



*“... working together we are definitely on the right track.”*

## PARTNERSHIP APPROACHES TO ADDRESS LOCAL HEALTH INEQUALITIES: final evaluation report from the Govanhill Equally Well test site

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*"We learn more by looking for the answer to a question and not finding it than we do from learning the answer itself."*

Lloyd Alexander, American Author



### Sir Harry Burns, Chief Medical Officer, visit to the Govanhill test site, March 2012

Front row (left to right): Nigel Kerr, Glasgow City Council; Karen Grieve, Scottish Government; Sir Harry Burns, Scottish Government; Anne Lear, Govanhill Housing Association; Gordon Smith, City Property; Bridget Gallagher South Glasgow Community Health Partnership.  
Back row (left to right): Hamish Battye, South Glasgow Community Health Partnership; Chris Harkins, Glasgow Centre for Population Health.

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## Executive summary

Govanhill is an area on Glasgow's Southside facing stark inequalities across a range of social, economic, health and environmental markers. Since 2008, Govanhill has been one of a range of Equally Well test sites operating across Scotland. Equally Well is a key Scottish Government policy to reduce the nation's health inequalities. The test site approach is about capturing pragmatic learning from the 'frontline' of service delivery. The Glasgow Centre for Population Health has been evaluating the Govanhill test site for the purpose of informing the development of Equally Well. The interim learning themes (published June 2011) from the Govanhill test site articulate how the present structures and cultures within public sector organisations are generally not conducive to the mainstreaming of 'Equally Well style' service delivery. The purpose of the present report is to conclude the evaluation of the Govanhill test site, revisiting the interim learning themes and assessing their impact within local and national Equally Well networks. The report also presents and discusses subsequent learning. It describes four key achievements and milestones over the test site's lifetime:

- ④ Legislative influence achieved within new Housing Bills
- ④ Co-location and partnership service delivery within the Govanhill Hub
- ④ Participatory Budgeting pilot to enhance community empowerment
- ④ Evidenced based preventative spend, Roma cardiovascular screening project

The present report describes how Govanhill partners have initiated progressive, upstream partnership approaches *within* the structural and cultural constraints described within the public sector: 'the system' can bend to an extent. Govanhill partners have described taking calculated or appropriate risks on the frontline of service delivery. Related to this discussion is the empowerment of frontline staff. A key challenge both locally and nationally relates to how learning from localised, frontline service delivery can be spread within large organisations and contribute to wider changes within culture and practice.

The unique contributions of community anchor organisations are acknowledged within the report. In contrast to the public sector organisational structures, test site evaluation evidence suggests that anchor organisations are smaller, less bureaucratic and more flexible. Such organisational structures may enable anchor organisations to approach some local, complex issues more effectively. However, the comparison between anchor organisations and the public sector has intrinsic limitations. It is important to recognise that public sector organisational structures have evolved and exist in order to smoothly deliver large scale, well established services, many of which fall under statutory responsibility.

The findings also question local and national understanding of 'evidence', calling for Equally Well to be more explicit as to the evidence behind some of its more 'radical' service redesign messages. Work in Govanhill suggests that Equally Well might benefit from being more focussed and from recognising the heterogeneity that exists within public services. Moving forward it would be helpful if the policy was more specific as to which services are more likely to be open to and benefit from progressive service redesign and which, for statutory and other reasons, are not. The report concludes by describing how the current economic downturn may actually represent an opportunity for the implementation of Equally Well. Amidst a national push to achieve more for less, public sector organisations are looking to become more flexible and adaptive as a matter of fiscal necessity. This is involving a very real drive for service delivery with, alongside and through community anchor organisations, community assets and communities themselves.

## Introduction

Reversing the fortunes of disadvantaged Scottish communities is a multi-dimensional and enduring challenge at a societal and local level. Deciding how best to approach this challenge is difficult; the intersection of policy, practice, evidence, politics and community life is complex. Govanhill, a neighbourhood on Glasgow's Southside has several distinctive characteristics which add to this complexity.

Govanhill is an area facing stark inequalities across a range of social, economic, health and environmental markers<sup>1</sup>. Govanhill is also a diverse and transient community and is currently playing host to the highest concentration of Eastern European Roma migrants seen in Scotland<sup>2</sup>. The area also contains the largest proportion of privately rented housing in the City. The presence of vulnerable groups living within the area, combined with Govanhill's unique housing tenure profile, has seen the proliferation of 'rogue' landlords and a marked increase of overcrowding and below tolerable standard living conditions in the area.

Such conditions have taken root in Govanhill, and have by their very nature, led to the breakdown of community cohesion within the affected areas. An overcrowded property means continual noise pollution and nuisance for the neighbours; overflowing bins and improper refuse disposal for Council services and repeated call outs for the Police. It is hardly surprising therefore that Govanhill has the highest levels of anti-social behaviour in the South of Glasgow<sup>3</sup>.

Govanhill has also become a heavily politicised environment. Press coverage and interest within the area has been intense and it would be remiss not to mention that Govanhill is a multi-member ward. Working under the media microscope described, and given the competitive and combative nature of local politics, it is fair to say that even the most well intended discussion or local action aimed at improving life in the area can easily stray into a heavily politicised debate. Without question local Community Planning Partners have made progress on all of the issues described – yet there is widespread acceptance that more needs to be done.

Since 2008, Govanhill has been one of a range of Equally Well test sites<sup>4</sup> operating across Scotland. Equally Well is a key Scottish Government policy to reduce the nation's health inequalities<sup>5-7</sup>. The test site approach is about capturing pragmatic learning from the 'frontline' of service delivery. The test sites are designed to illuminate the realities of trying to implement new ways of working and the progressive service improvement messages and recommendations within Equally Well.

Since November 2009 the Glasgow Centre for Population Health (GCPH) has been evaluating the partnership approaches taken within the Govanhill test site for the purpose of informing the development of Equally Well. The June 2011 interim evaluation<sup>8</sup> concluded that the partnership approaches in Govanhill are highly progressive and are an exemplar of a multi-agency partnership response to locally defined priorities. The report emphasised that such working is in line with Equally Well principles and Scotland's wider social policy. The partnership approaches within Govanhill are of vital importance locally and also of direct relevance nationally.

The purpose of this report is to conclude the evaluation of the Govanhill test site. The report will revisit the interim learning themes presented in the June 2011 report and assess their impact within local and national Equally Well networks, capturing important discussions within these networks resulting from the interim learning. The report also presents and discusses subsequent learning and describes key milestones within the test site's timeline. Some learning themes and test site

milestones are presented as illustrations to aid dissemination and knowledge transfer.

## Methods

The partnership approaches taken within the Govanhill test site have been evaluated using quantitative and qualitative methods. The evaluation plan<sup>9</sup> for the Govanhill Equally Well test site provides in depth detail of the methods involved and can be accessed from the [GCPH website](#).<sup>10</sup>

### Qualitative

The dominant evaluation method adopted within the Govanhill test site has been qualitative. Qualitative data were gathered through three methods comprising ethnographic participant observation, interviews and focus groups. Additionally, documentary data (plans, meeting agendas and minutes) have been reviewed and included in the analysis where appropriate. These documents supplemented the fieldwork data, providing important details particularly in relation to the timeline of the test site.

Interviews and focus groups were audio-recorded using a portable digital device, with the permission of all participants. Interview and focus group data were transcribed and detailed participant observation notes were typed up after every meeting within Govanhill which the evaluator (Chris Harkins (CH)) attended. These transcribed data equate to approximately 300 hours of fieldwork. These data were combined with appropriate documentary data, meaning that all data was in textual form during analyses.

These textual data 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 the text into categories that summarise and systemise the content of the data<sup>12</sup>. The quality of the analysis was ensured through regular review meetings involving two analysts throughout the process (CH) and James Egan (JE). A qualitative data indexing package (Atlas.ti) was used to facilitate coding and retrieval of the data.

A specific line of qualitative enquiry pursued since June 2011 has been to explore the impact of the interim learning themes and to capture discussion of the themes within local and national Equally Well networks. This was undertaken using participant observation within the national network and a combination of participant observation and one-to-one interviews within local networks.

### Quantitative

The quantitative component of the analysis was undertaken in line with Equally Well recommendations, to establish a range of local health outcome indicators to assess whether the health inequalities faced by Govanhill will reduce or widen over coming years relative to suitable comparator areas. To achieve this, health outcome data in relation to early years, emergency alcohol and drug admissions, all cause and chronic disease mortality rates were plotted going back five or ten years dependent on the availability of these data. Analyses compared outcomes for the Govanhill area to those of Pollokshields West (a nearby relatively affluent neighbourhood), Glasgow City and Scotland, again dependent on the availability of these data.

The plan is to update this analysis at regular intervals over coming years. It should be recognised however that the influences on the health and wellbeing of Govanhill residents are complex, multi-dimensional and interwoven. It is therefore impossible to directly attribute any changes in Govanhill's health profile highlighted in this analysis to the working of the test site. What the analysis does achieve though is a reliable



benchmark from which to assess Govanhill's progress at the local level. These analyses are presented within Appendix A of the interim Govanhill test site report, which can be accessed from the [GCPH website](#).

## Findings

### Defining the Govanhill test site approach

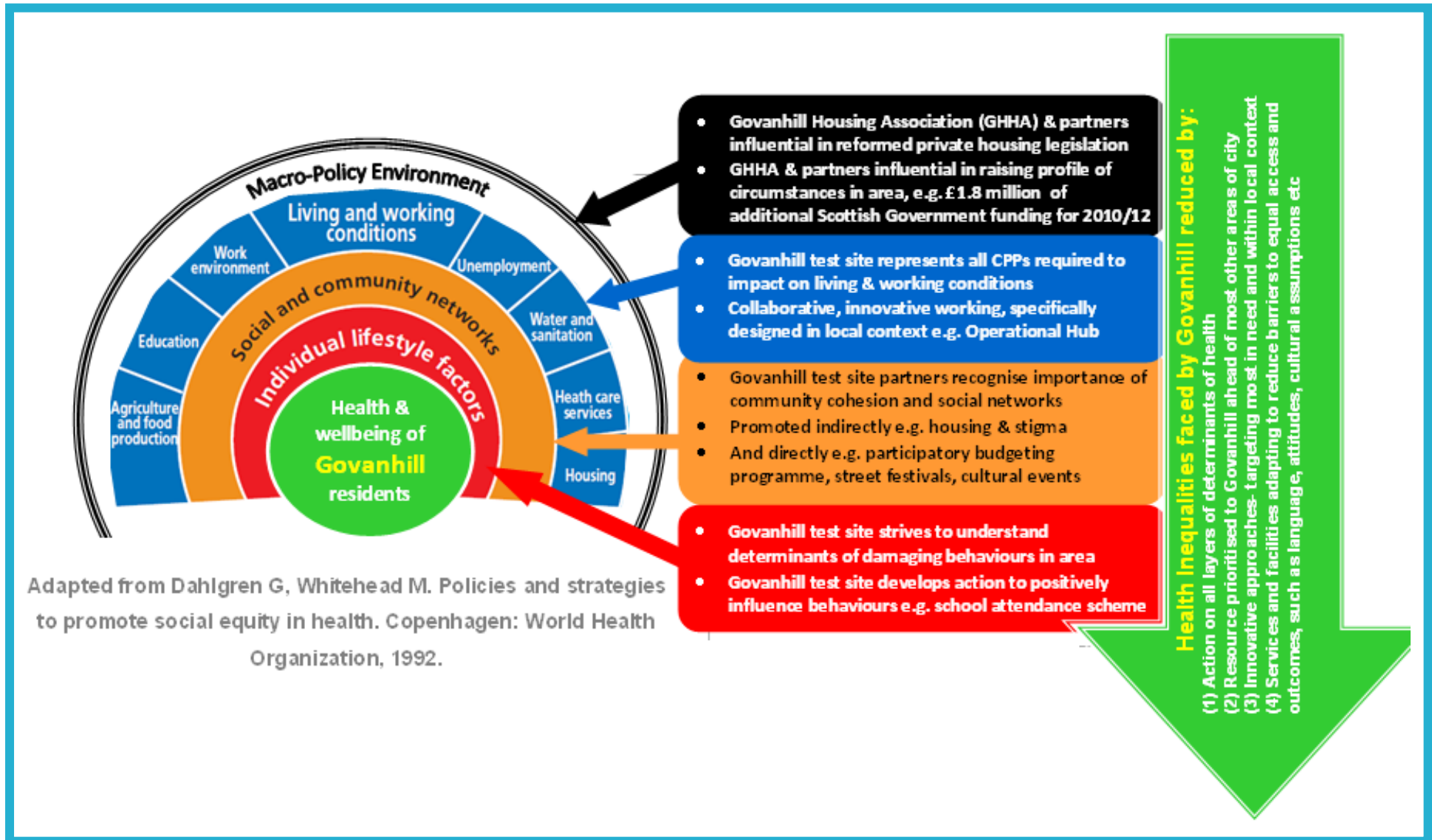
Unlike the other Equally Well test sites throughout Scotland the Govanhill test site does not have a particular health related theme. Rather, the test site can be described as a localised partnership approach (involving public and third sectors as well as community members) which aims to improve all aspects of life and conditions in the area. Evaluation evidence indicates that test site partners believe that this 'complete' approach is the correct way to tackle the complexity of issues in the area and to improve the health and wellbeing of Govanhill residents.

The Govanhill Neighbourhood Management Group (GNMG) was initiated in 2008 and as of April 2012 has been rebranded as the Govanhill Partnership. The GNMG was established in recognition that the challenges in Govanhill could most effectively be met by Community Planning Partners working more closely together with the community and third sector at a 'street level'. It was also envisaged at the outset that new ways of working would be required, particularly among public sector partners, in order to ensure services were delivered more effectively within the local context. The neighbourhood management approach has thus been a mechanism through which bespoke projects, public services and regeneration efforts can be localised; tailoring delivery to locally defined priorities. There is strong evidence that the neighbourhood management approach has directly shaped the delivery of services, projects and interventions which aim to enhance and enrich the physical, environmental, economic and social conditions in the area.

This approach is entirely consistent with international health research and evidence. By using Dahlgren and Whitehead's determinants of health model<sup>13</sup> (Figure 1, below), the Govanhill test site is able to demonstrate how local partners are operating on all four layers of the model. This is a progressive and commendable approach which recognises that perhaps only effective action on all four layers of the model would be enough to generate a 'step change' in the Govanhill area's health and wellbeing profile.

The localised service delivery achieved through neighbourhood management and the prioritisation of time and resource to Govanhill (detailed in the green arrow within Figure 1 below) adds further weight to the test site's approach to reducing the health inequalities gap seen between Govanhill and most other areas in Glasgow City.

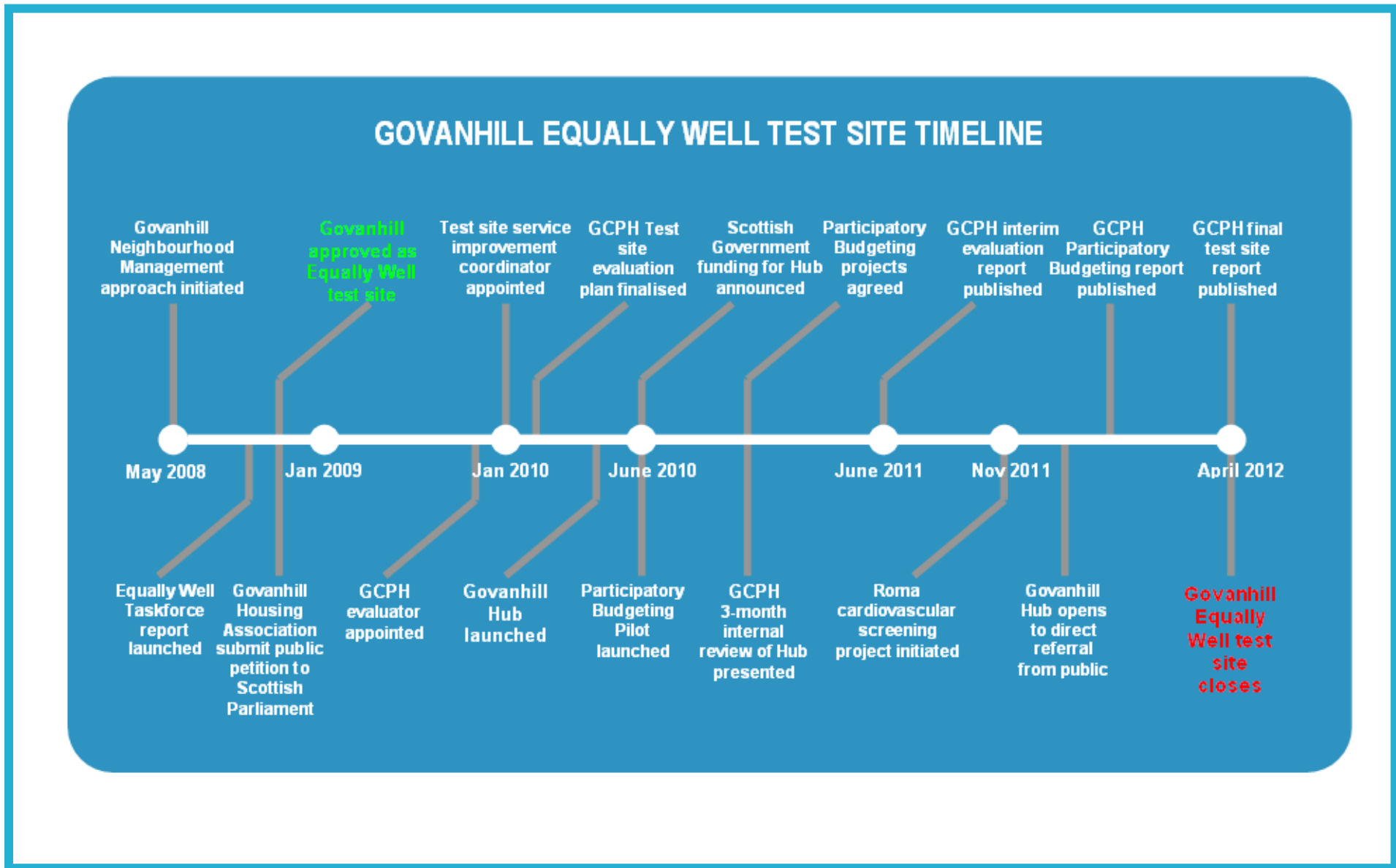
Figure 1: Relationship of Govanhill test site approach to Dahlgren and Whitehead's determinants of health and the theorised reduction of health inequalities in Govanhill



### Key milestones in the Govanhill test site timeline

Figure 2 (below) details some key milestones over the course of the Govanhill test site's existence. This timeline in no way constitutes an exhaustive list of all activities undertaken or progressed within the test site. The milestones detailed are those which have been of most relevance to Equally Well.

Figure 2: Govanhill Equally Well test site timeline



### Test site legislative influence and ongoing dialogue with Scottish Government (Sept 2008 onwards)

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 responded 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 failure of some private landlords operating in the area to act responsibly. The petition argued logically and convincingly that the behaviour of such landlords is the 'upstream cause' of many of the poor living standards within the area. 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, fire safety, law and order.

The Public Petition has acted as a channel of communication between local partners in Govanhill and the Scottish Government. This dialogue has been influential in shaping two new housing Bills over the course of the test site. The first was the April 2010 new Housing (Scotland) Bill, which proposes 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. The second, the Private Rented Housing (Scotland) Bill, was formally introduced to the Scottish Parliament on 4 October 2010. The objectives of 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 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.

The two newly introduced Bills will benefit Scotland at a societal level and will also allow partners in Govanhill to respond more effectively to the issues described. Over the period January to March 2012, a renewed exchange of ideas between the Scottish Government and Govanhill partners has been established. The Scottish Government has invited Community Planning Partners in Govanhill to submit details of the further measures required to improve conditions and life within the area. In moving forward and in defining what more needs to be done within Govanhill, partners in the area have once again convened to provide a partnership perspective and a collective response.

Govanhill Housing Association has been a central partner within these exchanges with the Scottish Government. Importantly the Housing Association is a community run organisation with long established mechanisms to engage and facilitate the voice of Govanhill residents within its decision making processes. This has been vital within the petition, the further discussion with Government and the influences within housing legislation described.

### Launch and mainstreaming of the Govanhill Hub (April 2010 onwards)

Partnership working and approaches are clearly not new in Scotland or Glasgow City, but what sets the Govanhill Hub apart is that public and third sector partners are co-located in the same office space and meet and work together every week day. Through the Hub, partners discuss and plan collaborative responses to local concerns on a daily basis. Often this may mean a 'same day' joint visit or response to

an issue or case raised within the Hub. Furthermore the Hub is based in the Govanhill Housing Association offices within Samaritan House in Govanhill, allowing partners a convenient local base from which to work.

The Hub was born out of a GCPH facilitated Equally Well development session which was held on 28 January 2010. The session allowed local partners to reflect on the progress of the test site at that point. It was agreed that a new direction of work would capitalise on the strong partnership ethos developed within the test site. Partners were unanimous that closer, more responsive partnership working would enable greater effectiveness and efficiency in addressing the complexity of issues affecting Govanhill.

Partners decided that a shared premises operational service Hub was the method to realise this vision. The Hub came into existence on 6 April 2010 and at the time of writing has progressed over 400 individual cases. 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 or cases they would like to be raised, considered and progressed in partnership within the Hub. The GCPH conducted an internal three month formative review of the Hub which was presented in August 2010.

Developments within the Hub over the course of the test site are encouraging. In June 2010 the Scottish Government endorsed the progressive approach taken within the Hub; announcing funding for additional Hub staff. As of January 2012, the Hub has opened to direct referral from the public. This had been seen by many test site partners as the 'missing dimension' within the Hub's service delivery model and it is regarded locally as a pivotal step in the Hub's development. Until January 2012 the cases progressed through the Hub were initiated by Hub partners and not members of the public.

The Hub has survived, developed and endured amidst a turbulent political landscape. Analysis suggests that the Hub was not fully recognised or supported by all partners especially during its developmental stages.

Evaluation evidence suggests that the Hub's success has been dependent on a group of important characteristics:

- ④ A supportive, informal and honest ethos has been cultivated within the Hub and is conducive to effective partnership working.
- ④ A learning culture has proven vital within the Hub; partners learning from each other and learning from what works and what doesn't work locally.
- ④ Encouraging, flexible and intelligent facilitation within the Hub is essential; a multi-disciplinary overview and understanding is also pivotal to this role.
- ④ The empowerment of frontline staff to respond quickly and act autonomously is fundamental to the Hub's operation.
- ④ Recognition that local priorities must be defined locally; responding directly to community concerns.

Based on extensive analyses, findings indicate that the Hub represents the very embodiment of service redesign and partnership working described in Equally Well. The Hub approach is aligned to Equally Well in the following ways:

- ④ 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 their 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.

### Participatory Budgeting pilot launched (June 2010)

Participatory Budgeting (PB) means involving local residents in deciding how to spend public money. At its core PB is about local people shaping local services to more effectively meet local priorities.

In June 2010 the Govanhill Community Action (GoCA) group was allocated £200,000 of Equally Well funds and tasked with deciding and being held accountable for its spend locally. The GoCA group consists of representatives from local community groups in Govanhill and throughout this PB pilot the group received facilitative support from Oxfam's UK Poverty Programme in Scotland. The GCPH has conducted a separate qualitative study to evaluate the Govanhill PB pilot. This report is available from the GCPH [website](#).

The PB evaluation study found the GoCA members to be capable, skilled and passionate, and that PB as an approach enabled these assets to be deployed. The group embraced the responsibility afforded to them through the PB process and were considered and strategic in their use of the PB funds. The projects funded were ambitious and diverse, demonstrating fresh thinking and local insight. The choice of projects funded confirmed an acute understanding of local issues. Interestingly the projects were unanimous in prioritising 'people ahead of place' – an approach which fits with current regeneration evidence. Crucially, within a neighbourhood where community engagement has proven especially challenging<sup>14</sup>, the PB process has enabled purposeful and reciprocal dialogue between community members and the public and third sectors. Indeed the role of the third sector has proven vital to the PB process and in augmenting these relationships.

Learning from the Govanhill PB pilot is of both local importance and national relevance. Like any democratic process there are aspects of the Govanhill PB pilot which could have been improved upon. Community representation within the PB pilot was compromised by the perceived time pressure on the entire pilot. The PB evaluation report also questions local expectations of 'community representation'. In a diverse and transient community such as Govanhill, it is unrealistic to expect that any group (of a manageable size) will ever be truly representative of the entire



population. Although Govanhill is unusual, perhaps even unique, in terms of its ethnic, socioeconomic and housing profile, these 'realities' of attaining 'community representation' should be recognised nationally. To this end the challenge is perhaps to ensure that the representativeness of community groups is regularly reviewed and wide representativeness sought, in the recognition it may never fully be realised.

The study also describes a largely unreported potential barrier to community participation in local decision making. Evidence from the Govanhill PB pilot supports a view that public sector workers may prefer to engage with 'professionalised' community members. The preference for community 'professionalism' reported in this study may represent an unarticulated barrier to engagement and participation for many community members, particularly those from a non-professional or disadvantaged background.

Analysis suggests that this preference for professionalism is associated with a belief that governance mechanisms are not easily implemented through PB (or other community empowerment mechanisms) and that professionalised community members are more likely to be accountable within devolved decision making structures. The PB literature suggests that this belief is incorrect; the principles of governance, transparency and accountability are of equal standing within PB alongside those of devolved decision making and empowerment<sup>15</sup>. These beliefs or values within the public sector may represent an important barrier to PB's mainstream implementation and acceptance.

Analysis of UK and Scottish social policy, carried out as part of the PB study, suggests that there is widespread policy support for community empowerment and for enhanced localism, transparency, pluralism and voluntarism. PB fits entirely with these values and principles. Within Scotland, PB is potentially an important tool in responding to key public sector reform messages within the Christie Commission<sup>16</sup>. Furthermore PB may be a practical mechanism from which to mobilise community assets; generating evidence and furthering the understanding of this emerging approach to health improvement in Scotland.

Figure 3 below summarises the PB pilot in Govanhill in illustrative form:

Figure 3: Govanhill Participatory Budgeting pilot illustration



### Roma cardiovascular screening project launched (Nov 2011)

Although evidence is somewhat sparse, inequalities in health have been reported between Roma communities and most other communities within European countries<sup>17</sup>. International evidence shows that the low life expectancy of Eastern European Roma communities is primarily attributed to the early onset of cardiovascular disease (CVD)<sup>18</sup>. The GCPH provided partners in Govanhill with an overview of this evidence in July 2010. This initiated local discussions relating to the setup of a Roma specific CVD screening project. The discussions were led by the then South East Glasgow Community Health Care Partnership.

The discussions progressed over the remainder of 2010 and into 2011 and have led to the launch of a cardiovascular screening project specifically targeting Roma residents within Govanhill. The project commenced in November 2011.

The project has value on many levels, both locally and nationally. Its specific aim is to further local understanding about how best to engage the Roma population within preventative interventions and screening. The project aims to increase the rate of engagement through employing bi-lingual outreach workers to specifically support Roma residents in accessing the screening within Govanhill. Projections relating to the volume of Roma migrants entering Scotland from the European Union Accession States vary. However, local understanding from Govanhill is that many Roma families are settling within Govanhill. If Roma families continue to settle in Scotland, their cardiovascular disease burden may represent a currently unquantifiable cost to health budgets. Thus the importance of early intervention and screening within Roma populations needs to be recognised<sup>19</sup>. To this end, if it is effective at reducing cardiovascular risk within the Roma group, this pilot project may become an important example of the benefits of early intervention and preventative spend.

In terms of addressing local health inequalities the project has other positive aspects. Through the screening project vital insight will be gained into the behavioural and lifestyle choices as well as the levels of cardiovascular risk factors within the Roma community. It is also important to characterise the ways in which CVD is presently managed by Roma residents with the disease. This learning could help shape future preventative interventions for Roma populations. Furthermore the project is aligned with primary care services in Govanhill. The ways in which Roma members of the Govanhill community currently access local General Practitioner surgeries has been described locally as 'chaotic' – mainly due to cultural and language barriers. Through the enhanced engagement support it is hoped the Roma community will be better equipped to effectively access primary care within Govanhill.

## Learning themes from the Govanhill test site

### Revisiting the interim learning themes from the Govanhill test site

The interim findings report (published in June 2011) described five core learning themes which highlight important inhibitors to the implementation of Equally Well's progressive service delivery messages. The learning themes also make reference to the innovative partnership approaches within Govanhill and to the challenges partners have faced in embedding such new ways of working. To aid knowledge transfer and dissemination of the learning, the five themes have been translated into illustrations which are available as Appendix A within this report.

The five interim learning themes are:

#### **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 outcome focussed methods.

#### **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 and are unique to the individual.
- ⦿ 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 a 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 in terms of service access and outcomes.
- ⦿ Often there is inadequate resource to pursue upstream working whilst maintaining current efficiency in service delivery.

- ☪ To shift resource from 'tried and tested' efficiency driven working towards 'untried' upstream and preventative approaches is contentious.

#### **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.

### **Assessing the impact of the interim learning themes from the Govanhill test site**

#### **Local influence**

Evaluation evidence gathered since the publication on the interim findings suggests that the learning has been well received locally. Partners have identified strongly with the constraints on progressive service delivery, as described in the report. Whilst the learning themes have been valued, the discussion stimulated has not necessarily been solutions orientated. Perhaps this is in the recognition that the drivers of most of the inhibitors are structural; also involving deeply entrenched organisational cultures. The task of altering organisational structures as well as changing and influencing embedded cultures appears daunting and unrealistic in the short-term for most of the local partners consulted.

The learning themes have had some influence on the planning and priorities of future partnership working in Govanhill. As the GNMG morphs into the Govanhill Partnership over late 2011 and into 2012, local partners have collaboratively written terms of reference for the new group. These new terms of reference are very closely aligned with Equally Well and take cognisance of many aspects of the interim learning. Key points from the new terms of reference include:

- ☪ Improvement in the health and wellbeing of Govanhill residents is described as the ultimate goal or collective measure of partnership effectiveness.

- ⦿ Collective responsibility for improving health and wellbeing within Govanhill is recognised and accepted.
- ⦿ Action on all four layers of Dahlgren and Whitehead's determinants of health model has been strongly articulated within the aims of the partnership.
- ⦿ Recognising the importance of upstream solutions which aim to strike at the root of detrimental conditions within the area.
- ⦿ The importance of community consultation, empowerment and participation within localised service delivery.
- ⦿ Recognition of the balance required between evidencing short-term outcomes and longer-term partnership goals.
- ⦿ Promoting the value of the Hub service delivery model; recognising how this approach is better placed to respond to complex and multiple needs.

### National influence

The interim learning themes from Govanhill have also been well received within the Equally Well national learning network. The learning themes have figured prominently in discussions within this group and other test sites have also identified and concur with the challenges faced within Govanhill. The translation of the learning themes into illustrations has also been received well by the Scottish Government: positive feedback has been given as to the ease and speed of digesting the learning in this form. The Govanhill test site was one of three test sites invited to attend a roundtable discussion hosted by NHS Health Scotland on how to incorporate learning from Equally Well into future service delivery reform and within the nation's response to the Christie Commission. The meeting was attended by senior health figures within Scotland. The minutes of the meeting reflect that the Govanhill learning themes were discussed in detail.

### Key discussion themes emerging from the interim learning themes

Analyses of evaluation data gathered within these local and national networks suggests that the main impact of the learning themes has been simply the clear articulation of the barriers and inhibitors to Equally Well's implementation. Discussion therefore has primarily concerned how local partners can progress new and innovative partnership approaches *within* the structural and cultural constraints described in the interim learning themes.

Working within and around the structural and cultural constraints has consistently prompted dialogue about the empowerment of frontline staff to try new approaches, perhaps even without the explicit consent of those higher up the organisational hierarchy. Learning theme four is often used as an example in this context. Inter-agency information sharing is seen as an area where appropriate risks should be taken in situations where there is clear justification to share information even when local protocols or structures are not supportive. A phrase that has been mentioned repeatedly within both the local and national networks and which summarises the thrust of this empowerment discussion is 'it's easier to ask for forgiveness than to seek permission'.

It is important to stress that within the context of this discussion Govanhill partners are not being directly critical of those in the higher echelons of organisational structures. Rather, the discussion is born out of the recognition that current organisational structures and aspects of organisational cultures are not flexible enough or agile enough to respond to new, complex or 'wicked' problems. Evaluation evidence from within the Govanhill test site has identified that current public sector organisational structures are more conducive to:

- ⦿ Securing the permanence of the organisation or the service.
- ⦿ Ensuring smooth internal administration of the organisation or service.
- ⦿ The continuation of well established models of service delivery across Glasgow City.
- ⦿ Evidencing short term outcomes of service delivery.
- ⦿ Promoting internal accountability within the structure of the organisation or service.

Whilst the above themes are entirely appropriate within the structures required for the continuation of large organisations and delivery of reliable services, the feeling from local partners in Govanhill is that these structures are generally rigid, and can be bureaucratic at times. In terms of tackling the complexity and multiplicity of issues seen in Govanhill, this has been somewhat problematic. An important point is that whilst all public sector services have demonstrated a commitment to partnership working to a degree, perhaps aspects of the organisational structure or, as importantly, the organisational culture have not truly evolved to accommodate this. Whilst the structures and cultures of large public sector organisations are characteristically rigid, local partners have pointed out that there is a willingness to change and to support more localised, bespoke service delivery models. The pace of change towards such models of service delivery is described as slow. Partners in Govanhill have theorised that these factors may have inhibited the development of the Hub; which evaluation evidence strongly suggests has endured despite not being fully supported by all local partner organisations at the outset. The competitive and combative nature of local politics within Govanhill has been described as a factor here also.

Related to the slow acceptance of the Hub, and to this wider discussion, is the concept of evidence. Within local and national Equally Well networks the terms evidence and 'evidence based practice' have been widely used in discussions both specific to the Govanhill learning themes and in wider dialogue. There appears to be a degree of confusion or at least a lack of a common consensus as to when and where service delivery must be 'evidence based'. Evidence clearly takes different forms and meanings in different settings and services. Within Govanhill, accepted forms of evidence have comprised evaluation findings, outcomes measurement, community surveys, customer satisfaction measures and even anecdotal feedback. The different forms, levels and uses of evidence are not all recognised and understood by all partners.

Although there is a local acceptance of the collaborative gain that can be achieved from partnership responses to complex issues, some partners within Govanhill consider the more challenging, or 'radical', service delivery messages within Equally Well to be lacking in 'evidence'. Partners do acknowledge however that these service delivery messages have intuitive appeal. Within this discussion it is important to recognise the considerable statutory responsibilities to be delivered with an ever diminishing resource within local public services. It is also important to appreciate that large, robust organisational structures are essential in delivering quality, city wide services. To this end there is a feeling amongst some local partners that Equally Well 'expects too much too soon' with some of its more ambitious and seemingly 'un-evidenced' service delivery recommendations. Local partners also articulate that the government might achieve more with Equally Well if it makes the distinction as to which services are 'up for grabs' in terms of progressive service redesign and which for statutory and other reasons are not. Equally Well tends to refer to public services as a homogenous entity – which of course they are not. Furthermore some partners within Govanhill have called for Equally Well to be more focussed and concise; the length and scale of the recommendations within the 2008 Implementation Plan has been described as particularly unhelpful. Figure 4 (overleaf) depicts the development of the Hub *within* the structural and cultural constraints of public sector citywide service delivery:

## Emergent learning from the Govanhill test site since the interim findings

### The unique contributions of community anchor organisations

The phrase 'community anchors' has been increasingly mentioned in discussion and literature relating to partnership approaches to service delivery, defining local priorities and delivering localised services. Findings from the Govanhill test site support that the role of anchor organisations is definitely worthy of explication and further consideration in the future implementation of Equally Well and within the asset based approach to health improvement.

There has been a sizeable range of theory, practice and research developing across the UK relating to community anchor approaches or models over the last decade. Within Govanhill the term is generally used to describe a community or third sector organisation whose role is to serve or work with the Govanhill community. One of the key distinctions cited within Govanhill between community anchor organisations and public sector organisations is in relation to geographical remit. Some of the public sector workers within the GNMG have a citywide remit; others have a South Glasgow remit or similar demarcated geographical area. Community anchor organisations in Govanhill tend to operate exclusively within Govanhill.

There is a degree of consensus within the emergent theory, practice and research relating to the unique contributions of community anchors<sup>20; 21</sup>:

- ⦿ providing democratic community representation, leadership and advocacy
- ⦿ providing a hub or focus, and facilitating relevant community groups, networks and services – the local 'community sector' and its community
- ⦿ developing their own community enterprises and ownership of assets in order to generate surplus income for the wider community
- ⦿ facilitating the development of other community enterprise within a community
- ⦿ providing a focus for partnership-working with agencies, services and others

Within the partnership approaches in Govanhill the unique role and contributions of anchor organisations is recognised and valued. Local anchor organisations such as the Govanhill Housing Association, the Govanhill Law Centre and the Govanhill Baths Trust for example are regarded as having close connectedness to community life, members and issues. Test site evaluation evidence suggests that such anchor organisations offer unique insights in terms of more accurately defining local priorities and identifying localised upstream solutions. Some partners in Govanhill describe these organisations, some of which have been interwoven within the community fabric for generations, as trusted and respected by local residents. Importantly, in contrast to large public sector organisational structures, anchor organisations have smaller, less bureaucratic, more flexible and more agile structures and cultures which perhaps enable them to approach local complexities with greater effectiveness. Anchor organisations do not face many of the constraints, or the degree of statutory responsibilities seen within larger public sector organisations and appear more receptive to change and to new partnership approaches.

It is vital however to recognise the importance of context within the discussion relating to community anchor organisations. Dependent on the specific local priorities and the particular function of the anchor organisation, the role adopted and influence achieved could vary substantially. Also there are intrinsic difficulties in directly comparing community anchor and public sector organisations. Clearly community anchor organisations do not deliver the scale of operation and services seen within the public



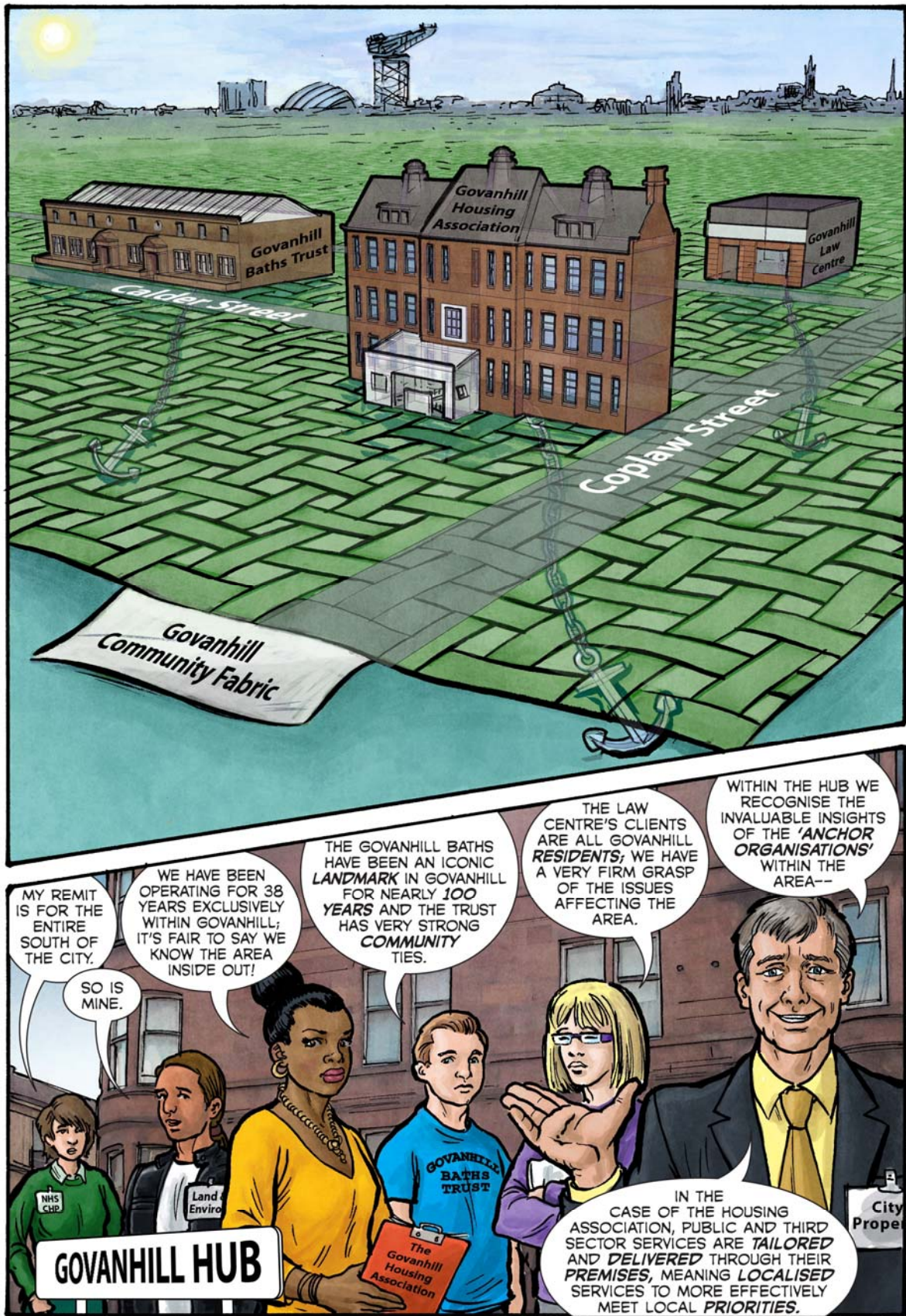
sector. It is for this reason that their structures and indeed cultures are more flexible and adaptive than those of public sector organisations.

Anchor organisations within Govanhill have played a pivotal role within the development and ongoing operation of the Hub. The Govanhill Housing Association hosts the Hub; offering a trusted and localised venue from which to deliver partnership responses to local issues. The Govanhill Law Centre has contributed much insight and intelligence within local partnership working focussed on bringing rogue landlords to justice.

The Govanhill Housing Association has developed further innovative approaches since the June 2011 interim report. The Housing Association is now acting as a vehicle through which several public and third sector organisations are delivering services and interventions which are tailored to meet local priorities. This approach promotes close partnership working in response to complex issues and may represent better value in reducing overlap and duplication across partner organisations. Furthermore the Housing Association has employed social capital officers as well as communication and media workers in order to widen the reach and engagement of the services delivered through Samaritan House to the entire Govanhill community and not just the Housing Association residents.

Figure 4 below summarises the unique contributions of community anchor organisations within Govanhill in illustrative form:

Figure 4: Govanhill Community Anchor Organisations illustration



## Strengths and limitations of the present study

Within this study, the use of three different qualitative methods allowed the exploration in detail of the views of local partners and community members on a range of issues detailed in the report. The fieldwork conducted was thorough and took place over a two year period, equating to over 300 hours of observation, focus group and interview data. The thematic analysis, conducted on qualitative indexing software, was rigorous and involved two analysts. Analysis review meetings were regular and had a specific purpose of reducing the interpretive bias frequently described within participant observation methodologies.

The sample size of the primary data source within the PB study (focus groups with GoCA members) was small compared to that for quantitative studies (17 participants took part in two focus groups). However, the focus group data proved sufficient for analysis to achieve saturation, with similar issues arising in both focus group discussions. The focus groups within the PB study were limited to regular GoCA attendees and did not therefore include the views of wider Govanhill residents.

The findings and discussion sections are presented primarily in a conceptual manner, raising both theoretical and practical considerations, and as such should be generalisable to the implementation of Equally Well at a national level.

## Discussion

Equally Well contains several ambitious and progressive service delivery messages. Equally Well endorses shared outcome, partnership approaches which promote early intervention and aim to strike at the upstream roots of conditions within the social, physical and economic environments which are detrimental to health and wellbeing. Equally Well also conveys the importance of preventative spend. Overall Equally Well calls for redesigning the spectrum of local public services, so that they respond collectively and effectively to people, places and conditions with complex needs and issues requiring multiple forms of support.

The interim learning themes from the Govanhill test site articulate how the present structures and cultures within public sector organisations are generally not conducive to the mainstreaming of 'Equally Well style' service delivery. Local responses to the interim learning have demonstrated that despite this there is desire, scope and opportunity to implement progressive localised approaches which are in line with Equally Well *within* these structural and cultural constraints. Within this context there is little value in being overly critical of the present structures and cultures within the public sector. It is important to recognise that they have evolved and exist in order to smoothly deliver large scale, well established services, many of which fall under statutory responsibility. It is natural therefore that risk is tightly managed and the pace of change can be slow – new ways of working must demonstrate tangible and consistent added value in order for them to be accepted and implemented within public sector practice.

Perhaps a key challenge both locally and nationally relates to how learning from localised approaches or frontline service delivery can be spread within large organisations and contribute to wider changes within organisational culture and practice. National discussion is needed to ensure that mechanisms are in place to promote these forms of learning within the public sector. Learning from the implementation of the Hub also suggests that there is a need for cultural shifts within large public sector organisations whereby new and progressive localised frontline approaches are not perceived as un-sanctioned, deviant or rogue behaviours. This relates to the discussion concerning the empowerment of front-line staff. Partners within Govanhill have demonstrated convincingly through approaches such as the Hub, the PB pilot and the Roma CVD project that even large scale organisational structures can accommodate fresh thinking; 'the system' can bend to an extent.

The intersection of policy, practice and evidence is complex and ever shifting. The trade off between established service delivery approaches and those which are perceived locally as being 'un-evidenced' yet intuitively appealing is important within the implementation of Equally Well. A government led drive to cultivate a common understanding of different types of evidence, their value and use within and across the range of Community Planning Partners contributing to Equally Well's implementation would be worthwhile. It would also be useful for the government to be more explicit as to the weight of evidence and indeed the nature of the evidence supporting service delivery recommendations within Equally Well.

Somewhat improbably the recent economic downturn may represent an opportunity for the implementation of Equally Well. Analysis of key UK and Scottish social policy in the Govanhill PB pilot study suggests that there is widespread support for community empowerment through enhanced localism, transparency, pluralism and voluntarism. Some have described the elevation of these ideologies within the current political discourse as a direct response to the economic downturn<sup>22</sup>. Public sector cuts mean the reduction of services and support across the nation thereby generating a renewed

interest in community or anchor organisation led or delivered projects or services. Arguably there is no greater driver of change than fiscal necessity. In responding to the economic downturn local public sector organisations will have to become more flexible and adaptable as they attempt to sustain existing service levels with diminishing budgets. The emerging asset based approach has a pivotal role to play here also. The recently elevated community empowerment ideologies and diminishing service delivery budgets could and should translate into public sector organisations working more closely with and utilising the expertise and insight within the third sector, community anchor organisations, community assets and community members.

This renewed collaboration in the face of financial hardship may significantly further the implementation of Equally Well and enhance the public sector's ability to approach and tackle complex and 'wicked' issues such as health inequalities. Importantly the utilisation of communities, assets and local anchor organisations can further embed localised, bespoke and tailored service delivery within communities with distinctive and complex issues such as Govanhill. Learning from the Govanhill test site suggests that Participatory Budgeting and local, co-located service delivery Hubs are potential mechanisms through which to mobilise the collaborative responses described in Equally Well and the Christie Commission.



## Conclusion

This report has summarised the learning and potential influence emanating from the new partnership and neighbourhood management approaches developed within the complex community of Govanhill. While many of the services which Scottish citizens arguably take for granted, including those of a statutory nature, can only be delivered through established service structures, such structures have limitations when approaching complex and intractable issues such as health inequalities.

Partners in Govanhill have demonstrated that within these structures and cultures there is space and enough flexibility to deliver progressive, upstream partnership approaches which are in line with Equally Well recommendations. The Govanhill Hub is one such example. The Hub has now been firmly embedded within local service delivery in Govanhill and will continue beyond the lifetime of the test site. This is an important success.

The present economic downturn and the associated policy context may represent a fertile environment from which to realise some of Equally Well's potential in terms of new models of service delivery. Amidst a national push to achieve more for less, public sector organisations are looking to become more flexible and adaptive as a matter of necessity. This is involving a very real drive for service delivery with, alongside and through community anchor organisations, community assets and communities themselves. The experience in Govanhill adds evidence in support of this thrust, indicating that such service delivery is more likely to impact on the complex local issues and conditions which are detrimental to health and wellbeing and which perpetuate health inequalities within disadvantaged Scottish communities.

Although the test site phase of Equally Well is coming to an end, the thrust of the policy's service delivery messages are as relevant now (arguably more so) as they were four years ago, when Equally Well was launched.



## Partnership approaches to address local health inequalities

### Interim learning theme illustrations from the Govanhill Equally Well test site, January 2012

Chris Harkins<sup>1</sup> Pauline Craig<sup>2</sup> Lucy Robinson<sup>3</sup> James Egan<sup>1</sup>

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.

The Glasgow Centre for Population Health (GCPH) is responsible for the evaluation of the Govanhill test site. Interim evaluation findings have been published and are available to download from the GCPH web site:

[www.gcph.co.uk/assets/0000/1327/FINAL\\_VERSION\\_of\\_report.pdf](http://www.gcph.co.uk/assets/0000/1327/FINAL_VERSION_of_report.pdf)

The interim findings strongly indicate that the working of the Govanhill test site through the Govanhill Neighbourhood Management Group and the Govanhill Hub are closely aligned to the types of approaches required to address health inequalities outlined in Equally Well.

The interim learning from the 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. The five learning themes are presented overleaf as illustrations. These illustrations were developed collaboratively by the GCPH, NHS Health Scotland and the Institute for Research and Innovation in Social Services (IRISS). The illustrations are intended to help Equally Well partners, both locally and nationally to quickly digest the interim learning from the Govanhill test site.

For more details on the evaluation of the Govanhill Equally Well test site, please visit: [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)

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.

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<sup>1</sup> GCPH

<sup>2</sup> Formerly GCPH, now at NHS Health Scotland

<sup>3</sup> IRISS

**LEARNING THEME 1: COMPLEX ISSUES DEMAND COMPLEX SOLUTIONS: THERE IS LITTLE ALTERNATIVE...**

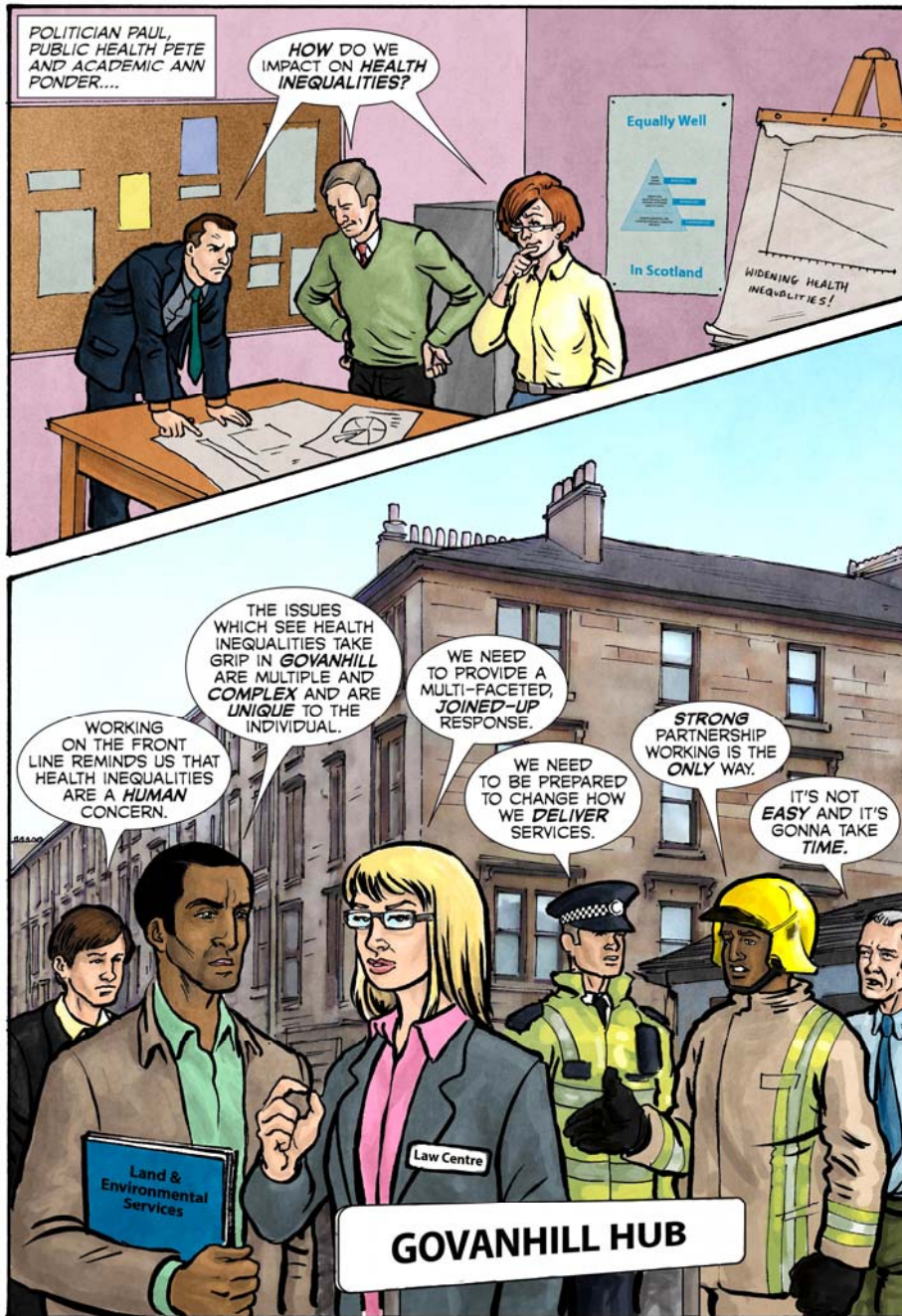


**Learning theme 1:**

- Ⓒ Test site evaluation evidence supports that through the Hub, Community Planning Partners are committed to developing and implementing tailored, complex and multi-faceted responses within Govanhill.
- Ⓒ Factors exist which are detrimental to such responses; perpetuating short-termism and a desire to apply simplistic methods to complex issues.
- Ⓒ Community engagement has proven challenging in this diverse and transient community but is vital to maximising the impact of public sector resource prioritised for use in Govanhill.



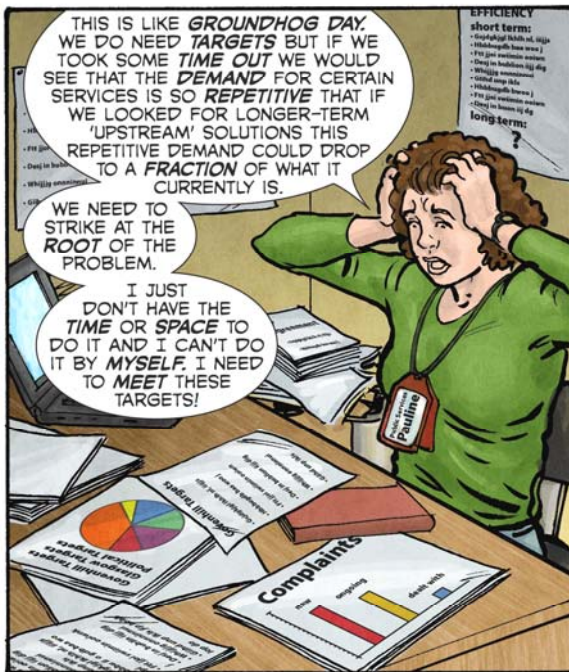
**LEARNING THEME 2: HEALTH INEQUALITIES ARE NOT A SINGULAR ENTITY; THEY REPRESENT AN OUTCOME OF COMPLEX AND MULTIPLE UNMET NEEDS...**



**Learning theme 2:**

- ④ Learning from the 'frontline' underlines the fact that the circumstances and behaviours which propagate health inequalities are multiple and extremely complex.
- ④ The test site indicates that strong partnership working is not merely a desirable way of working but is fundamental in responding effectively to complex and multiple needs and thus addressing health inequalities.
- ④ The Hub is an exemplar of the types of partnership working endorsed by Equally Well and its development is important to capture.

**LEARNING THEME 3: UNEVEN GROUND FROM THE OUTSET: THE DRIVERS OF SHORT-TERM EFFICIENCY AHEAD OF UPSTREAM WORKING AND SOLUTIONS...**



**Learning theme 3:**

- ☉ Upstream working and thinking is potentially more complex and challenging than efficiency driven working.
- ☉ Public services operate within a 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.
- ☉ Shifting resource from long-established efficiency driven working to 'untried' upstream partnership approaches is contentious.

**LEARNING THEME 4: INTER-AGENCY INFORMATION SHARING IS CENTRAL TO EFFECTIVE EARLY INTERVENTION AND APPROACHES TO ADDRESS HEALTH INEQUALITIES...**



**Learning theme 4:**

- ☪ 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.

**LEARNING THEME 5: COLLECTIVE RESPONSIBILITY FOR ADDRESSING HEALTH INEQUALITIES IS NOT EFFECTIVELY PROMOTED BY CURRENT LANGUAGE AND TERMINOLOGY...**



**Learning theme 5:**

- Ⓒ The language used in Equally Well and terminology of health inequalities represents a barrier to engaging with the policy for some.
- Ⓒ Test site partners do however 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.

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