

Engage

The magazine for the Meeting the Shared Challenge support programme

Issue Five November 09

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To find out more

If you would like to receive this magazine regularly, please email Kathleen.laird@health.scot.nhs.uk

Welcome

Welcome to the fifth edition of Engage – the magazine for the Meeting the Shared Challenge support programme. Our aim is to keep you up to date with the key themes, national learning and developments from the programme, and help partners gain a stronger understanding of the community-led approach to health improvement.

In this edition, Peter Taylor takes an initial look at barriers and levers to implementing the community-led health approach, based on the findings and learning from the programme evaluation. We then shine some light on these with follow-on contributions: firstly, Roisin Robertson describes the value of ‘champions’ at local strategic level to support the embedding of a community-led health approach. We then hear from CHEX about their ‘Knowing Me, Knowing You’ seminar series which brought together statutory, and community and voluntary sector organisations to explore the different and complementary nature of their respective contributions to health improvement. As usual we then round-up with news on developments in a selection of regions to give you a flavour of what’s going on around Scotland.

It just remains for me to extend a big ‘thank you’ to Heather Williams, who did a sterling job as editor for the first four editions of *Engage*.

I hope you and your colleagues find this edition useful and interesting.

Angela Jackson
Health Improvement Programme Manager
(Community and Voluntary Sector)
NHS Health Scotland

Foreword

Community-led health is not a new phenomenon; people have formed into groups to tackle health issues long before there were local authorities or even the health service. The external operating environment has changed dramatically though, and it is here that the Meeting the Shared Challenge programme is working to broker a stronger connection between people in the community seeking to improve the health of local people, and the statutory agencies that have that same objective.

There are two key issues here. The first is mutual knowledge and understanding; what does each seek to achieve and how can they help each other to achieve common aims. The second is how to integrate the two approaches to ensure that the community-led knowledge base is used within planning processes. Regional work from the programme has shown that the first key issue is being tackled, with greater communication evident between community health partnerships and community-led groups. In time, this increase in contact should lead to the second issue being addressed, resulting in stronger health improvement work and stronger, healthier communities.

Meeting the Shared Challenge provides the community and voluntary sector with opportunities to bring their experience and expertise to the forefront as part of this national programme for community-led health.

I wish all the partners I have worked with throughout the Meeting the Shared Challenge programme every success, not only as the programme comes to a close but well into the future.



Margaret Wilson
Network Development Officer, SCVO and member of the Meeting the Shared Challenge National Reference Group



Peter Taylor, internal evaluator on the Meeting the Shared Challenge team, looks at some key themes that have emerged from the experience of the programme to date, in particular at the barriers to wider implementation of a community-led approach to health improvement and the levers that may be available to help achieve this.

Community development should be a core approach to health improvement, and this requires capacity building at all levels

The core element in community-led work must be a community development approach, not techniques for dealing with specific health issues. Care must be taken to be clear about the distinction between approaches to health improvement that are led by active communities themselves, and engaging communities in decisions about health services. However, these two processes are compatible and both require communities to have the capacity to do them.

The community development approach may require the skills of specialist workers, but core health improvement workers also need to understand it. Commissioners of services need to understand the evidence about a community development approach, and how to interpret this evidence.

The community-led approach needs support from people at all levels and in all sectors.

It is desirable to have champions of the approach at high levels, including on health boards and Community Planning Partnerships and among elected members.

The lead on health improvement can be shared between sectors, including the community and voluntary sector, at area-wide or more local levels. The role of the wider community and voluntary sector in health improvement should be recognised and supported.

A very wide range of organisations have a contribution to make. Raising awareness of this, and of each other's contribution, may realise new potential to make their health improvement work more effective.

There needs to be a strategic overview of the purpose of community-led health improvement work and how it is to be supported.

There is still much work to be done on understanding the strategic contribution of community-led health improvement, its distinctive outcomes, and its contribution to other outcomes. There is also a need to make the links between the different national and local initiatives working to the common aim of addressing health inequalities more clearly.

Clear written recognition of the role of community-led health improvement in major local strategy documents is often lacking. But some strategies already recognise explicitly that building social capital and community development are legitimate health improvement objectives.

Sustainability is not just about funding, but about embedding the approach across the board.

Community-led work has developed unevenly across areas, depending on local initiatives and funding opportunities. In several parts of Scotland, models for how to extend its benefits to more areas, in spite of limited resources, are now being developed.

If the other barriers are addressed, community-led approaches will be seen as a core, not a marginal way of achieving shared outcomes. Sustainability is not just about sustaining funding; partnership working and making the links locally are also important.

Championing the community-led approach



**Roisin Robertson,
Renfrewshire Health Improvement Manager**

Roisin's post is jointly funded by Renfrewshire Council and NHS Greater Glasgow and Clyde through the Community Health Partnership and encompasses a 'championship' dimension across Council departments to promote and support health and health improvement.

Why have this 'championship' approach?

Despite health statistics showing general improvement, health inequalities are widening. We need to be taking a different, more effective approach. Given increasing demands on public sector resources we also need to become better at identifying and understanding what works and why! Community members are best placed to play an active role in how best to improve health within our communities and address health issues.

How has Renfrewshire responded to taking on this challenge?

Through the Single Outcome Agreement (SOA) and Local Area Committees, we have renewed our thinking about common goals. We have rationalised our structures and through our Corporate Health Improvement Group and Healthier Renfrewshire Group all are expected to be 'health champions' within their own areas of responsibility.

What was most helpful or encouraging in building relationships?

The people involved!

Council and health board staff in Renfrewshire genuinely want to make a difference and they believe in this way of working. Line managers have also supported staff in changing practice and have encouraged partnership working.

The timing is right. Lots of our ideas about involvement and participation, positive action and empowerment all contributing to health outcomes are being covered and reinforced in the media.

What issues have you encountered?

There are probably three issues I would say we have encountered:

- How to effectively engage elected members – especially when they already have so many competing priorities.
- Convincing communities that we are serious about involving them as genuine partners, and importantly finding the longer term resources to support them.

- Showing the impact and benefits of this way of working by capturing and evaluating the positive outcomes of our activity.

How has this approach supported partnership working in Renfrewshire?

Working in this way has strengthened and built on the goodwill and partnership working that was already established in Renfrewshire.

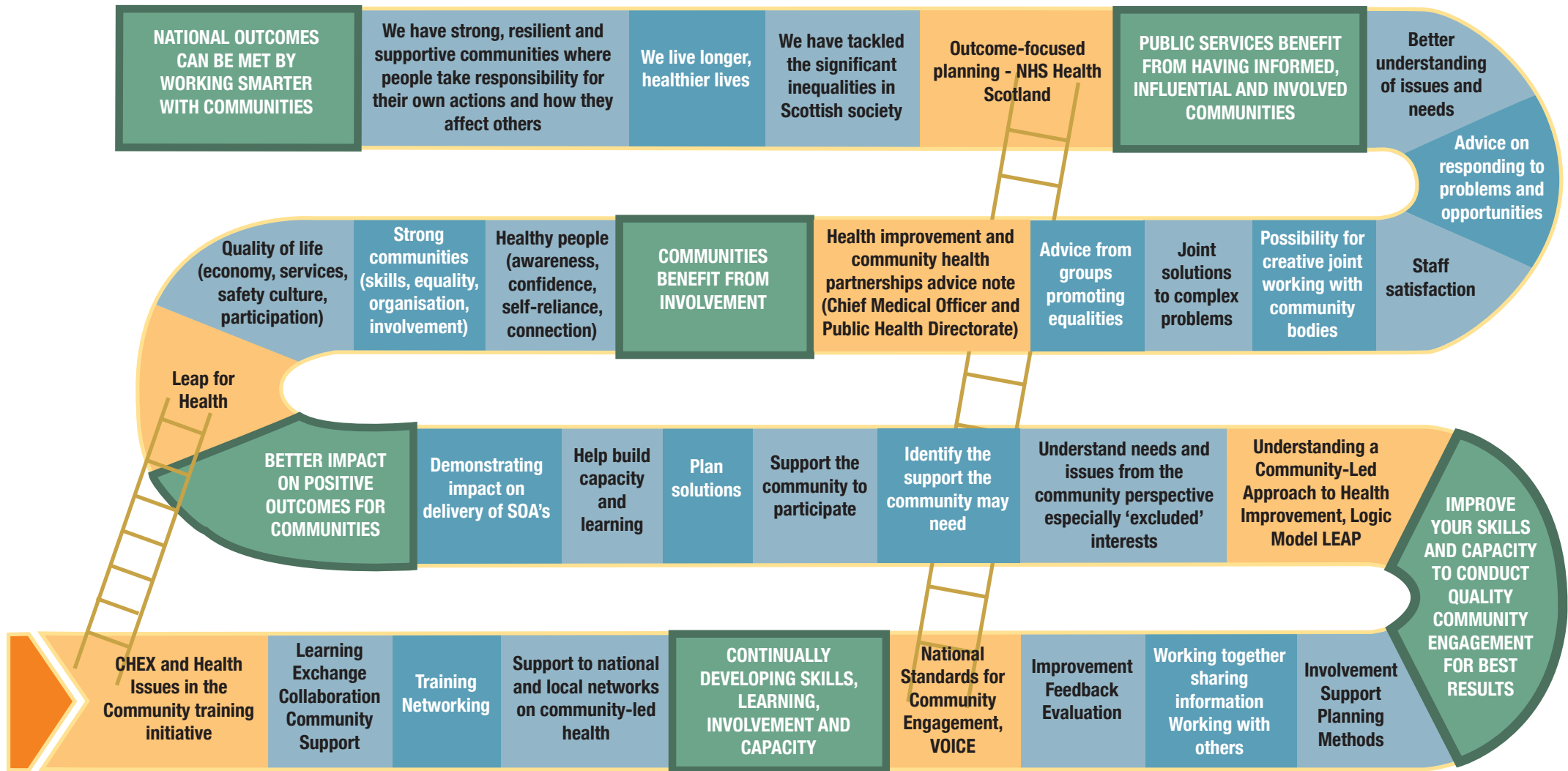
The development of the championship dimension to the health improvement manager's role has contributed to more effective information exchange, better appreciation of the contribution of partners, better networking, and confidence in joint working that is supported and appreciated.

Our partnership working is in the real spirit of community planning. We welcome the framework of the SOA and feel we are contributing to the common health outcomes. We are confident that our approach is essentially working towards building stronger as well as healthier communities.

Picture This

UNPACKING THE TOOLKITS

Several **toolkits, resources and frameworks** are available to help understand **why community-led health is important** – and **how to start and sustain such work**. This diagram shows the key stages in the process, and which resources may be helpful in aiding thinking and planning.



Knowing Me,



Knowing You

The increased recognition given to the value of community-led health (CLH) organisations working in partnership with statutory agencies is reflected through the Healthy Communities: Meeting the Shared Challenge, Keep Well and Equally Well programmes. The experience, expertise and routes into communities that CLH organisations have place them in a strong position to assist others and to work alongside communities to support them to identify their own health priorities.

CLH organisations are also well placed to share good practice with others. Sharing of good practice can also provide opportunities to learn

about the differences and commonalities of cultures between CLH organisations and public health agencies. It also ensures that respective contributions to improved health can be synergised and their complementary roles recognised.

Over the last six months CHEX has provided a useful forum in which to explore some of this learning via three seminars entitled **Knowing Me, Knowing You**. This forum has allowed CLH organisations and statutory sector representatives to get to know each other better, clarify their common purpose, and share ideas for effective ways of working together. Held in Glasgow,

Edinburgh and Stirling, the seminars have addressed the key elements which help shape the building of effective relationships, developing effective communication, building strategic decision-making, and an understanding of financial planning that directly affects community-led health organisations.

Both sectors have provided structured inputs on what they would like the other sector to strengthen and have offered helpful advice on particular priorities. For example, statutory partners expressed the view that CLH organisations could better articulate what they offer and how they complement statutory sector services. According to CLH organisations, public sector agencies could be more transparent about their strategic and financial planning and could consistently view CLH organisations as key partners, not solely providers of services.

While the seminars were exploratory they were also practical with impressive amounts of useful information being exchanged between the sectors, including 'commissioners' top tips'.

The third and final seminar focused primarily on how each sector contributes to the national and local outcome-focused planning processes. It further highlighted what each sector brings to the local agenda via the Single Outcome Agreement and, in turn, how this impacts on the National Performance Indicators. Inputs from NHS Health Scotland, Evaluation Support Scotland and CHANGES Community Health Project highlighted the frameworks and tools that exist to support both sectors in not only working together, but reflecting and demonstrating their joint impact on health improvement.

Learning and outcomes from the seminars are being fed into the Meeting the Shared Challenge programme at a national and local level, but if you would like more details, please contact either Janet Muir or Elspeth Gracey at chexadmin@scdc.org.uk

The seminar reports can be downloaded at www.chex.org.uk/publication/seminar-report/

Meeting the Shared Challenge

News

NHS Health Scotland Action learning sets

Health Scotland are offering action learning sets as part of a programme designed to support the use of outcome-focused approaches to health improvement planning and performance management across community planning partnerships. The programme aims to build local awareness, skills, confidence and experience in using outcome-focused approaches.

The purpose of the action learning sets will be to explore the contextual issues and implications of developing outcome-focused approaches to health improvement planning and performance management with peers.

Participants will be invited from different levels and disciplines within the community planning

infrastructure, including the Council, Health Board, CHP and Third Sector.

Action learning is an approach to individual and organisational development. Working in small groups of six to eight, participants tackle important organisational issues or problems and learn from their attempts to change things.

Action learning can:

- support individuals to work through challenging contextual problems related to implementing outcome-focused approaches in a constructive and mutually supportive environment
- encourage sharing of information and experience of outcome-focused approaches with peers
- develop a methodology you can use with colleagues and partners to help them learn in the future.

Costs will be supported by NHS Health Scotland, so this unique development opportunity will be offered **free of charge** to participants (excluding expenses).

Please contact LWDTeam@health.scot.nhs.uk for more information and an application form.



Participatory consultation in Clackmannanshire

As part of the programme, the Scottish Community Development Centre (SCDC) will be assisting Regional Development Group members in Clackmannanshire to conduct a series of participatory consultation sessions with under-represented groups on the development of the Joint Health Improvement Plan. The sessions will involve members of community groups dealing with issues of homelessness, mental health and learning disabilities.

The sessions will focus on the topics of food, physical activity and early development, and are designed to ensure a community perspective is reflected in the new plan.

News (Continued)

Community-led health national conference

A national conference on community-led health will take place in early 2009 to coincide with the end of the Meeting the Shared Challenge programme. It will be hosted by SCDC and CHEX in partnership with NHS Health Scotland. The conference will invite statutory, and community and voluntary sector partners to share learning from the programme. It will also be an opportunity for policymakers to explore ways in which the programme can be built upon to promote and embed the community-led approach to health improvement at both a national and a local level.

Details of the event will be available soon at:

www.scdc.org.uk

and

www.chex.org.uk

Learning materials and resources

Throughout the programme some important lessons have been learned from across Scotland which we are keen to share with all those that want to develop and sustain the long-term benefit of the community-led health approach. The Meeting the Shared Challenge team have been developing a strategy to compile and disseminate this learning beyond the programme.

In the next few months, we will be developing a range of materials and resources that will assist in developing clarity and understanding between all partners on the broad purpose of community-led health improvement, and its implication at local level. The materials will help partners to develop a more coordinated and strategic approach to community-led health improvement.

CHEX regional networking events

As part of the programme, CHEX have held four regional networking events.

The events, aimed at community and voluntary organisations and their partners to build on their involvement in the programme, provided an opportunity to share learning from across the country on:

- raising awareness on community-led health
- evidencing community-led health through case studies
- taking community-led health forward into local health improvement planning structures
- strengthening partnership support for community-led health.

The events also offered participants the opportunity to explore ways to strengthen their role and influence in sustaining community-led health in their own area.

For more information, visit: www.chex.org.uk

