evaluation support that Equally Well is highly relevant to CPPs contributing to the Govanhill NMG and the Hub as they continue to plan and implement approaches to improve circumstances in the area. It is important Govanhill partners recognise how progressive approaches like the Hub and Participatory Budgeting of Equally Well funds are. It is also vital that partners acknowledge how closely aligned their approaches and upstream thinking is with Equally Well principles. And, furthermore, how Equally Well as a policy framework can continue to inform and appropriately challenge future thinking and developments within Govanhill.

*“To this end it is recommended that a proportionate number of GoCA members are invited to permanently join the NMG. This would represent a progressive step for the NMG initiative and can be actioned immediately.”*

In moving forward locally it is recommended that the Govanhill NMG refresh and renew its focus on Equally Well as a framework from which to underpin future developments and approaches within Govanhill. Findings of this evaluation indicate that some NMG members have found Equally Well difficult to engage with. It is thus the responsibility of Equally Well staff resource within the Test-site to ensure that the policy is promoted and disseminated in such a way as to foster clear understanding of the policy and its relevance within Govanhill. Furthermore community consultation and engagement remains a priority for the NMG and indeed the continued development of the Hub. Whilst

this report stresses the importance of recognising complexity; it is also true that even the most complex journey can begin with a few simple steps. To this end it is recommended that a proportionate number of GoCA members are invited to permanently join the NMG. This would represent a progressive step for the NMG initiative and can be actioned immediately.

Nationally, it is recommended that the language and terminology used in Equally Well is revised. This evaluation demonstrates that CPPs within Govanhill are acutely aware of the determinants of, and appropriate responses to, health inequalities. However, crucially, Test-site partners articulate this in broader terms than those currently used in Equally Well. Minor refinement of the policy’s language may help foster the collective responsibility (across the range of CPPs) required to develop the type of partnership approaches endorsed by Equally Well. This refinement could be undertaken without diluting the underpinning principles and ethos of Equally Well; which have been shown to be of burning relevance to partnership approaches within the Govanhill Test-site.

*“Minor refinement of the policy’s language may help foster the collective responsibility (across the range of CPPs) required to develop the type of partnership approaches endorsed by Equally Well.”*



## Appendices

# Appendices

## Appendix A: Baseline analyses to enable long-term monitoring of health inequalities faced by Govanhill

Figures 2-10 detail analyses comparing health outcomes across a range of indicators in Govanhill to comparator areas. These outcomes and comparator areas were agreed locally within the Test-site in consultation with partner agencies and the Govanhill Community Development Trust.

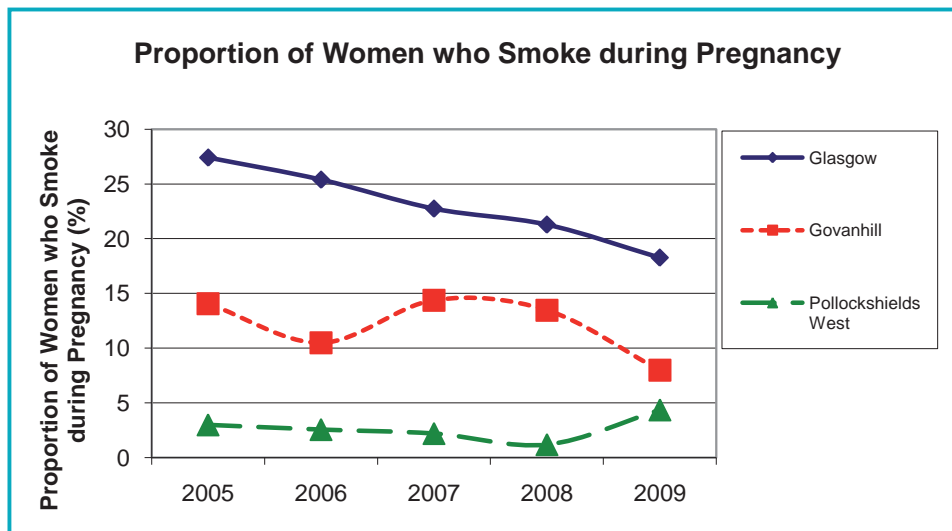
Comparator areas include:

- Pollokshields West (nearby affluent neighbourhood)
- Glasgow City
- Scotland (for selected outcomes, depending on availability of data)

Analyses is up to and including 2009 and goes back five to 10 years depending on the availability of data. Where small numbers are evident in the analyses it is appropriate to group some years together. These analyses will be updated to include an indicator of mental health; the data was unavailable at the time of writing.

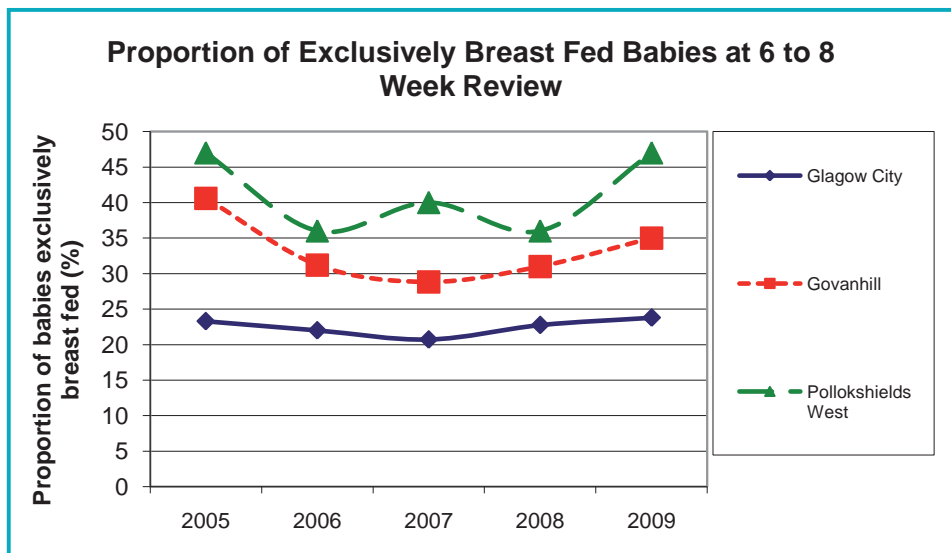
### Early Years

The early years of life are fundamental to levels of health and wellbeing experienced in adulthood and health outcomes seen in later life. Furthermore there are pronounced socioeconomic gradients there in; where early years outcomes for those experiencing the worst levels of living and working conditions are considerably worse than more affluent groups and areas. Thus monitoring the gaps in early years health outcomes between Govanhill and the comparator areas is critical to track over the long-term.



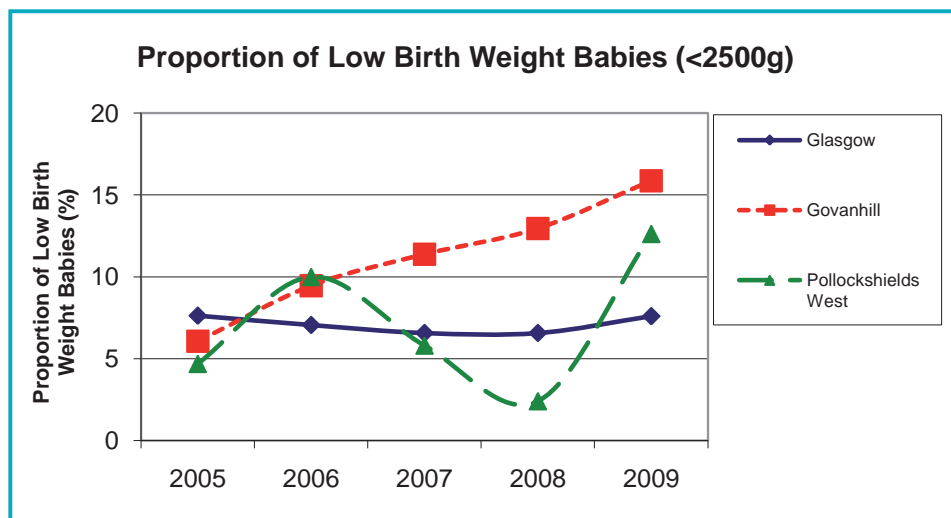
**Figure 2:** Local indicator, Proportion of women who smoke during pregnancy

From the above chart it is clear that the proportion of women who smoke during pregnancy in Govanhill is approximately half that seen in the rest of Glasgow in 2009. This is a positive finding. Furthermore the gap between Govanhill and Pollokshields West is reducing, thus inequalities in smoking during pregnancy within Govanhill are reducing relative to Pollokshields West.



**Figure 3:** Local indicator, Proportion of breast fed babies at 6 to 8 week review

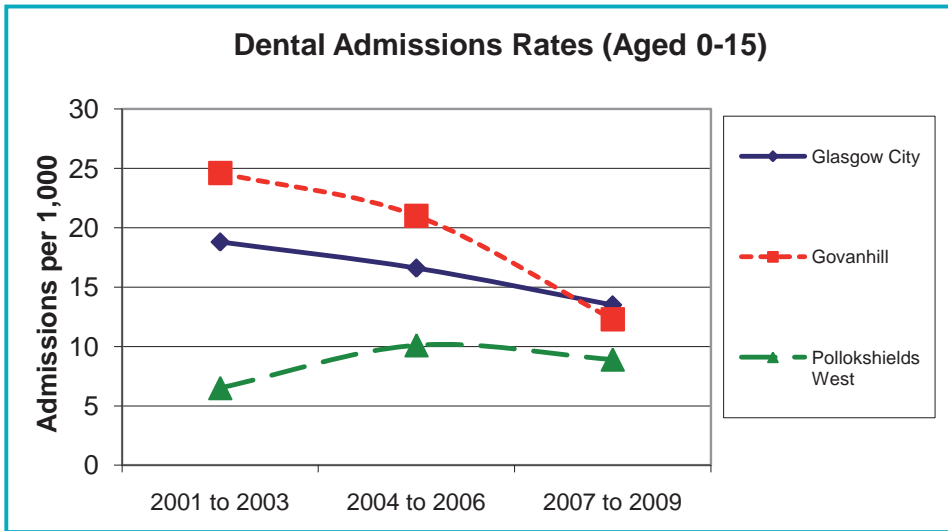
From the above chart it is clear that rates of exclusively breast fed babies have been increasing in Govanhill since 2007 and are considerably higher than the Glasgow City rate, this is a positive finding. However the level at which the rate of breast feeding is increasing in Govanhill is not as steep as Pollokshields West – the gap is widening from 2008 to 2009.



**Figure 4:** Local indicator, Proportion of low birth weight babies

From the above chart it is clear that there has been a stark increase in the rate of low birth weigh (LBW) babies in Govanhill over the reporting period. The fluctuations seen in Pollokshields West are somewhat misleading as the sample sizes are small, ranging from 61 to 80 over the recording years. The sample size for Govanhill births ranges from 124 to 188; analyses thus reveals that the increasing proportion of LBW is statistically significant. The proportion of LBW in Glasgow City has been relatively unchanged over the recording period. Thus the inequalities gap in proportions of LBW babies is increasing between Govanhill and the rest of Glasgow. This is not a positive finding.

**Figure 5:** Local indicator, Dental admission rates

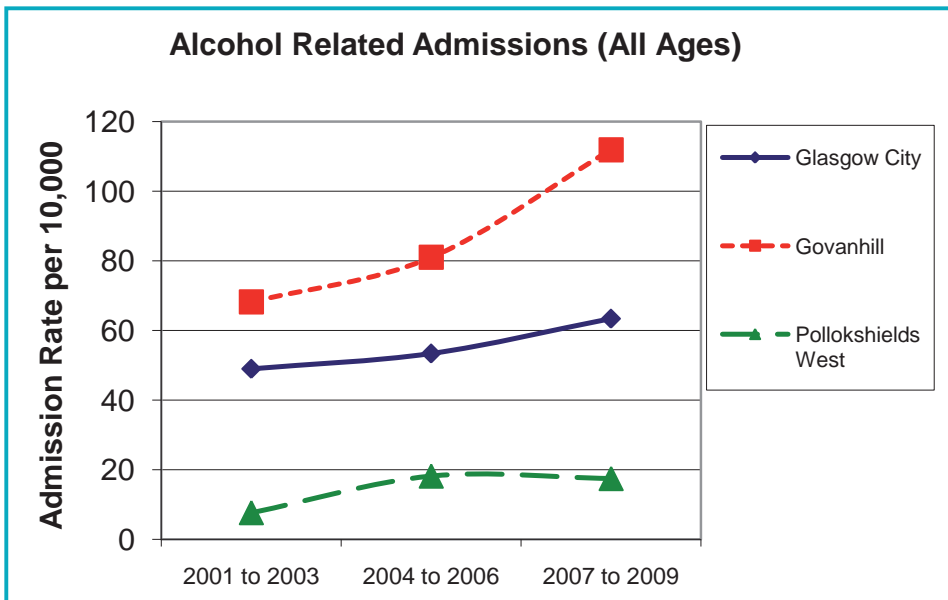


The above chart details dental admission rates; the data has been interrogated to show admissions related to malformation of children’s teeth, which has been shown to have a strong association with poor health outcomes in adulthood. Overall rates have been declining over the reporting period and rates within Govanhill have been dropping at a faster rate than those in Glasgow City and in Pollokshields West; thus the inequalities gap in child dental admissions has been reducing – this is a positive finding.

## Social & Behavioural

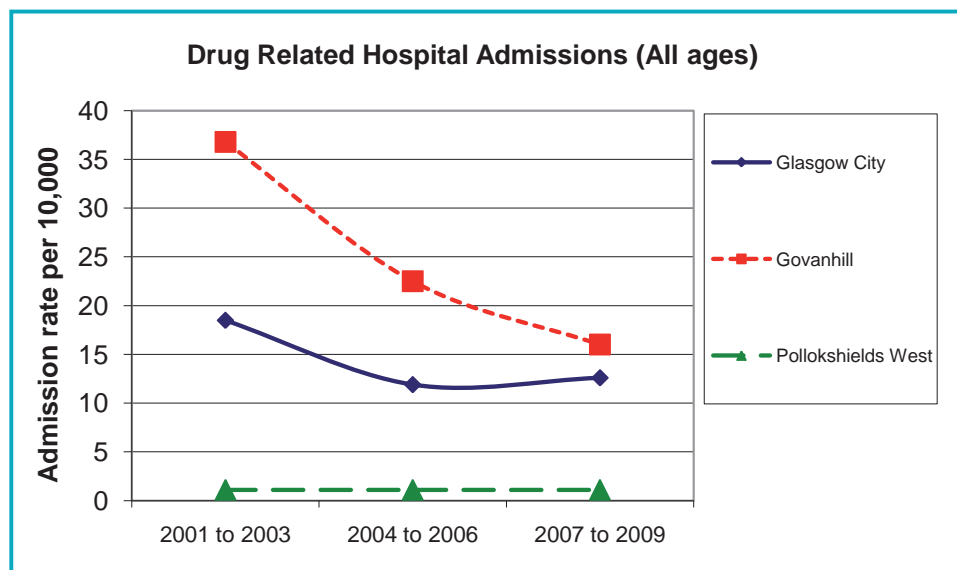
Both alcohol and drug misuse have a strong impact on health, wellbeing and life expectancy. Furthermore there are pronounced socioeconomic gradients in these behaviours. Where drug and alcohol consumption, misuse and associated health outcomes are considerably worse for those experiencing the lowest levels of living and working conditions, compared to affluent groups and areas. Thus monitoring the gaps in drug and alcohol related hospital admissions between Govanhill and the comparator areas is critical to track over the long-term.

**Figure 6:** Local indicator, Rates of alcohol-related hospital admissions



The above chart shows that the gap between alcohol-related admissions in Govanhill and Glasgow City and Pollokshields West is striking with Govanhill recording almost twice the rate of Glasgow City in 2009 and almost six times the rate of Pollokshields West in the same recording year. Furthermore, over the reporting period the

inequalities gap between Govanhill and the comparator areas is increasing – this is not a positive finding. The caveat to this analyses is that there have been improvements in the rate of recording of alcohol related admissions within accident and emergency units in the past 10 years. Whilst this might lessen gradients to an indeterminate extent over the reporting period it is highly probable that the same trends would be apparent.

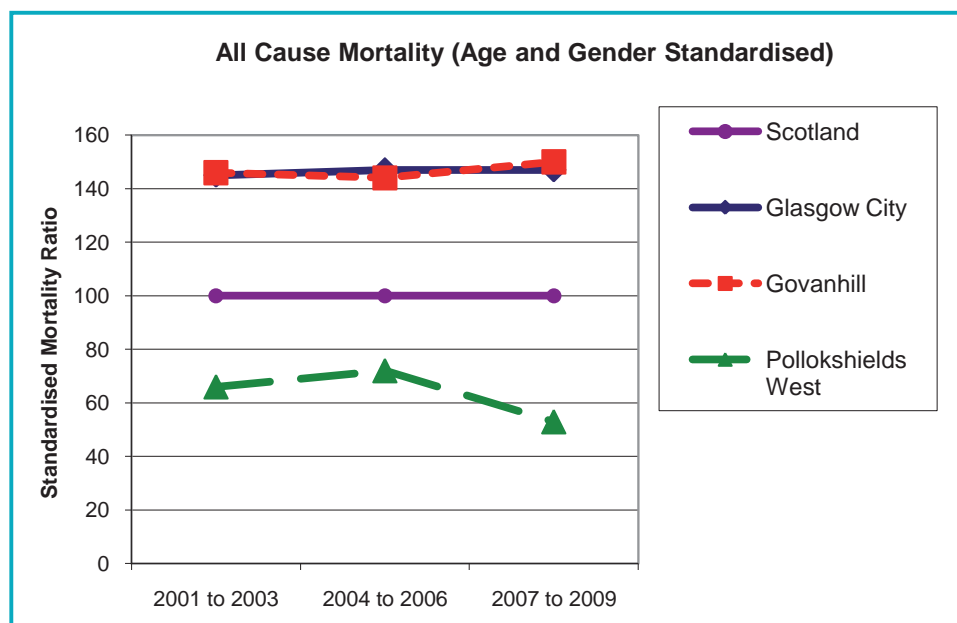


**Figure 7:** Local indicator, Rates of drug-related hospital admissions

In contrast to alcohol-related admissions, drug-related admissions from within Govanhill have more than halved over the reporting period. Furthermore the inequalities gaps in drug-related admissions have been reducing – this is a positive finding.

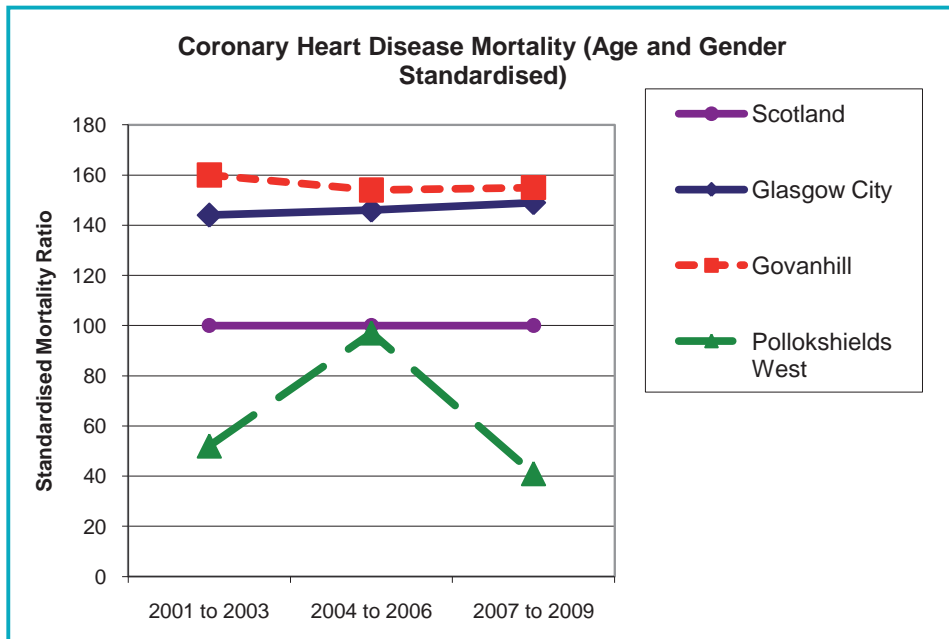
### Standardised Mortality Ratios

The standardised mortality ratio or SMR is the ratio of observed deaths to expected deaths according to a specific health outcome; in these analyses all cause mortality (deaths from all causes), Coronary Heart Disease mortality and Cancer mortality will be considered. For these analyses the observed deaths are those in Glasgow City, Pollokshields West and Govanhill; and the expected death rates are standardised for Scotland. This enables a clear view to emerge of how Govanhill and the selected comparator areas compare with Scottish mortality ratios.



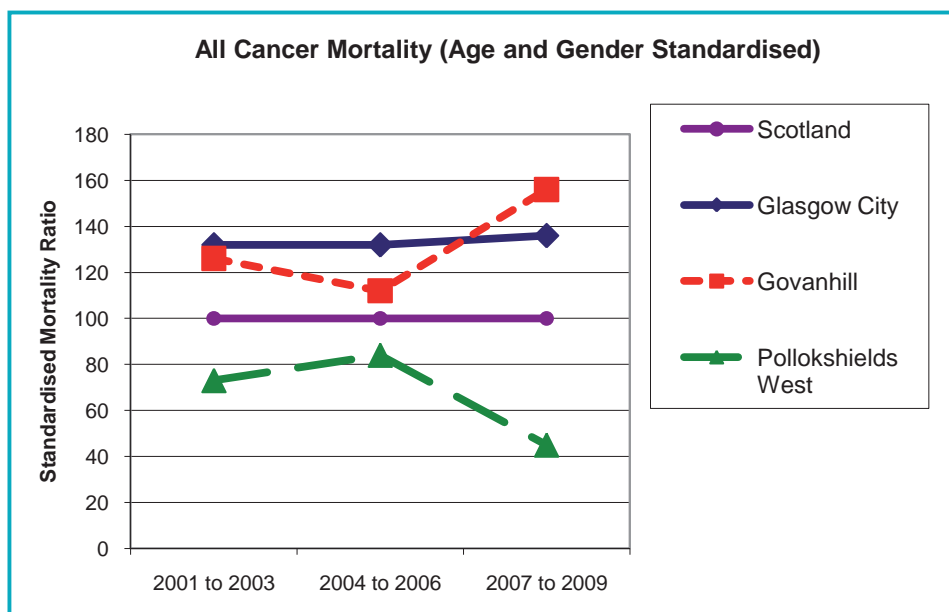
**Figure 8:** Local indicator, All Cause Mortality

From the chart it can be seen that the all cause mortality ratio in Govanhill is very similar to that of Glasgow City. Both Glasgow and Govanhill have substantially higher mortality rates compared to Scotland and Pollokshields West. A noteworthy point is that the all cause mortality ratio in Govanhill has actually risen from 144 in 2004-06 to 150 in 2007-09, where as Glasgow has remained at 147 over the same period and Pollokshields West has reduced from 85 to 53. This is not a positive finding, the inequalities gap in all cause mortality between Govanhill and the all other comparator areas has increased from 2004-06 to 2007-09.



**Figure 9:** Local indicator, Coronary Heart Disease Mortality

From the above chart it can be seen that the Coronary Heart Disease (CHD) mortality ratio is highest in Govanhill, compared to Glasgow City, Scotland and Pollockshields West. Importantly however the CHD mortality ratio for Govanhill is reducing over the three recording points; thus in comparison to Glasgow at least, the inequalities gap in CHD mortality is decreasing – this is a somewhat positive finding.



**Figure 10:** Local indicator, Cancer Mortality

It is clear from the above chart that the all cancer mortality ratio for Govanhill has increased dramatically from 112 in 2004-06 to 156 in 2007-09. In all comparisons this means that the cancer mortality inequalities gap between Govanhill and the comparator areas has increased. This is not a positive finding.

## Appendix B: Data synthesis and analysis methods

Observation notes, focus groups, interviews and textual questionnaire extracts were analysed using thematic analysis (one of the most common approaches to analysing qualitative data, especially within the field of health-related research)<sup>11</sup>. Thematic analysis involves coding respondents' talk into categories that summarise and systemise the content of the data<sup>12</sup>.

Categories were mostly derived from the data, rather than a prior theoretical framework developed by the lead analyst. The benefit of this approach in this context is that the analysis provides a valuable summary of participants' own views and experiences and an overview of the range and diversity of the ideas presented. The quality of the analysis was ensured through regular review meetings involving the three analysts throughout the process (Chris Harkins (CH) and Pauline Craig (PC) until Jan 2011, CH and James Egan (JE) thereafter)<sup>13,14</sup>.

The lead analyst (CH) read through transcripts and notes several times, in order to be thoroughly familiar with the data and identify key themes and initial codes. Initial codes were identified and discussed with the second analyst (PC) and data related to each code was collated. Over the course of subsequent meetings this coding structure was discussed and further refined with PC and JE. Multiple coding, such as that adopted in this review, has been advocated as a way in which to refine coding frames and enhance rigor within qualitative studies<sup>15</sup>. The coded data were then arranged into potential themes, again by CH, using a process whereby the identified themes were compared across the data. Interpretations of identified themes were discussed with PC and JE, and re-assessed and re-interpreted as necessary.

Direct quotes from the data were grouped under thematic headings<sup>16</sup> providing a clear illustration of each theme and strength of opinion attached to each theme. Finally, the themes were refined through investigation both of similar and anomalous examples<sup>17</sup>. Themes were grouped under Dahlgren and Whitehead's determinants of health model for the purpose of identifying the theorised impact of the Test-site's work on health and health inequalities. Then broader analysis continued with no prior theoretical framework. Towards the end of this analysis five core learning themes were identified. No new themes emerged, which suggests that the most important themes had been identified.

A qualitative data indexing package (Atlas.ti) was used to facilitate coding and retrieval of the data. Quotations were chosen to illustrate particular points and are included in interim results in an anonymous form.

## Appendix C: Evaluation progress summary

All aspects of the evaluation methods are progressing well within the anticipated timeline detailed in Appendix 1 of the Test-site evaluation plan. The quantitative baseline analysis has been brought forward significantly from the planned 2011 timeline detailed in the evaluation plan. NHS Greater Glasgow & Clyde was approached in May 2010 to extract data to begin joint analyses on the quantitative baseline data. Complete data will be supplied by late 2010 – at the time of writing this interim review life expectancy data is unavailable. The baseline data has been developed to fulfil Equally Well recommendations; whereby evaluation of programmes to reduce health inequalities are designed in such a way as to ensure long-term monitoring of selected health inequalities within Test-sites.

The progress of evaluation methods against the two core evaluation aims are detailed below in Table 1.

**Table 1:** Govanhill Equally Well Test-site, Evaluation Aims and Progress

<b>Evaluation Aim 1:</b>  <b>Assess the outcomes and effects of the work of the Govanhill NMG in terms of reducing health inequalities and minimising social and environmental risks to health faced by Govanhill in comparison to other areas of Glasgow and Scottish averages.</b>	<b>Evaluation Aim 2:</b>  <b>Gain insight into the development of the Govanhill NMG in relation to the process of moving towards new organisational working to reduce the social, environmental, economic, and health inequalities faced by Govanhill.</b>
<p><b>Quantitative Evaluation Methods:</b></p> <p>Comparing health outcomes in Govanhill to comparator areas, across the following health indicators:</p> <p><b>Early Years:</b></p> <ul style="list-style-type: none"> <li>• Proportion of women who smoke during pregnancy</li> <li>• Proportion of breast fed babies at 6 to 8 week review</li> <li>• Proportion of low birth weight babies</li> <li>• Dental admission rates</li> </ul> <p><b>Social &amp; Behavioural:</b></p> <ul style="list-style-type: none"> <li>• Rates of alcohol-related hospital admissions</li> <li>• Rates of drug-related hospital admissions</li> </ul> <p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li>• Data unavailable at present</li> </ul> <p><b>Mortality:</b></p> <ul style="list-style-type: none"> <li>• All cause mortality</li> <li>• Coronary heart disease mortality</li> <li>• Cancer mortality</li> <li>• Life expectancy</li> </ul> <p><b>Progress to date:</b> preliminary baseline analysis presented in this report</p>	<p><b>Quantitative Evaluation Methods:</b></p> <p><b>Ethnographic Observation of:</b></p> <ul style="list-style-type: none"> <li>• 9 Govanhill NMG meetings</li> <li>• 2 Govanhill NMG development sessions</li> <li>• 2 Govanhill Hub planning sessions</li> <li>• 58 Govanhill Hub tasking meetings</li> <li>• 5 Govanhill Hub partner briefing sessions</li> <li>• 9 Govanhill Hub themed developmental sessions</li> <li>• 5 Govanhill Community Group meetings</li> </ul> <p><b>Semi-structured interviews:</b></p> <ul style="list-style-type: none"> <li>• 32 one-to-one interviews with Govanhill NMG members</li> </ul> <p><b>Focus groups:</b></p> <ul style="list-style-type: none"> <li>• 5 focus groups with Govanhill Hub staff</li> <li>• 2 focus groups with Govanhill Community Action Group (GoCA)</li> </ul> <p><b>Progress to date:</b> interim learning themes presented in this report</p>

Qualitative fieldwork within Govanhill has been successful in yielding rich data that has a direct relevance to Equally Well implementation and Scottish Social Policy development. Rigorous thematic analysis has been conducted on all data gathered from qualitative fieldwork to date. On reflection there is scope to increase observation of community groups and initiate methods, described in the Test-site evaluation plan, of gathering the views of community members. This will be taken forward over the second year of the Test-site evaluation.

## Selected evaluation 'outputs' delivered to date

The evaluation has delivered some outputs to date but it should be noted, as detailed in the Test-site evaluation plan, that the timeline for delivery of the evaluation is two years. Thus outputs to date have largely been at the request of the Govanhill NMG.

These include:

- **Comprehensive Govanhill Test-site Evaluation Plan** (April 2010) circulated and presented to Govanhill NMG, the Hub and Govanhill Community Development Trust, available for download on Equally Well Ning website and GCPH website.
- **Participatory Budgeting Paper** (April 2010) prepared to assist CHCP partners when developing participatory budgeting of Equally Well funds in collaboration with Govanhill community groups (laterally GoCA).
- **Test-site 'updates'** (ongoing) prepared to communicate key elements of Test-site progress, posted on Equally Well Ning website and circulated within Test-site and to Scottish Government.
- **Test-site 'reflections on evidence'** (ongoing) communication with NMG members (specifically CHCP as appropriate) to stimulate reflections on health evidence as well as use of local data to prioritise and develop innovative approaches to addressing health inequalities in the area.
- **Govanhill Hub three month review** (August 2010) prepared at the request of the Govanhill NMG, comprehensive formative evaluation of the Hub's first three months of operation. As this was a discreet early formative evaluation, the NMG decided not to disseminate the findings beyond the NMG.

## Imminent other evaluation outputs

- **One-year review of Govanhill Operational Hub** (July 2011) the NMG have requested, based on the success of the three month review, that a one-year review of the Operational Hub be undertaken. The NMG has endorsed the methods used in the three month review. This review is to highlight areas of progress but also to raise issues for consideration in the development of the Hub as it enters a second year of activity in 2011/12.
- **Participatory Budgeting review** (August 2011) in collaboration with Oxfam UK, this review will describe the participatory budgeting programme which has taken place using Equally Well funds within Govanhill. This report seeks to tease out the enablers/barriers to the process and generalise learning from this progressive piece of work within the Test-site.

## Appendix D: Key Test-site groups and activity over 2010/11

The below eight items detail some key strands of Test-site activity over the past year and key Test-site groups which have been in operation over the same period.

### 1. Govanhill Neighbourhood Management Group

A recent neighbourhood survey carried out by the Glasgow CPP found that in Govanhill residents are concerned about:

- cleanliness of local environment
- youth disorder
- drug dealing
- vandalism and graffiti
- school attendance
- street drinking
- damage to property
- personal safety and security

The community planning partners in Govanhill acknowledge that a new way of working is required to effectively respond to these issues. To this end the Govanhill Neighbourhood Management Group (NMG) was formed in March 2008.

The NMG is responsible for coordinating and managing all aspects of this new multi agency programme for Govanhill. The new approach involves key public services working together to redesign services, around priority actions at a 'street level', to address specific challenges contributing to health inequalities experienced in Govanhill.

The Govanhill area was one of eight applications awarded Equally Well Test-site status in summer 2008. The Equally Well application submitted by the South East Glasgow CHCP on behalf of South East Glasgow Area Coordination Group states that the new approach developed by the NMG aims to reduce health inequalities by effectively responding to the residents concerns. The priorities of the work programme to be undertaken by the NMG in 2008 included:

- involving and engaging the communities, in particular young people, in service change/development (community based voluntary/community programmes) in response to need;
- improving health and social wellbeing – tackling the drugs and alcohol misuse culture;
- addressing gender based violence issues;
- tackling the offending culture;
- developing advice/information including outreach services;
- addressing the language barriers for the minority ethnic groups living in Govanhill;
- tackling young people who are not attending school and providing pre school placements;
- providing training and employment opportunities to Govanhill residents and;
- addressing housing issues.

An updated action plan for the NMG for the period 2011 to 2013 is in the process of being signed off by partners contributing to the group.

### 2. The formation of the Govanhill Operational Hub

Based on analyses of extensive observational data gathered in 2010/11 the Govanhill Operational Hub represents the very embodiment of service redesign and partnership working advocated in Equally Well. The development of the Hub is a courageous and highly progressive step taken by NMG partners.

A Glasgow Centre for Population Health (GCPH) facilitated Equally Well development session was held on 28 January 2010 in order to allow the partnership agencies contributing to the NMG to reflect on the progress of the Test-site to date. During this session, it was agreed that a new direction of work would capitalise on the prior

successes of the Test-site. Partners were unanimous that closer, more responsive partnership working would enable greater efficiency in addressing the complexity of the issues affecting Govanhill.

NMG partners decided that a shared premises operational service Hub was the method to realise this vision. The Govanhill Operational Hub came into existence on 6 April 2010. The main operation of the Hub is characterised by daily, Monday to Friday 10am meetings. The meetings are chaired by City Property and the format of the meetings involves a 'round robin' of the table, where individuals in attendance are each asked if they have any issues they would like to be raised, considered and progressed in partnership within the Hub.

Analyses of observational data, interviews and focus-groups gathered within the Hub supports that the Hub represents an extremely progressive step for public services operating in Govanhill. The development of the Hub fits closely with the vision of Scottish Social Policy Frameworks. Aspects of these policies that are being translated into action in the Hub include:

- Transforming and redesigning local public services within Govanhill to ensure a collective response to people who require multiple forms of support and whose needs are so complex that engagement with services individually is insufficient.
- Undertaking approaches which prioritise early intervention to break into cycles of poverty as well as social, environmental and health inequalities that have become entrenched in the area.
- Ensuring that public services operating in Govanhill involve a flexible workforce with the right skills, able to work effectively together across organisational boundaries and to adapt their approach in terms of the individual needs of the service users.
- Improving the range of circumstances and environments within Govanhill that influence people's lives and hence their health and wellbeing.
- Reducing Govanhill residents' exposure to factors in the physical and social environment that cause stress, are damaging to health and wellbeing, and lead to health and other inequalities.
- Engaging the Govanhill community in services and decisions relevant to the health and wellbeing and promoting clear ownership of the issues by all involved.
- Implementing strong cross-sectoral leadership which cultivates changes to the culture and practice of public services operating in Govanhill to ensure effective realisation of these themes.

Formative evaluation of the Hub was conducted over the initial three month period, from April to July 2010. Findings of the evaluation were fed back to the Govanhill NMG and Operational Hub Staff. Despite the Hub's infancy it has already proven itself as a rich source of learning from which to inform the implementation of Equally Well.

### **3. Govanhill Public Petition to the Scottish Parliament**

The Govanhill Housing Association, in partnership with the Govanhill Law Centre and Govanhill Community Council submitted a Public Petition to the Scottish Parliament (Petition reference number: PE1189) on the 30 September 2008. The petition responds to the Govanhill community's concerns; highlighting the levels of below tolerable standard housing in general and specifically the social and environmental inequalities faced by many Govanhill residents as a result of the abject failure of some private landlords operating in the area to act responsibly. The petition argues logically and convincingly that the underlying cause of many of the issues affecting Govanhill is due to the actions (or inactions) of 'rogue' or 'absentee' landlords. The conduct of these landlords has led to the exploitation of vulnerable individuals and groups resulting in severe overcrowding in the area. This overcrowding represents a very real threat to public health, community cohesion and wellbeing, fire safety as well as law and order.

The Public Petition has remained open since September 2008 and local elected members have also fed into the dialogue established with the Scottish Government. In April 2010, the new Housing (Scotland) Bill proposed tougher powers to challenge landlords who do not sign up to the national landlord registration scheme, as well as allowing local authorities to designate "housing renewal areas" without ministerial consent.

Furthermore the Private Rented Housing (Scotland) Bill was formally introduced to the Scottish Parliament on 4 October 2010. The objectives for this Bill are to improve standards of service for consumers in private rented housing. In addition to more robust powers to tackle rogue landlords, the Bill further includes measures to strengthen the regulation of the private rented sector, ensuring that tenants and landlords understand their rights and responsibilities. The Bill also aims to introduce measures to help local authorities protect vulnerable tenants and specifically prevent overcrowding.

#### **4. Formation of Govanhill Community Action (GoCA) Group**

The summer 2010 Glasgow Community Planning Partnership review of community engagement in Govanhill concluded that there are four group structures which were broadly recognised as having a significant role in community engagement within Govanhill. They were the Govanhill Community Development Trust, the Govanhill & Pollokshields Integration Network, the Centre for Community Practice and the Govanhill & Crosshill Community Council.

In April 2010, at a meeting of the Govanhill Community Development Trust it was agreed that the former three groups were to amalgamate to form one Govanhill community “super-group”. The Govanhill & Crosshill Community Council still being actively involved. The newly merged group was named the Govanhill Community Action Group or GoCA for short. The GCPP review supported that community members viewed this ‘coming together’ as a positive attempt to provide a ‘voice’ for local communities. There were however some concerns that there was a danger that the group could be dominated by the views of local activists and commentators and not by the views of Govanhill representatives themselves.

Observation of NMG meetings and development sessions suggests that GoCA has emerged as a credible partner and that whilst the representativeness of any community group can be questioned; the group is seen as an excellent start from which to build genuine community participation in decision making within the NMG.

#### **5. Participatory Budgeting using Equally Well Funds within Govanhill**

The formation of GoCA combined with the collective cultural shift within the NMG during 2010 has seen the development of a highly progressive programme of participatory budgeting in the area. The decision making power to spend £200k of Equally Well funds has been completely devolved to the newly established GoCA group. The decision making process within the group has been transparent, accountable and democratic and has been supported by Oxfam, City Property, GCPP and the South East CHCP.

The process of the decision making, the support provided by NMG partners listed and broadly the journey that the NMG and GoCA have embarked on is hugely important to capture within the Test-site evaluation. Crucially the evaluation will attempt to conceptualise the active ingredients that came together in both the community and within the NMG that made the collective journey towards the participatory budgeting programme possible. This will be explored in detail in a joint piece of in-depth evaluation between Oxfam and the GCPH.

#### **6. Development of private sector housing stock within Govanhill**

The Govanhill Housing Association has long campaigned for the redevelopment of private housing stock in the area. The Housing Association has been instrumental in raising awareness over the last decade of the fact that many privately owned tenement blocks within Govanhill have fallen in to serious disrepair. Glasgow City Council Development and Regeneration Services (DRS) began a programme of repair and improvement of the private sector housing stock in Govanhill during 2009.

Through partnership working primarily with the Govanhill Housing Association, DRS have approached this programme of work in a way which has been acutely sensitive to the inequalities within Govanhill. In assessing the areas most in need of repair and redevelopment DRS conducted not just a physical (bricks and mortar) survey of the Govanhill housing stock but a comprehensive social survey (funded by the Scottish Government) to incorporate residents’ perceptions of satisfaction with home and common areas as well as neighbourhood conditions. The social survey also provided invaluable socio-demographic data, which given the migratory and transient nature of many populations within Govanhill has been largely unreliable to date.

Following analysis of the physical and social surveys a strong correlation between tenements in serious disrepair and a high level of private renting was identified – thus supporting the reported proliferation of rogue or absentee landlords operating in the area. In particular four street blocks in the west of Govanhill were shown to be in extremely poor condition with over 65% of the houses in those blocks being in the private rented sector. As development nears completion of some of the blocks in early 2011, DRS in partnership through the Hub has begun scoping methods of implementing current legislation to ensure the newly developed blocks do not fall into disrepair again.

In keeping with the other streams of working within the Test-site, through the scale of private sector housing regeneration (£3.8million of an estimated £10million citywide budget) DRS, the Govanhill Housing Association and the Scottish Government have demonstrated a commitment to prioritising Govanhill ahead of most other areas of Glasgow. Furthermore the approaches adopted by these partners within Govanhill have seen the regeneration resource targeted to those experiencing the greatest inequalities within the area.

## 7. Service re-design

Service re-design in times of austerity, which aspires to embrace community participation, and aims to address intractable, complex issues which straddle the organisational boundaries and responsibilities of several public services, is challenging to say the least. As described in the learning themes of this report; traditional linear or sequential service re-design models and methodologies appear to have limited applicability in such circumstances. However progressive and innovative such approaches purport to be they can appear simplistic in their application within Govanhill.

Where successful service-redesign has occurred in Govanhill, for example the Hub, it has been a more organic process. The shared vision and dynamism of a few key partners has been significant in driving forward effective service re-design. However the foundation for this appears to be from detailed discussions and conceptualisation over time of how many of the issues within Govanhill require a response across several partners and that partners have until now worked on aspects of the same issues. This recognition and acceptance of the benefits of partnership working has been key to partners initiating effective service-redesign within the local context.

## 8. Formation of the Govanhill Task-force

The Taskforce was established in late 2010 to provide a strategic focus to drive forward and build upon much of the work already taking place in Govanhill. Some concern has been expressed that despite the best efforts of a number of agencies, progress has been slower than had been hoped for in addressing the challenges faced in the area. To this end it was felt that the Taskforce could provide a renewed focus and strategic direction for the regeneration of Govanhill.

The Taskforce is attended by senior officers from the key agencies and organisations active in the area including:

- The City Council
- Govanhill Housing Association
- Southside Housing Association
- The Community Planning Partnership
- Glasgow South West Regeneration Agency (now Glasgow Regeneration Agency)
- Glasgow Community Safety Services
- Glasgow Community Health Partnership (South Sector)
- Strathclyde Police
- Strathclyde Fire & Rescue

It is also attended by local political representatives, both at a Council level and from the Scottish Government, and by representatives of the local community through the residents group and the Community Council.

The key function of the Taskforce is the preparation of this Action Plan as indicated in the Report to Committee. To provide sufficient background information, the Taskforce has received a number of presentations from key partners outlining the current position and reflecting on work done to date. The Taskforce also received a presentation from the Scottish Government on emerging housing legislation which may assist in addressing some of the key issues in this area.

## Appendix E: Partner organisations contributing to Test-site evaluation

- City Property
- Glasgow City Council – Democratic Services
- Glasgow City Council – Development and Regeneration Services
- Glasgow City Council – Education Services
- Glasgow City Council – Land and Environmental Services
- Glasgow Community & Safety Services
- Glasgow Life
- Govanhill Baths Trust
- Govanhill Community Action (GoCA) Group
- Govanhill Housing Association
- Govanhill Law Centre
- Langside College
- NHS- South Sector Community Health Partnership
- Oxfam UK
- Strathclyde Fire and Rescue
- Strathclyde Police

## References

1. *Equally Well Report of the Ministerial Task Force on Health Inequalities*. The Scottish Government, 2008. <http://www.scotland.gov.uk/Resource/Doc/229649/0062206.pdf>
2. *Equally Well Implementation Plan*. The Scottish Government, 2008. <http://www.scotland.gov.uk/Resource/Doc/254248/0075274.pdf>
3. *Equally Well Review 2010 Report by the Ministerial Task Force on implementing Equally Well, the Early Years Framework and Achieving Our Potential*. The Scottish Government, 2010. <http://www.scotland.gov.uk/Publications/2010/06/22170625/0>
4. *Achieving Our Potential: A Framework to tackle poverty and income inequality in Scotland*. The Scottish Government, 2008. <http://www.scotland.gov.uk/Resource/Doc/246055/0069426.pdf>
5. *The Early Years Framework*. The Scottish Government, 2008. <http://www.scotland.gov.uk/Resource/Doc/257007/0076309.pdf>
6. Harkins C and Craig P. *Local evaluation plan for the Govanhill Equally Well Test Site*. Glasgow Centre for Population Health, 2010. [http://www.gcph.co.uk/assets/0000/0790/Govanhill\\_Equally\\_Well\\_Test\\_Site\\_web.pdf](http://www.gcph.co.uk/assets/0000/0790/Govanhill_Equally_Well_Test_Site_web.pdf)
7. Glasgow Centre for Population Health website: <http://www.gcph.co.uk/>
8. Dahlgren G and Whitehead M. *European strategies for tackling social inequities in health: Levelling up Part 2*. WHO Collaborating Centre for Policy Research on Social Determinants of Health: University of Liverpool. [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0018/103824/E89384.pdf](http://www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf)
9. Berkman LF and Glass T. *Social integration, social networks, social support, and health* in Berkman LF and Kawachi I (eds) *Social epidemiology*. New York: Oxford University Press, 2000.
10. Elliot DS, Wilson WJ, Huizinga D, Sampson RJ, Elliot A, and Rankin B. The Effects of Neighborhood Disadvantage on Adolescent Development. *Journal of Research in Crime and Delinquency* 1996;33:389-426.
11. Wilkinson S. Women with breast cancer talking causes: comparing content biographical and discursive analyses. *Feminism and Psychology* 2000;10(4):431-460.
12. Braun V and Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006;3:77-101.
13. Watts M and Ebbutt D. More than the sum of the parts: research methods in group interviewing. *British Educational Research Journal* 1987;13:25-34.
14. Mays N and Pope C. Qualitative Research: Rigour and qualitative research. *BMJ* 1995;311:109-12.
15. Barbour R. Checklists for improving rigour in qualitative research: a case of the tail wagging the dog? *BMJ* 2001;322:115-1117.
16. Breakwell GM. Interviewing in Breakwell GM, Hammond S, and Fife-Shaw C (eds) *Research Methods in Psychology*. London: Sage, 1995.
17. Potter J and Wetherell M. *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage, 1987.

