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Acknowledgements

We thank the members of the Equally Well Test Site Evaluation Group for their input to this report. The meetings of the Group provided an important space for reflection on the change process in the Test Sites and on the evaluation. We welcomed the constructive and helpful comments from members of the Group on drafts of the report.

We also thank all of those we met in the eight Test Sites throughout our work. We were greatly impressed by their enthusiasm, commitment, and willingness to share their learning.
Executive Summary

Introduction and methodology
Eight Equally Well Test Sites were established in Scotland in October 2008. They were intended to try out new ideas to redesign and refocus public services, with the aim of tackling health inequalities. The Test Sites were to support a mainstream and sustainable change process from existing budgets. This would allow lessons to be learned about how health inequalities can be reduced; better health and other outcomes can be achieved for service users; and greater efficiency in the use of public resources can be delivered.

In February 2010 NHS Health Scotland commissioned this national evaluation of the Test Sites. It focused on service redesign within the Test Sites and what works when embedding change in the public sector to address health inequalities. The fieldwork was completed in March 2011, covering the first 30 months of the work of the Test Sites. In addition, each Site undertook a local evaluation, focusing on what Test Sites had done and what short term changes they had delivered.

The national evaluation considered:
- What was different about this approach?
- How has partnership work developed?
- How has learning taken place?
- What steps are being taken to sustain integrated service redesign?
- What are the most significant things that have been achieved?
- What national level actions are needed?

The national evaluation was formative, and was intended to contribute to reflective learning on the Test Site approaches. The approach combined drawing on existing information; gathering new information, principally through interviews; and feedback and reflection. Interviews were held with the project coordinators; local evaluators; a wide range of partners involved in the Test Sites; and relevant Scottish Government staff. In total over 120 interviews were conducted.

Feedback and reflection was enabled through separate workshops with groups of partners in each Site; reflective workshops for all the Test Sites and local evaluators; review by an Evaluation Steering Group; and the production of two Learning Notes.

To help inform the national evaluation, the Equally Well Evaluation Steering Group established a plausible ‘theory of change’ setting out how the Equally Well Test Site approach should lead to service redesign, which in turn would reduce health inequalities.

The Test Sites
In July 2008 the Scottish Government and COSLA put out a joint call for Test Site proposals. Community planning partners were invited to make applications to become a Test Site. Applications were required by September 2008 and had to include details of the partners who would be involved and demonstrate local senior commitment to the Test Site, as this commitment was seen to be an important and
necessary factor in enabling service redesign. Thirty applications were received from 15 different local authority areas.

Eight Test Sites were selected. These focused on the Equally Well priorities and were selected to give a wide geographical spread and include urban and rural areas.

The eight Test Sites approved were:

- **Dundee (Stobswell)** - focusing on methods of improving mental wellbeing.
- **East Lothian** - looking at health inequalities in early years in Prestonpans, Musselburgh East and Tranent. (This Test Site was later extended to include areas in Midlothian).
- **Fife (Templehall)** - focusing on anti-social behaviour in relation to alcohol and under-age drinking.
- **Glasgow City** - looking at integrating health into current and future city and local planning.
- **Govanhill, Glasgow** - looking at community regeneration and development through the adoption of a neighbourhood management approach involving all key community planning partners.
- **Lanarkshire** - focusing on sustained employment and supporting people to find decent work.
- **Rattray, Perth and Kinross** - looking at delivering health inequality sensitive services in a rural setting for families and children with multiple and complex needs.
- **Whitecrook, West Dunbartonshire** - targeting the high prevalence of smoking in the area.

The Scottish Government allocated £4 million over three years to support the Test Sites; health inequalities learning networks; and fund the application of continuous improvement techniques in the Test Site areas. This was from within the overall health and wellbeing budget. In each of the Test Sites a coordinator was appointed, and the resources from the Scottish Government supported these posts. The Government has also given active senior support to the Test Sites and provided a dedicated staff resource to coordinate the national programme.

Learning was an important element of the work of the Sites. A Learning Network for the eight Test Sites was established in early 2009. It involved:

- An on-line learning resource, set up in summer 2009 to allow people to exchange opinions; and highlight lessons learned, events and best practice.
- Regular learning network meetings; visits to each of the Test Sites; joint learning and development; and action learning sets.

**Findings**
In many of the Test Sites there had been previous initiatives to tackle inequality. Some of these were multi-agency or partnership approaches. These previous initiatives had not brought about sustainable reductions in health inequalities, so a different approach was essential.
The Test Sites are all at a relatively early stage in their journey towards reducing health inequalities. They have progressed at different speeds. Some of the underlying factors that will have impacted on the rate of progress are:

- the complexity of the area or theme
- the scale of inequality
- the strength of existing partnerships and networks – and whether these existing structures are open to change
- the success of previous attempts to tackle health inequalities
- the political priority accorded to the area or theme
- the resources available.

**What was different about this approach?**
The Scottish Government and COSLA designed an application process which built in a number of features that were different to previous approaches and were intended to increase the likelihood of successful service redesign:

- The Test Sites were to be part of a mainstream change process – not short-term projects or pilot studies.
- They had to demonstrate that they could bring about sustainable service redesign within existing resources (although the Scottish Government did set aside resources for learning and evaluation as well as certain development costs).
- They required to demonstrate that there was senior commitment and willingness to redesign services.
- They had to be committed to learning and evaluation.

This approach worked well and provided a sound basis for the Test Sites. However, the time allowed for applications was short and ran through the main summer holiday period. This may have reduced the number of applications and certainly restricted the extent of consultation with partners, service users and communities about those applications that were made.

Once the Test Sites were established, the Scottish Government continued to encourage a new approach, including:

- direct senior Government commitment to the Test Site approach
- establishing and supporting a Learning Network – operating through regular meetings of the Test Sites and an on-line network
- the introduction of ‘simple rules’ which allowed Test Sites freedom to act.

The Test Site approach allowed:

- The Scottish Government to learn about the translation of national policy into local practice.
- The Test Sites to have the space and opportunity to test approaches which might eventually reduce health inequalities in their area.

**How has partnership working developed?**
All of the Sites have made progress towards joint working. There were a number of factors which, when taken together, appeared to support the process of effective and sustainable joint working between partners, which could lead to service redesign. These did not operate in isolation. The more of these that were in place, the more
likely that progress would be made in a systematic way. Where fewer were in place, progress was likely to be opportunistic rather than systematic.

- **Coordination** – the presence of someone with the skills to work across organisational boundaries acting as a coordinator has been important. All Sites had a coordinator.
- **Senior commitment** – ongoing senior commitment (from politicians, Boards and senior managers) was essential. This was in place at the start of each Test Site – but it was not always maintained.
- **Clear, shared outcomes** – one of the impacts of having senior commitment was that this made it easier to agree and work towards clear shared outcomes for the Test Site. Without these, partner organisations fell back on their own priorities and targets, which may not have matched those of the Test Site.
- **Creating a space for change** – much of the rationale for the Test Sites was to try new approaches. It was important to create space to consider, agree and implement change. Where there was a willingness to consider change, progress could be made. In some areas, it was hard to get some partner organisations to agree to do things differently from their current practice.
- **Engagement of service users or communities** – effective service user engagement takes time – trust (and often capacity) needs to be built, and public agencies need to consider how to build service users’ views into their decision making processes.
- **Shared understanding of partner roles and contributions** – for many of the Test Sites an important early step has been to improve understanding of the roles and responsibilities of partner organisations. For some Test Sites, this has significantly broken down barriers between organisations and led to sharing staff and financial resources to meet particular outcomes.

**How has learning taken place?**
Learning has been built into the work of the Test Sites from the start. The Learning Network provided a focus for shared learning among the Test Sites and an on-line network allowed wider sharing of views. The Test Sites have a strong learning culture. This has encouraged Sites to try new approaches and be honest about what was successful and what was not. There has been considerable shared learning across the Test Sites.

There are examples of transfer of ideas between Test Sites. Transferring learning and new approaches from one Site to another (and from one organisation or sector to another) is a crucial part of the process. When this happens, the learning from the Test Sites will move from being unique to having more general application.

**What steps are being taken to sustain integrated service redesign?**
Based on the theory of change developed by the Equally Well Evaluation Steering Group, there were five necessary pre-conditions for significant progress to be made in bringing about effective service redesign to reduce health inequalities. These are senior commitment; clear shared objectives; co-ordination; empowered local or operational staff; and ‘freedom to fail’. Three of the Sites have all these in place. The remainder have some in place.
In addition, there are examples of ‘one-off’ innovative approaches to service redesign in all the Test Sites. Redesign has been introduced systematically into the mainstream work of public agencies in one of the Test Sites.

This range was to be expected after 30 months. It is likely that other Test Sites may reach a ‘tipping point’ where redesign becomes systematic rather than ‘one-off’. For a number of Test Sites, this will mean ensuring that there is senior commitment to change; clear, shared objectives among partners; and greater empowerment of local or operational staff. If these pre-conditions cannot be delivered, these Test Sites are unlikely to bring about the long term outcome of reducing health inequalities.

Most Test Sites believed that their approach was sustainable. But reducing public sector budgets did cause concern, partly because of the potential for adverse effects on health inequalities and partly because important elements of the approach (particularly the employment of a coordinator) may not continue to be funded.

What are the most significant things that have been achieved?
Stakeholders in the Test Sites were asked about the most significant changes that had taken place in their Test Site so far. The most common responses (40% of respondents) related to improved joint working and influence on local authority wide strategies and plans (10%). Service user engagement (6%) and outcomes for service users (3%) were less likely to be mentioned.

This demonstrates that, at this relatively early stage, most of the Test Sites have made progress with short term outcomes - such as improved joint working. Less progress has been made with longer term outcomes such as changes for service users.

What national level actions are needed?
Those involved in the Test Sites had views about the changes in national policy and practice that would help them to deliver local approaches to tackling health inequality more successfully. The main areas raised were:
- a greater focus on early intervention
- linking different Scottish Government approaches better
- making sure that all relevant parts of the NHS were fully involved
- national outcomes and targets for public sector organisations should clearly reflect the need to tackle health inequalities
- spreading learning widely, so that approaches could be transferred to other areas where this was appropriate.

In relation to the support for the Equally Well Test Sites, it was felt that there was much about the approach so far that should be retained. People would like to continue to be able to work flexibly and collaboratively. It is important to make sure that local change continues to be locally determined and that there is not a top down approach to local service design.

Summary
Reducing health inequalities is a long term outcome, which the Equally Well Task Force believed could take a generation. The Test Sites are, as would be expected, at a relatively early stage in their journey towards reducing health inequalities.
However, all the Test Sites have made some progress in relation to service redesign. In a small number of cases, this has become embedded in the work of organisations and a systematic, mainstream approach to redesign is emerging. For most, the service redesign to date has been specific to particular approaches and has not yet transformed the way that partner organisations go about their business.

The first 30 months of work in the Test Sites has reinforced the fact that there are significant challenges in making joined up multi-agency work effective; in transforming services from being reactive to focusing on early intervention; and in engaging service users in decisions about services. However, provided a range of key factors are put in place, progress towards sustainable service redesign can be achieved.

The lessons learned from the Test Sites will be particularly important at a time of pressure on the budgets of public agencies. Effective joint working and a clear priority for investment in prevention and the underlying causes of health inequalities will be required to make sure that the impact of the resources that are available is maximised.
1. Introduction and methodology

1.1 Introduction
The Equally Well Test Sites were established in Scotland in 2008. They were intended to try out new ideas to redesign and refocus public services, with the aim of tackling health inequalities. This report highlights the experiences and initial outcomes in relation to the redesign of public services; and the lessons learned.

1.2 Context
In June 2008, the Ministerial Task Force on Health Inequalities presented its report. One of its recommendations was that the Government should provide resources to test and promote the Task Force’s approach to redesigning and refocusing public services. This would operate initially through a number of Test Sites. Resources would be required to:
- encourage innovation
- bring together evidence to inform good practice
- track progress
- spread learning, in order to influence change in public services more widely.

Eight Test Sites were established in October 2008. They were to improve local service design within existing resources and increase collaboration between public sector agencies, with the longer term aim of reducing health inequalities. This would allow lessons to be learned about how health inequalities can be reduced; better health and other outcomes can be achieved for service users; and greater efficiency in the use of public resources can be delivered.

The Scottish Government set aside £4 million over three years to support the Test Sites, health inequalities learning networks, and the application of continuous improvement techniques in the Test Site areas. The Test Sites initially were to run until March 2011, and this has been extended to March 2012. A profile of each of the Test Sites is included in appendices one to eight.

1.3 Evaluation
In February 2010 NHS Health Scotland commissioned this national evaluation of the Test Sites. The evaluation, for which the fieldwork was completed in March 2011, covers the first 30 months of the work of the Test Sites.

The purpose of the evaluation was to provide information to the Ministerial Task Force on Health Inequalities on progress by, and learning from, the Equally Well Test Sites towards achieving service redesign to reduce health inequalities. It does not seek to assess the extent to which the Test Sites were successful in addressing health inequalities. This will require a significantly longer time period.

The key evaluation questions (as set out in the brief) were:
- How is the approach that is being adopted in the Test Sites different from that which went before as a result of the focus placed on tackling health inequalities? How would the Test Sites describe the distinguishing characteristics of the approach (that is, what distinguishes it from a more

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general population health improvement approach) they have used? Has it resulted in reallocations of resources and in what way?

- How has partnership working between agencies been developed or altered in order to better address inequalities? What have been the barriers to successful partnership working, what have been the enablers?
- How is learning taking place and what lessons are emerging? What approaches are effectively supporting the recording and sharing of learning within the Test Sites and beyond?
- What steps are being taken towards the sustained integration of service redesign within the Test Site localities?
- From the experience of the Test Sites to date, what are the three most significant things that each has achieved that hadn’t been achieved before Test Site status?
- What national level actions are needed to enable the impact of local work to be maximised and replicated in other areas?

Each Test Site established its own arrangements for evaluating the Test Sites at a local level. This national evaluation was to complement and build on the local evaluations, focusing specifically on service redesign. The Scottish Government produced an ‘Equally Well Test Site Evaluation Framework’ which set out the package of evaluation which would take place:

- **Collating stories** – gathering early local experiences (using Voxur video recordings) and collating these at a national level.
- **Local evaluation** – focusing on what Test Sites have done and what short term changes they have delivered.
- **National evaluation on service redesign** – focusing on the process of change within the Test Sites and what works when embedding change in the public sector to address health inequalities.

1.4 Methodology

The national evaluation was formative, and was intended to contribute to reflective learning on the Test Site approaches. The approach combined drawing on existing information; gathering new information, principally through interviews; and feedback and reflection.

1.4.1 Data gathering

- **Project coordinators and local evaluators** – Members of the national evaluation team met individually with each of the local evaluators and project coordinators. This provided briefing on the context and a range of written information about each Test Site. At an early stage, members of the national evaluation team attended the Equally Well Test Site Evaluation Network, organised by the Scottish Government, which brought together evaluators and lead staff from all the Test Sites. Links were maintained with coordinators and local evaluators at all key stages of the evaluation.
- **Individual interviews with stakeholders** – Local project coordinators identified a wide range of local stakeholders who were involved in the work of the Test Site and could be interviewed. The range of local stakeholders interviewed was different in each area. However, the stakeholders included those involved in planning the Test Site at a strategic level; those involved
in delivering Test Site activities; and community and voluntary organisations involved in the Test Site.

In-depth interviews were held with these local stakeholders. The interviews followed a semi-structured discussion guide, which interviewees had in advance. Most interviews were face-to-face, although a number were carried out by telephone where this was more convenient. There were two rounds of interviews with these stakeholders. The first round of interviews (in April and May 2010) focused on:
- hopes and expectations for the Test Site
- service redesign
- joined up working
- community engagement
- resources
- change.

The second round of interviews (in October and November 2010) focused on:
- progress
- sustainability
- mainstreaming
- wider equalities issues
- most significant changes
- national policy.

Interviews were also held with officials in the Scottish Government who had developed the idea of the Test Sites and were responsible for delivering them. In total, over 120 interviews were conducted. Members of the national evaluation team also attended a number of Steering Groups and other events organised by the Test Sites.

- **Final discussion with individual Test Sites** - Separate workshops were organised with stakeholders from each of the eight Test Sites. This allowed them to receive feedback on the general findings from the national evaluation and some lessons from their Test Site. It allowed local stakeholders to comment on the profiles that had been prepared about their Test Site and to respond to the more general themes. In one Site, stakeholders preferred to comment over the phone and by email, rather than holding a workshop session.

1.4.2 Evaluation feedback

- **Learning notes** - After each round of interviews, a Learning Note was produced on the themes covered in the interviews. The two Learning Notes were primarily aimed at the Test Sites, but they were also circulated by the Scottish Government to others with an interest in public service redesign and health inequalities. The Learning Notes are included at appendix nine.

- **Reflective workshops** - A reflective workshop, attended by 23 people involved in the Test Sites, was held to reflect on the issues that had been
raised in the first round of interviews. There was also a final review session with local evaluators. This allowed them to receive feedback on the main findings of the national evaluation and to relate these to emerging findings from the local evaluations.

- **Evaluation Steering Group**—This group (which included staff from NHS Health Scotland and the Scottish Government) met regularly to review progress and discuss emerging themes. The group had an important role in developing thinking and understanding about the Test Site programme as well as its evaluation.

**1.5 Reporting and the theory of change**

The Test Site experience and outcomes in relation to service redesign have been assessed using a ‘theory of change’ model. To help inform the national evaluation, the Equally Well Evaluation Steering Group established a plausible ‘theory of change’ setting out how the Equally Well Test Site approach should lead to service redesign, which in turn would reduce health inequalities.

This theory of change has been adapted for use in this report. A summary diagram of the theory of change is on page 5. Boxes 2-4 highlight what were seen as the necessary pre-conditions for local service redesign in the Test Site areas. Boxes 5-7 highlight the expected changes in relation to service redesign. This evaluation focuses on both of these. Boxes 1, 8 and 9 are wider aspects of the theory of change, which are not specifically covered within this evaluation.

This report is structured around this theory of change:
- Chapter Two sets out Equally Well policy and the history of the Test Sites.
- Chapter Three sets out the drivers for change in relation to service redesign.
- Chapter Four sets out the changes in relation to service redesign.
- Chapter Five explores issues around learning and sustainability.
- Chapter Six sets out conclusions.
Theory of Change

1. Equally Well policy is jointly developed and informed by evidence

2. Test Sites are local solutions to doing things differently
   - Resources are in place
   - There are links to the Community Planning Partnership
   - There is agreement about shared outcomes

3. There is senior commitment to innovation

4. People have the freedom to act and constraints are relaxed

5. Strategic and operational changes are made
   - There is effective joint working
   - There is effective community engagement
   - Culture change begins to take place

6. Changes are evaluated and the learning is used

7. Test Site innovation continues and leads to replication
   - Wider culture change
   - Shift of power and co-production
   - Resources are used differently – re-prioritised, redistributed or disinvested

8. There is whole public service system redesign
   - There is a focus on prevention or early intervention
   - Services work smarter and bring about better and more equal outcomes

9. Inequalities are tackled through targeting, closing the gap or reducing inequalities across the whole population
2. **Equally Well and the Test Sites**

2.1 **Equally Well**

The Report of the Ministerial Task Force on Health Inequalities identified that:

- health inequalities remain a significant challenge in Scotland
- the poorest in our society die earlier and have higher rates of disease, including mental illness
- healthy life expectancy needs to be increased across the board to achieve the Scottish Government’s overall purpose of sustainable economic growth
- tackling health inequalities requires action from national and local government and from other agencies including the NHS, schools, employers and Third Sector
- priority areas are children, particularly in the early years, ‘killer diseases’ such as heart disease, mental health and the harm caused by drugs, alcohol and violence
- radical cross-cutting action is needed to address Scotland’s health gap to benefit its citizens, communities and the country as a whole.
- better routes or pathways into and between services and agencies are needed
- staff may need new skills and to work increasingly across organisational boundaries.

The report notes that:

‘much of the change the Task Force recommends can only be generated locally, through the people in public services who work to meet their clients’ needs day in and day out. They are critical in determining client pathways or routes into, through, between and eventually out of public services’.

One of the recommendations from the Task Force was that the Scottish Government should provide resources to test and promote the approach to redesigning and refocusing public services - initially through a small number of Test Sites within community planning partnerships.

The Sites were to test what changes in public services could be achieved within existing resources, with a view to reducing health inequalities in the longer term. Test Sites would also provide evidence for future spending decisions, both nationally and locally, by redesigning public services to shift the emphasis from dealing with the consequences of health inequalities to preventing them in the first place.

Test Sites would focus on specific client groups or communities who are most at risk; address complex issues; have ‘willing and enthusiastic’ community planning partners; and have senior management buy-in across organisations.

The Test Sites were not seen as short-term projects or pilot studies. They were intended to be the start of a mainstream change process, where local community planning partners worked together to improve the reach and impact of their local services. The Task Force saw sharing of learning and experience, including evaluation, as being key elements underpinning the work of the Test Sites.
2.2 The bidding process
In July 2008 Scottish Government and COSLA put out a joint call for Test Site proposals. Community planning partners were invited to make applications to become a Test Site. Applications were required by September 2008 and had to include details of the partners who would be involved and demonstrate local senior commitment to the Test Site, as this commitment was seen to be an important and necessary factor in enabling service re-design. Thirty applications were received from 15 different local authority areas.

The most common focus for the applications was children's very early years, a key priority from Equally Well, with 13 proposals. Other applications focused on mental health and wellbeing; increasing employability; learning disabilities; planning and health; violence and alcohol misuse; healthy weight; tackling poverty; and tobacco.

The Scottish Government and COSLA made the final decision on which of the applications should become Test Sites. The decisions were guided by:
- policy fit
- local senior buy-in
- capacity and resources to deliver
- plans for client engagement
- willingness to redesign services
- the commitment to evaluation
- ensuring geographic spread.

Eight Test Sites were selected. These focused on the Equally Well priorities and were selected to give a wide geographical spread and include urban and rural areas.

The eight Test Sites approved were:
- **Dundee (Stobswell)** - focusing on methods of improving mental wellbeing.
- **East Lothian** - looking at health inequalities in early years in Prestonpans, Musselburgh East and Tranent. (This Test Site was later extended to include areas in Midlothian).
- **Fife (Templehall)** - focusing on anti-social behaviour in relation to alcohol and under-age drinking.
- **Glasgow City** - looking at integrating health into current and future city and local planning.
- **Govanhill, Glasgow** - looking at community regeneration and development through the adoption of a neighbourhood management approach involving all key community planning partners.
- **Lanarkshire** - focusing on sustained employment and supporting people to find decent work.
- **Rattray, Perth and Kinross** - looking at delivering health inequality sensitive services in a rural setting for families and children with multiple and complex needs.
- **Whitecrook, West Dunbartonshire** - targeting the high prevalence of smoking in the area.
Profiles outlining the approach taken in each Test Site are included as appendices one to eight.

The relatively short time allowed for the preparation and submission of Test Site applications (and the fact that this was over the summer period) had an impact on the extent of local consultation on the applications. Many of the successful Test Sites would have welcomed more time to consult among partners and with the community. It was felt that the short timescale encouraged the repackaging of ideas that were already ‘on the shelf’.

2.3 Health inequalities tackled
All the Test Sites were concerned with tackling health inequalities. Two of the Test Sites (Glasgow City and Dundee) covered the whole local authority area. The other six adopted an area-based targeting approach, working in neighbourhoods ranging from 4,000 to 15,000 people.

Most Test Sites had a clear focus on a specific aspect of health – such as tobacco, alcohol, early years, or mental wellbeing. However, in Govanhill the approach focused on wider neighbourhood management issues, such as housing and environmental improvement, community safety and training and employment.

Table 2.1: The area and thematic focus of the Test Sites

<table>
<thead>
<tr>
<th>Test Site</th>
<th>Target Area</th>
<th>Description</th>
<th>Health Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dundee</td>
<td>Stobswell neighbourhood with a population of approximately 4,000</td>
<td>Area of relative deprivation</td>
<td>Mental wellbeing</td>
</tr>
<tr>
<td>East and Mid</td>
<td>Five neighbourhoods in East Lothian and three in Midlothian</td>
<td>Areas of relative deprivation where children and families experience health inequalities</td>
<td>Early years</td>
</tr>
<tr>
<td>Lothian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fife</td>
<td>Templehall neighbourhood with population of just over 12,000</td>
<td>Area of relative deprivation which saw a significant increase in health deprivation between 2006 and 2009</td>
<td>Alcohol misuse</td>
</tr>
<tr>
<td>Glasgow City</td>
<td>All of Glasgow – but with some projects specifically in the East and North of the city</td>
<td>Areas experiencing significant levels of deprivation and health inequalities</td>
<td>Improving health through planning</td>
</tr>
<tr>
<td>Govanhill</td>
<td>Govanhill neighbourhood with population of approximately 15,000</td>
<td>Deep rooted socio-economic disadvantage and health inequalities</td>
<td>Wider health and wellbeing</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>All of North and South Lanarkshire</td>
<td>Targeted on employment</td>
<td>Health and employability</td>
</tr>
<tr>
<td>Rattray</td>
<td>Rattray neighbourhood with a population of approximately 4,000</td>
<td>Area of relative deprivation</td>
<td>Multiple and complex needs</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>Whitecrook with a population of just over 4,500</td>
<td>Area of relative depravation with high smoking levels</td>
<td>Damage through tobacco</td>
</tr>
</tbody>
</table>
2.4 Financial support from the Scottish Government

The Scottish Government allocated £4 million over three years to support the Test Sites; health inequalities learning networks; and fund the application of continuous improvement techniques in the Test Site areas. This was from within the overall health and wellbeing budget.

In making their applications, the Test Sites were to demonstrate that the approach would be sustainable within the existing resources for services available to partners in each area. Those who applied for Test Site status were therefore committing to developing innovative local approaches within existing resources.

Once detailed discussions between the Scottish Government and the Test Sites started it became clear that, in addition to the learning and evaluation activities, some funds could usefully be deployed in ensuring effective local co-ordination and in some start-up and capacity building activities. Test Sites identified their own requirements for funding, and discussed this with the national programme manager. Underpinning this approach was the principle that the use of local development funds would help to remove barriers to innovation, allowing communities and frontline staff to test new ideas. The Scottish Government believed that it was important this funding support was not ‘tied up in red tape’ – which could stifle the emergence of new approaches. The Sites made a simplified application for funding, and received the level of funding requested. Table 2.2 indicates the resources allocated by the Scottish Government to each Test Site.

Table 2.2: Scottish Government funding allocation by Test Site – 2009 to 2012

<table>
<thead>
<tr>
<th>Test Site</th>
<th>Total 2009/11 (£)</th>
<th>% of Total 2009/11</th>
<th>Total 2011/12 (£)</th>
<th>Total 2009/12 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dundee</td>
<td>£200,000</td>
<td>10%</td>
<td>£130,000</td>
<td>£213,000</td>
</tr>
<tr>
<td>East and Mid Lothian</td>
<td>£410,000</td>
<td>20%</td>
<td>£168,000</td>
<td>£578,000</td>
</tr>
<tr>
<td>Fife</td>
<td>£222,000</td>
<td>11%</td>
<td>£115,000</td>
<td>£337,000</td>
</tr>
<tr>
<td>Glasgow City</td>
<td>£208,000</td>
<td>10%</td>
<td>£150,000</td>
<td>£358,000</td>
</tr>
<tr>
<td>Govanhill</td>
<td>£496,000</td>
<td>24%</td>
<td>£177,000</td>
<td>£673,000</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>£144,000</td>
<td>7%</td>
<td>£100,000</td>
<td>£244,000</td>
</tr>
<tr>
<td>Rattray</td>
<td>£313,000</td>
<td>15%</td>
<td>-</td>
<td>£313,000</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>£57,000</td>
<td>3%</td>
<td>-</td>
<td>£57,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£2,050,000</strong></td>
<td><strong>100%</strong></td>
<td><strong>£840,000</strong></td>
<td><strong>£2,890,000</strong></td>
</tr>
</tbody>
</table>

Source: Scottish Government, 2011

This funding was primarily used to allow posts to be ‘backfilled’ to allow coordinators to work with the Test Site and to support local evaluation. Some Test Sites also received resources to support community engagement; small local development funds; and capacity building.

During 2009/10 and 2010/11 – the focus of this national evaluation – the Scottish Government invested over £2 million in the eight Test Sites. The level of funding received by each Test Site varied considerably, based on the scale of the activities; the infrastructure that was already in place locally; and the requests made for support. The Govanhill and East Lothian Test Sites received the largest funding allocation. Rattray did not use all the resources allocated during 2009/11 – and these resources have been set aside for use in Rattray in 2011/12. The Scottish Government relied on the Test Sites to identify their own needs in relation to funding.
2.5 Wider support from the Scottish Government

From the start, there has been senior commitment to the Test Sites from the Scottish Government and COSLA. The Chief Medical Officer and senior officials from the Scottish Government have been actively involved in promoting and supporting the development of the Test Sites. For example, the Test Sites were launched at a two day Senior Champions’ event. This involved the Minister for Public Health; the Chief Medical Officer; councillors and senior managers from the Test Sites.

The Chief Medical Officer attended local launch events for some Test Sites, providing strong leadership and inspiring commitment at a local level. The Scottish Government’s Joint Improvement Team has also provided practical support to Test Sites – such as facilitating a development day in East Lothian.

The Scottish Government has provided dedicated staff resources to co-ordinate the programme at a national level. A member of staff was seconded from a local NHS Board to the Scottish Government, to act as a dedicated Programme Manager for the Equally Well Test Sites. The Programme Manager has co-ordinated activities across Scotland – with a focus on facilitating and sharing learning – and provided flexible, tailored support to each Test Site.

2.6 Local co-ordination

Each of the Test Sites had a coordinator (or someone who played this role). Four of the coordinators were employed by the local authority, one by the NHS, and three by community planning partnerships or community health partnerships. In three Test Sites, coordinators worked full time on Equally Well, and in five Sites coordinators worked part time. The Scottish Government Equally Well funding was used to meet, or contribute towards, the salaries of the coordinators.

Table 2.3: Test Site coordinators

<table>
<thead>
<tr>
<th>Test Site</th>
<th>Employer</th>
<th>Job Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dundee</td>
<td>Dundee City Council</td>
<td>Team Leader (Strategic Development)</td>
<td>Part time</td>
</tr>
<tr>
<td>East and Mid Lothian</td>
<td>NHS Lothian</td>
<td>Public Health Practitioner</td>
<td>Part time</td>
</tr>
<tr>
<td>Fife</td>
<td>Fife Community Safety Partnership</td>
<td>Equally Well Coordinator</td>
<td>Part time</td>
</tr>
<tr>
<td>Glasgow City</td>
<td>Glasgow City Council</td>
<td>Project Manager – Equally Well Test Site</td>
<td>Full time</td>
</tr>
<tr>
<td>Govanhill</td>
<td>CHP (originally the CHCP)</td>
<td>Service Improvement Officer</td>
<td>Full time</td>
</tr>
<tr>
<td>Lanarkshire (Two coordinators)</td>
<td>Council (one seconded from NHS)</td>
<td>Health Promotion Projects Officer and Economic Development Officer</td>
<td>Part time</td>
</tr>
<tr>
<td>Rattray</td>
<td>Perth and Kinross Council</td>
<td>Equally Well Coordinator</td>
<td>Part time</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>CHCP/ NHS</td>
<td>Senior Health Improvement Practitioner</td>
<td>Full time</td>
</tr>
</tbody>
</table>

Stakeholders involved in the Test Sites viewed the coordinator role as extremely important. A critical aspect was liaising and building links between partners, and between strategic and operational staff. Particular skills were required to work effectively with a range of partners and operate across a number of different
networks. Communication and inter-personal skills were important in joining up complex (and sometimes conflicting) structures.

2.7 Learning networks
Sharing learning and knowledge exchange was identified as an important role for the Equally Well Test Site Programme Manager employed by the Scottish Government. An Equally Well Learning Network for the eight Test Sites was therefore established in early 2009 and has been supported by the Scottish Government. The Learning Network has involved:

- An on-line learning resource\(^2\) was set up in summer 2009 to allow people to exchange opinions; and highlight lessons learned, events and best practice – the site has 170 members and allows learning to be shared among the Test Sites and more widely with others with an interest.
- Regular and well attended learning network meetings; visits to each of the Test Sites; joint learning and development; and action learning sets.

The networks and support structures have developed over time. Beyond the eight core Test Sites, other learning has also taken place. For example, those involved in the 13 applications relating to children’s early years, which did not become core Test Sites, have been supported through action learning sets by NHS Health Scotland.

2.8 Analysis
In establishing the Test Sites, the Scottish Government sought to put in place a number of the building blocks that were likely to enable service redesign. The Test Sites were established:

- to support a mainstream and sustainable change process (rather than short-term projects or pilot studies) and to demonstrate and deliver sustainable change from existing budgets
- to demonstrate service redesign across a range of different areas and different themes – although, at their heart, each aimed to reduce health inequalities
- with senior level support from the Scottish Government that has been maintained from the planning for the Test Sites through to this point
- with local senior level support and the support of local community planning partners
- with a commitment to sharing learning, with the development of both a face-to-face learning network and an online learning network for all the Test Sites
- with Scottish Government funding to support the appointment of local coordinators as well as learning and evaluation across the Test Sites.

Less than three months was allowed for the bidding process, over the summer period. This shaped the range and nature of the Test Sites. The timescale was too short for many of the applicants to consult properly with partners and, particularly, communities and service users about the design of the Test Site. It may be that applications did not come from some areas as a result of the relatively short time allowed. And some of the applications repackaged ideas that were already ‘on the shelf’. In any future similar bidding process, a longer time period should be allowed.

\(^2\) [www.equallywell.ning.com]
for greater consideration of the options for doing things differently and for consultation.

The funding of local coordinator posts is seen as very important to the development of the Test Sites. Coordinators required the ability to work across organisational boundaries and strong communication and inter-personal skills.

The experience and networking experience of the coordinators varied. For example, the Dundee, East Lothian and Fife coordinators had the management experience and strategic skills to effectively negotiate complex structures and relationships. Stakeholders highlighted that in these areas, the coordinator had worked in the context of health inequalities and deprivation in the local area for some time, with a great deal of experience of the subject area and key partners. In some Test Sites, coordinators found it harder to embed the Test Site approach due to challenges relating to seniority, experience and status.

Having access to additional resources from the Scottish Government to undertake early development work, capacity building and to support the posts of coordinators was extremely valuable. It was important that this ‘pump-priming’ funding was sufficient to allow the Test Sites to get underway – but not so significant that it affected the intention that the Test Sites would be sustainable within the existing resources of the service providers. Generally, this was achieved. However three lessons for the future arise.

Firstly, there is a trade off between the use of simple rules in the distribution of any available resources and the need for a rational and accountable process for the allocation of resources.

Secondly, the provision of some funding was seen by both the Scottish Government and the Test Sites as important in supporting innovation and improvement. But, beyond a certain level, it may add another complication to partnership working – with the potential for competition among partners for resources and the need for clear procedures for local financial accountability.

Thirdly, it can be difficult for Partners to give priority to taking on responsibility for providing the resources for ongoing support (particularly, in this case, the funding for coordinators) when the Scottish Government support for this comes to an end. There should be careful consideration given at the start of programmes about how the required resources will be sustained.
3. The Drivers for Change

3.1 Introduction
This chapter identifies and explores the factors that were seen as likely to lead to effective service redesign, based on the theory of change. This includes:

- developing local solutions to doing things differently
- agreeing shared outcomes for the Test Site
- senior commitment
- linking to the community planning partnership
- freedom to act
- considering equalities.

3.2 Rationale for service redesign
The Task Force Report assumes that one of the pre-conditions for reducing health inequalities is for public sector agencies to work effectively together ‘to redesign the whole system of mainstream services.’ It is ‘not about services or projects individually’ but about improving ‘interactions and relationships between services, from the client’s perspective.’

The Task Force made the following comments about the issues discussed in this section:

- **Local solutions** – ‘Much of the change ... can only be generated locally through the people in public services who meet their clients’ needs day in and day out.’
- **Shared outcomes** – ‘Accountability will operate through the Single Outcome Agreement process.’
- **Community planning and senior commitment** – ‘Delivering action and change on this scale will only be possible with strong leadership and effective community planning partnerships.’
- **Freedom to act** – ‘Staff in a whole range of public services need some new skills and may work increasingly across organisational boundaries. Staff who have the right skills and who are supported to operate in new ways will be critical.’
- **Equalities** – ‘Those responsible ... should carry out Equality Impact Assessments ... ;systematically consider the needs of the diversity of the population; and consider how they can approach equality.’

3.3 Local interpretations of service redesign
The underlying ethos of the Test Site approach was to do things differently, learn from this and embed what works – resulting in service redesign. The approach that each Test Site took towards doing things differently, and achieving service redesign, varied considerably.

No standard definition of ‘service redesign’ was used by the Test Sites. Some did not like the term at all. Some preferred ‘enhanced service’, ‘service improvement’ or ‘service re-configuration’. Whatever it was called, it was seen to include:

- involving new or different people (new teams, organisations, groups of practitioners or professional groups) in tackling a health issue
- developing services which are more service user focused (including improved client pathways)
- analysing and reviewing existing approaches to delivery
- engaging service users in the review process
- working differently or changing the way services work.

Table 3.1: Approaches to service redesign

<table>
<thead>
<tr>
<th>Test Site</th>
<th>Service Redesign Approach</th>
<th>Key themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dundee</td>
<td>Adapting existing services to be more flexible and tailored around the needs of individuals.</td>
<td>• Joint working.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community engagement.</td>
</tr>
<tr>
<td>East and Mid Lothian</td>
<td>Mapping existing service pathways; understanding community views; adapting mainstream services; and introducing new pilot activities to address health inequalities identified.</td>
<td>• Community engagement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Trying new approaches.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adapting mainstream services.</td>
</tr>
<tr>
<td>Fife</td>
<td>Testing a range of locally developed different approaches to tackling antisocial behaviour and promoting health – with an element of trial and error - and sustaining what works.</td>
<td>• Trying new approaches.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adapting mainstream services.</td>
</tr>
<tr>
<td>Glasgow City</td>
<td>Providing training and resources to help planners and health professionals engage with local communities and to build health and wellbeing outcomes into local planning.</td>
<td>• Joint working.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evidence based approach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community engagement.</td>
</tr>
<tr>
<td>Govanhill</td>
<td>Services working together at a very local level, to redesign services around priority actions (including housing, environmental and safety issues).</td>
<td>• Evidence based approach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Local level redesign.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learning.</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Raising awareness to result in more effective referrals from the NHS (and later other services) to employability services.</td>
<td>• Joint working.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enhanced referrals.</td>
</tr>
<tr>
<td>Rattray</td>
<td>Supporting a small number of individuals and families to explore responsiveness of services, identify obstacles and adapt mainstream services as required.</td>
<td>• Community engagement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adapting mainstream services.</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>Focusing on a small geographical area, to review evidence, research views, develop new projects, redirect activities to the area, and review and adapt existing interventions.</td>
<td>• Evidence based approach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Trying new approaches.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adapting mainstream services.</td>
</tr>
</tbody>
</table>

For many of the Test Sites moving to earlier intervention was an important element of the service redesign. East Lothian, Rattray and Fife particularly focused on early intervention.
Most Test Sites highlighted that it was important that their approach built on what was happening in the area already. This enhanced ownership of and commitment to doing things differently. It meant that the Test Site aligned closely with existing priorities of local organisations, and helped build local ownership of the Test Sites.

‘Equally Well is another step on a journey. It is part of a continuous story.’

(Elanarkshire)

‘It was not imposed from the outside.’

(East Lothian)

**Building on Existing Work - Glasgow City**

The Glasgow application to become an Equally Well Test Site drew upon the previous experience of bringing planners and local communities together in the East End of Glasgow. This positive experience gave partners in Glasgow the confidence to look further at how planning can contribute to health and wellbeing – and how the lessons learned in one part of Glasgow could influence future policy across the city.

3.4 Shared outcomes

Test Sites with clear agreement about the outcomes that they aimed to achieve were viewed considerably more positively by stakeholders involved. In Dundee, East Lothian, Fife and West Dunbartonshire logic models (or similar tools) were developed to assist in agreeing shared outcomes. Tools such as contribution analysis were also used in these areas. These models were developed jointly, involving all key partners.

In Glasgow City, however, although clear aims were set at the outset, subsequently partners had different views about the overall purpose of the work – which affected joint working arrangements and created some tensions. This stemmed from the fact that those involved in making the Test Site application and agreeing the aims were not those who were tasked with delivering the approach. This demonstrates the importance of involving all key stakeholders in agreeing aims from the outset.

Two of the Test Sites created a strong brand for their Equally Well Test Site. In Dundee, the Test Site was branded as ‘Stobswellbeing’. The Site was strongly focused on community involvement, and this provided a clear identity for the initiative. In East Lothian the approach was branded ‘Support from the Start’, and this branding was consistently applied across Test Site activities. This local branding appears to have built local ownership within partner organisations, helping to embed a national initiative at a local level. Partners also felt that the initiative had high levels of recognition within local communities.

In the remaining six Test Sites, the Sites were generally referred to as ‘Equally Well’. However, in two areas, the Equally Well branding was rarely used. In Lanarkshire, the Test Site was largely embedded into existing branded activities – under the ‘employability’ banner. Some partners were keen that ‘Equally Well’ activity was not separately branded, as this could give the impression that it was a separate project, rather than a mainstream approach to enhancing existing services. In Govanhill, the Test Site did not have its own separate identity, instead sitting within wider neighbourhood management structures.
Dundee and East Lothian were two of the more successful Test Sites in relation to generating local ownership and interest, suggesting that local branding can help to increase awareness and involvement in Test Site activities. However, it is important to note that the branding related to the broad approach to tackling health inequalities – rather than specific initiatives. This retained the focus on the Test Sites dealing with mainstream service redesign rather than short term projects.

3.5 Senior commitment
Applicants for Test Site status required to demonstrate senior level (political and/or managerial) support.

Two Test Sites felt that local senior commitment has continued to be a particularly strong driving force for the Test Site – and a major achievement. In North Lanarkshire, the work of the Test Site was seen to have generated ‘buy in’ at a strategic level in some organisations, resulting in engaging services which had not been involved in any employability work before. In East Lothian, senior commitment involved strong support from senior officers and elected members at a local level.

### Senior commitment – East Lothian
Stakeholders interviewed as part of this evaluation believed that key senior and influential individuals had fully bought into the Test Site approach. For example:

- **Participating in decision making structures for the Test Site** – Providing a strong strategic direction, linked to political priorities and wider intended outcomes.

- **Linking to wider decision making structures** – For example senior politicians worked hard to ensure that the Council’s executive committee was informed of the importance of the work of the Test Site. This helped to raise the profile of the Test Site, and raise awareness of the importance of early intervention across the whole Council at a senior level. This would not have been possible without the involvement of these politicians.

- **Promoting the Test Site** – Senior politicians and officers attended joint working and awareness raising sessions to raise the profile of the Test Site. Politicians also visited local projects, to build links between strategic and operational activity.

- **Freeing up staff resources** – The Test Site approach involved ‘Champions’ who required to dedicate time to Test Site activities. The commitment of senior officials meant that managers were more prepared to release staff to attend training, undertake Test Site activities and share learning.

- **Embedding the approach** – One senior officer who was committed to the Test Site approach restructured departmental staffing and budgets to align with this approach. This helped to embed the approach within the department, and ensure that the approach influenced mainstream services in the long term.

However, in some Test Sites the initial senior commitment has not been sustained – which has impacted adversely on achieving effective service re-design. In some areas, there have been difficulties due to a perceived lack of senior commitment and challenges in communication between staff at different levels within the same
organisation. For example, in Rattray decisions about the Test Site were taken at a senior level, but do not appear to have been well communicated initially to local staff.

In Midlothian, the Test Site approach was transferred from East Lothian, largely due to the coordinator for East Lothian moving into a new post which covered both areas. As part of staffing negotiations, it was agreed that the Equally Well approach could be transferred. However, it has not had the same high level of strategic support as it did in East Lothian. This has caused substantial challenges to embedding the approach locally, and demonstrates the importance of Test Site approaches being initiated and designed at a local level.

‘The NHS, Council and voluntary sector were already doing lots of really good work, but the way the Test Site was introduced meant that it was set up in isolation.’

(Midlothian)

3.6 Links to community planning partnerships
The Scottish Government and COSLA intended that the Test Sites would all have strong links to community planning partnerships. The way in which these links were made depended partly on the theme of the Test Site. For example, the Fife Test Site had strong links with Fife Community Safety Partnership. The approach in Dundee was reflected in the Single Outcome Agreement and community planning structures. Others linked to appropriate joint working structures – for example Lanarkshire linked to the Routes to Inclusion Group which involves a range of partners involved in employability issues.

Test Sites had linked to community planning structures through:
- reporting arrangements – providing regular updates on the Test Site approach and achievements
- coordinator employment – in some cases coordinators were based within community planning structures, or seconded from these
- links to the Single Outcome Agreement – Test Sites where the approach was included in community planning documents found that this provided a status and focus on their work.

Test Sites with clear outcomes found that this helped to raise the profile of the approach, and embed it within the community planning partnership. But a number of Test Sites were not directly linked to community planning structures – and felt that this was not a pre-condition of successful service redesign. This reflected the relatively small scale of the Test Sites in relation to their Single Outcome Agreement and the stage of development of community planning in different areas. Senior commitment was generally seen as more important than being formally part of community planning.
3.7 Freedom to act
The benefits of leadership and commitment do not only come from the top of organisations. Many Test Sites found that committed individuals and people skilled in relationship building at all levels could help to bring about imaginative service redesign. An important aspect of the Test Sites involved enabling or empowering these individuals to take action.

Nationally, the Test Site approach recognised the complexity of the challenge posed by health inequalities. The Scottish Government felt that in these circumstances it was important that the Test Sites encouraged local flexibility and creativity when testing out and exploring service change.

The Scottish Government initially considered different models for understanding change processes in complex systems. For example, the Chief Medical Officer and the Improvement Support Team within the Government provided Test Sites with an overview of ‘Complex Adaptive Systems Theory’. This is a way of thinking about complex systems which have a large number of parts – or agents – which interact, adapt and learn. It recognises that the way organisations and individuals work is messy, complex, dynamic and unpredictable\(^3\).

From this came an agreement that the Government would use ‘simple rules’ in its relationships with the Test Sites – and that the Test Sites should develop their own simple rules. The theory is that organisations can achieve high performance in complex and dynamic environments by using a few (normally three to five) simple rules to guide their actions. The simple rules approach recognises and accepts that the answers are not readily available. Test Sites required space and freedom to try things out. Instead of creating multiple rules and managing people too tightly, the Scottish Government has encouraged the Test Sites to experiment and use their professional skills and instincts.

Examples of simple rules agreed by Test Sites include:
- we will try to do different things and do things differently
- we will decide the innovations we want to progress and try to avoid the need to repeatedly seek approval for testing ideas and approaches
- we will not be afraid of making mistakes or experiencing ‘failure’, but rather learn from them and try new approaches
- steering group members will champion and advocate the adoption of Equally Well principles within their spheres of influence and will empower their staff to try new approaches
- we will seek out and celebrate successes, however small.

The way in which individuals were enabled to bring about change varied. For example, some Test Sites have established ‘Champions’ as individuals with a remit to promote the Test Site approach and ethos. This appears to have been a valuable tool in building commitment at all levels within organisations. By providing a clear role for Champions, people have felt enabled and empowered to suggest and drive through change. In some cases, small local development funds have been provided

\(^3\) Complex Adaptive Systems: A Different Way of Thinking About Health Care Systems, Australian Primary Health Care Research Institute, 2004
to support this change – with ‘simple rules’ application criteria allowing flexible and fast decision making.

Many Test Sites emphasised the importance of being allowed to fail when trying new approaches. For example, stakeholders in Fife felt very confident with taking risks. The whole Test Site approach in Fife was based on the principle of creating space for innovation and creativity, with a supportive and enabling Steering Group which empowered local staff.

‘We have ‘free reign’ of what interventions to put into Templehall. We discuss with the Steering Group but there is no ‘red tape’. There is a lot of trial and error. The nurses out in the community suggest ideas for interventions and they try them and if they work – good. If not, they scrap it and start again.’

(Fife)

The Test Site ethos (and funding) has given people the confidence to suggest and try out new ideas. It has allowed partners to learn lessons about what works and what doesn’t, and in some cases successful approaches have been mainstreamed or sustained in other ways. For example:

- In Dundee, the Test Site has enabled the development of ‘social prescribing’ – referring people to community and social activities as well as medical support to improve mental health and wellbeing.
- In Fife, partners have introduced 12 new interventions, and learned lessons from their success. The focus is on trying out new approaches, and reflecting on whether they have been successful.
- In Midlothian and East Lothian, a small Development Fund has allowed partners to pilot new approaches to tackling health inequalities. Some successful approaches have been funded through mainstream service budgets.
- In Govanhill, community organisations have been directly involved in determining how resources set aside for community projects should be allocated.
- In Glasgow City, the Test Site has prepared resources for planners to use so that health can be built into local planning processes.

Across all of the Test Sites, it was clear that where organisations were open to and committed to change, they were (generally) able to make it happen – even if change took place at a steady (sometimes slow) pace. However, some Test Sites experienced frustrations, caused by individuals who acted as ‘gatekeepers’ protecting existing arrangements, and resisting change. It was rare for the Test Sites to be operating in an environment where all the partners involved actively encouraged organisational change, and there were differences in the pace at which organisations were able to adapt.

3.8 Considering equalities

In the Equally Well Implementation Plan, the Scottish Government required actions taken in the Equally Well programme to be subject to equality impact assessment. For race, disability and gender, this was a legal requirement for public bodies. Only one Test Site – Govanhill – has undertaken an Equality Impact Assessment. Some Test Sites were aware that this was something which they required to do and
planned to do in the future. However, many Test Sites said that equalities issues – in relation to age, gender, disability, race, sexual orientation and faith – had not been high on their agenda. Many mentioned that their focus was on health inequalities due to socio-economic inequalities.

Some of the Test Sites focused on people who may experience disadvantage, and (by law) have protected characteristics in relation to equality. For example:

- In Rattray there were targeted activities with Gypsys/ Travellers, people with mental health problems, and women who were victims of violence. Leaflets were translated into a range of languages.
- In Govanhill, work is ongoing to ensure that the diverse communities in the area are effectively engaged in the Test Site.
- In North Lanarkshire tailored employability programmes have been developed for people with learning difficulties; people with mental health problems and young people leaving care.

However, overall there appeared to be a low level of awareness about equalities issues, legal responsibilities and best practice in many Test Sites. Some mentioned that they knew (anecdotally) that the Test Site area was not diverse, and so equality was not an issue. And others said that their Test Site activities were open to all, and therefore equal. However, over the life of the Test Site, most partner organisations appear to have given increased consideration to equalities in their work, and this has influenced the work of the Test Sites. Some stakeholders felt that they should be doing more to consider equalities issues in planning, delivering and assessing their Test Site activities.

3.9 Analysis
Many previous approaches to multi-agency work on complex issues in Scotland have found it difficult to create and sustain effective service re-design, in part because the essential building blocks for change were not in place. This section has looked at a number of factors which, if they are in place, are likely to make it easier to achieve effective and sustainable service redesign:

- Local solutions - The bidding process allowed local areas to put forward approaches that were felt to be appropriate. But the relatively short timescale for applications meant that, in many areas, operational staff, service users and communities had not been involved in the initial design of the Test Site. This led to delays in some cases (and tensions in others) as the broad approach for the Test Site was translated into operational activities.
- Shared outcomes - Four of the Test Sites used logic models (or other similar tools) developed by all key partners to set out the steps that would require to be taken to achieve the long term outcome. This approach led to stakeholders generally viewing the Test Site favourably. It also gave these Test Sites a method for testing whether they were on track and were proceeding at an appropriate pace.
- Senior commitment - Although senior commitment was a requirement of the initial application to become a Test Site, this was not always sustained once the work of the Test Site got underway – and this did impact adversely on the progress made. In the Test Sites where senior commitment was sustained and developed, this allowed significant progress to be made.
• Links to community planning - It was intended that the Test Sites would have strong links to community planning partnerships. A number of the Test Sites have developed and maintained links. But the Test Sites which were not directly linked to community planning structures felt that this was not a precondition for successful service redesign. Senior commitment was generally seen by many as more important than being formally linked to community planning.

• Freedom to act - The Scottish Government has encouraged the use of simple rules and ongoing learning. Some local partners have been able to take this forward wholeheartedly in their local work and have adopted their own versions of simple rules. However, it has been much harder for some Test Sites to step aside from the bureaucracy of their partner organisations.

• Equalities - All the Test Sites were seeking to tackle health inequalities in areas or with groups of people who experienced socio-economic inequality. The Equally Well Task Force expected that Equality Impact Assessments would be carried out and that Test Sites would systematically consider the needs of the diversity of the population. This was not the norm – with only one Test Site carrying out an Equality Impact Assessment.

Some Test Sites had all or most of these factors in place and these Sites were most likely to have made the greatest progress towards sustainable service design. In other Sites the picture was more mixed. Where fewer of the factors were in place, it was less likely that the Site would have made significant progress towards sustainable service redesign.
4. Service Redesign

4.1 Introduction
This chapter explores the extent to which the Test Sites have moved towards service redesign, including:

- effective joint working
- effective service user or community engagement, involvement and co-production
- embedding change.

4.2 Joint working
Effective joint working was a key element of service redesign in many of the Test Sites. For example:

- In Fife, the Test Site aimed to integrate health and community safety work to address health inequalities and antisocial behaviour. It had a specific aim of linking NHS Fife into local structures.
- In Rattray, the aim of the project was for community planning partners to work collaboratively to support service users with multiple and complex needs.
- In Lanarkshire, the Test Site aimed to raise awareness of employability and health among frontline workers in the local authorities and NHS, and improve referral arrangements to increase access to services.
- In Govanhill, the Test Site supported a wide ranging multi-agency approach to the physical, economic and social regeneration of a neighbourhood.
- In Glasgow City, the Test Site aimed to increase joint working between planners and health professionals – and the communities they serve.

All of the Test Sites have involved new organisations or individuals in tackling health inequalities, who may not previously have been involved in health issues directly. For example, in West Dunbartonshire there were new links created between Trading Standards and health professionals. In Govanhill, organisations had become involved in joint working at an operational level through the introduction of The Hub (a dedicated office space where operational staff meet regularly to share local intelligence and co-ordinate their activities). The NHS became involved in new decision making groups in Fife. Many felt that partners seemed more willing to work together, and that the Test Site created more flexible opportunities for joint working.

In five Test Sites, new structures were set up to provide strategic direction. These typically included representation from local authority departments, the NHS and other community planning partners. Community and voluntary sector representatives were involved in two of these Sites (in East Lothian and Dundee).

In Govanhill and Lanarkshire, existing structures were used to provide strategic direction for the Test Site. In Govanhill, more than 30 partners were involved in these structures, including community organisations. In West Dunbartonshire, a strategic group was planned but never convened.

Most of the Test Sites also had operational level structures to enable joint working. Normally, the same partners were involved – with operational rather than strategic staff attending the groups.
All of the Test Sites (to varying degrees) felt that joint working had improved as a result of Equally Well. Key outcomes in relation to joint working included:

- **Shared understanding** – Many stakeholders believed that the Test Site had resulted in a shared understanding of key issues – such as the links between health and employability, or mental wellbeing. In East Lothian the Test Site has helped the NHS to think about wider outcomes beyond health, and recognise that ‘the determinants of health and wellbeing are multifaceted’.

- **Trust and relationships** – Better understanding of roles, priorities and goals between partners built better relationships and trust. This included simply knowing who to contact; greater confidence in contacting other staff members; and raised awareness of how different activities could link together. Much of this trust was about individuals working together, gaining understanding of different perspectives and priorities, and identifying commonality in goals. This helped to build an environment where partners felt confident trying new approaches and learning from these.

- **Innovation** – Through joint working and sharing of ideas, partners identified new ways of tackling health inequalities and piloted these.

- **Partners contributing resources** – In many Test Sites, partners contributed financial, staff or other in kind resources.

- **Enhanced referral and signposting arrangements** – As a result of increased understanding of priorities, partners established more effective arrangements for making links between services and organisations, to allow a more streamlined service for individuals. For example, in Rattray there was a strong sense that people could now easily refer and discuss cases with each other so that people did not fall between the gaps. However, in Lanarkshire, the local evaluation found that while two thirds of staff said that training was useful in increasing their willingness to refer clients to employability services, none of the staff subsequently surveyed had actually made any referrals. The main reasons for this seemed to be that addressing employability needs of their clients was not a routine part of their role and that they did not feel their clients were at the right stage to be referred.

‘There is no doubt that people now know each other better. There is a better understanding of roles and greater trust between people. There is a better understanding of the constraints and opportunities for different organisations.’

(Govanhill)

**Building links – Dundee**
When the Test Site was introduced, staff working with communities were asked to map who they worked with. This was repeated after two years and there had been a huge increase in the number of links.
**Enhanced joint working - Rattray**

In Rattray, the Test Site involved a young people’s nurse seconded to work with communities and understand which young people were vulnerable, and where risky behaviours were taking place. This involved developing relationships with young people and building confidence. The nurse has built links with the school nurse and the police, so that young people can be effectively referred on for further support – while protecting the confidentiality of the young person.

This way of working will continue beyond the life of the Test Site. Already, the nurse has been involved in wider work, as a result of the Test Site. For example, the young people’s nurse, the school nurse and the police are undertaking a four week project with 400 young people to raise awareness of sexual health issues. A prostitution ring was also uncovered quickly because of the improved communication taking place between local workers.

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**Joint working through co-location – Govanhill**

The Hub was established in April 2010. It is an office space which allows operational staff from a number of different organisations to meet for an hour each morning to share intelligence and agree joint actions.

The Hub promotes earlier intervention and increased efficiency of service delivery for the agencies involved.

The Hub generally involved staff from Govanhill Housing Association; Strathclyde Police; Glasgow Community and Safety Services; Fire and Rescue Services; Glasgow City Community Health Partnership; Education; Landlord Registration; and Glasgow Community Planning Partnership.

There was enthusiasm from operational staff and clear improvements in information sharing and joint work between agencies. ‘It was like pieces of a jigsaw being fitted together’. Agencies were able to focus their efforts on particular addresses where problems were evident, bringing about some significant change. Before the Hub existed, services were often reacting individually to enquiries from councillors and others. The work in the Hub allows a joined up response from all the agencies involved, avoiding duplication of effort.

As people have got to know each other better, there has been less focus on the regular daily sessions as joint working on operational issues becomes the norm. Because the main players now know each other, there is less and less need to do business physically at the Hub. As the Hub has developed there has been discussion about how to focus increasingly on joint early intervention work.

Although all Test Sites were positive that there had been improvement in joint working, there remained challenges to joint working. The key challenges included:

- **Linking strategy and delivery** – Some Test Sites experienced challenges with communication among those involved in the Site. In some cases, these challenges were significant. For example, in Rattray there were initial difficulties due to a perceived lack of communication between strategic and operational staff. In others, this was an ongoing issue which partners were committed to enhancing all the time. In some Test Sites, there were concerns
that people working at a delivery level were not yet influenced by the Test Site approach, which could impact on the ability of local staff to work together effectively.

- **Maintaining momentum** – Some Test Sites felt that joint working ‘ ebbed and flowed’ throughout the life of the Site. This was a particular issue in Govanhill, where a large number of partners were involved in working to bring about change in a very complex environment. Importantly, partners responded by taking time out to consider what needed to be done; by reviewing priorities and the way that partners worked together; and by learning from the work already undertaken.

- **Developing joint activities** – In some cases partners planned the Test Site approach together, but then focused on activities for each individual organisation, which were taken forward separately. Partners felt that more joint activity would have been more effective. This was an issue for the West Dunbartonshire and Lanarkshire Test Sites. Some partners felt that the Site involved a series of projects, rather than a cohesive approach, and that opportunities for joint working had been missed in some instances. There were concerns in some areas that action plans had really done no more than pull together the actions that partners were already committed to – with no evidence that any synergy had been created by working together (or by Test Site status).

- **Resourcing joint working** – Some staff – particularly front line staff, often in the NHS – found it difficult to identify cover to enable them to attend joint working or awareness raising sessions. Test Sites worked to address this issue, sometimes providing funding for covering the time required. In Lanarkshire, awareness raising sessions were shortened to make attendance by frontline NHS staff easier.

### 4.3 Service user and community engagement, involvement and co-production

Service user and community engagement has been an element of all of the Test Sites. Many felt that the Test Site provided the time and space to focus on and invest in engagement. In many cases, service user and community engagement had always been recognised as good practice, but, before the Test Site, partners had not always had the time or resources to focus on engagement activity.

> ‘At one level what we are doing is not very different. Focusing on learning and community engagement is not radical, but it has given us a particular focus.’

*(East Lothian)*

Test Sites have involved service users and communities in a variety of ways, including:

- **Research** – Test Sites have undertaken research into the needs, experiences and attitudes of local communities. For example in West Dunbartonshire, partners employed a research company to explore attitudes towards tobacco use. In Fife, a community survey was undertaken immediately before the Test Site was launched, and this was supplemented by focus groups with school pupils.

- **Conversations and events** – In Fife and East Lothian, the Test Site involved a planned programme of conversations with communities, about their priorities and experiences. This included group discussions and events. The
Priorities identified were then fed into the Test Site approach. Other Test Sites – such as Rattray and Dundee - held public events to gather community views, including World Cafe style events.

- **Social marketing** – West Dunbartonshire undertook a social marketing campaign, involving information points in nurseries, playgroups and parents groups; a poster campaign; school bag inserts; presentations at parent evenings; and on street promotion.

- **Influencing resources** – Some Test Sites have involved communities in a way which gives them power to influence how Test Site funding is allocated. For example, in East Lothian, six Community Champions have been identified, who have engaged with communities to explore views, and can access a small Development Fund to take forward key initiatives identified through this. In Govanhill, the Test Site has recently used a participatory budgeting process through which community organisations can decide on the best use of over £200,000 of Equally Well funding which had been earmarked for community projects.

- **Co-production** – In Dundee, the Test Site supported partners to engage disabled people directly in service redesign (co-production) and used other methods of joint working between disabled people and service providers.

- **Building capacity** – Some Test Sites have seen communities begin to take control and responsibility for taking forward activities. For example, in Fife, the Test Site encouraged local residents in areas experiencing deprivation to take ownership of local environmental developments such as painting fences and planting flowers. In Dundee, the Test Site held initial community engagement activities, such as picnics in the park, with community and local service involvement. As the project progressed the community were supported and encouraged to lead these initiatives themselves and several people volunteered to do this.

Stakeholders involved in the Test Sites highlighted a number of success factors which had enabled effective service users and community engagement:

- Dedicating time to the process – and allowing plenty of time for engagement, capacity building and relationship building at the outset.
- Clear support for community engagement – which meant that staff felt that they had the opportunity to work more closely with communities, and had more flexibility and freedom in this work.
- Agreeing the scope of the engagement – including how to deal with tensions between community aspirations, needs and resources, and considering the extent of power, control and influence over budgets that communities could take.
- Using a range of approaches – techniques like ongoing conversations, using visual techniques such as photographs and scrapbooks, and offering incentives for involvement have helped to encourage people to get involved.
- Providing feedback and taking action – Test Sites which have acted on community views have found it easier to engage with people on an ongoing basis, and reduce suspicion that people’s views are not being taken seriously.
Investing in community engagement - Dundee

The Dundee Test Site has taken a community development approach, which involves activity being strongly driven and influenced by communities. The approach has involved knocking on doors, gathering the views of a wide range of community members through survey work, and using innovative approaches like scrap books.

There were some barriers and challenges to community engagement. One Test Site (Rattray) found it challenging to identify roles for community volunteers due to the confidential nature of work with individuals. There have been some delays to planned community engagement work in the Glasgow City Test Site, despite a strong basis of work prior to the Test Site was established. This was because of difficulties with the capacity of the local community group. Other Test Sites have experienced challenges in supporting communities to move from a stance of ‘objection’ – when outwith the decision making process – to participation.

4.4 Embedding change
4.4.1 Using evidence

The Test Sites have helped partners to move towards an informed, evidence based approach to tackling health inequalities. In some areas, Test Sites have improved partners’ understanding of health inequality by reviewing existing research, or gathering community views and experiences. For example:

- In West Dunbartonshire there is now a greater understanding of the lifestyles, attitudes and smoking behaviours of people in Whitecrook, and the literature relating to tobacco control. This has helped to inform the activities that have been introduced through Equally Well.
- In Fife, partners have a better understanding of the nature of health inequalities, and are agreeing interventions based on this.

In some cases, Test Sites have involved partners reviewing and considering existing approaches to delivery. A key aspect of this type of work has involved assessing existing activities, and identifying gaps or duplication in service provision. For example:

- In East Lothian, partners developed service pathways around ten different outcome areas – to identify existing services and plan how the experience of accessing services could be improved in the future.
- In South Lanarkshire, the Test Site enabled partners to review existing referral and service pathways. As a result, they developed a new client pathway and a single telephone number as the initial contact point on employability services.

In some Test Sites, the focus has been on exploring what works in relation to effective practice. For example:

- In Glasgow City, planners are able to draw on an evidence base from experience in Glasgow and from other Test Sites in determining the best approaches to community consultation, ‘placemaking’ and including health and wellbeing in local planning.
- In Fife, practitioners have tried out different approaches to tackling health inequalities, and learned from their experience in practice.
Overall, the Test Sites have helped partners to understand how existing services fit together; the needs and experiences of communities; and what works (and doesn’t) in relation to tackling health inequalities. This learning has helped to shape the work directly taking place as part of the Test Sites.

4.4.2 Spread
In many Test Sites, the approach had resulted in progress towards embedding issues in the everyday thinking of organisations. Stakeholders mentioned that the Test Site had helped to raise the profile of the issues that each Site focused on, encouraging organisations and partnerships – particularly local authorities and the NHS – to reflect these priorities in their plans. This included links to individual strategies and plans, and to joint documents such as the Single Outcome Agreement, or community planning thematic strategies.

For example:
- In West Dunbartonshire, learning about tobacco is now embedded in the school environment. The Test Site has also brought a focus to tobacco control across a wide range of services at an operational level.
- In Dundee, partner awareness of health issues – and particularly mental health issues – has increased. The Test Site approach to mental health issues has been embedded in the Community Planning Partnership and Single Outcome Agreement.
- In East Lothian, the Test Site has resulted in a high level of protection for early years within East Lothian Council budgets. It has enhanced focus on early years, and specifically health inequalities – allowing organisations to focus on the areas that needs are greatest. As the Test Site approach and ethos is embedded in many joint plans, such as the Integrated Children’s Services Plan, the approach is spreading to other partners beyond the Council and NHS.
- In Glasgow City, the Test Site has provided training and resources for planners and health professionals to increase the impact that local planning can have on reducing health inequalities.

4.4.3 Targeting and tailoring
All of the Test Sites focused on addressing health inequalities. Each of the Test Sites has resulted in an additional focus and investment in a particular geographical area experiencing concentrated deprivation, or has tackled a specific issue related to socio-economic inequality. The Test Sites have helped partners to better identify inequalities across their area of operation, and target those areas experiencing high levels of inequality. For example:
- In West Dunbartonshire, the Test Site focused on a specific approach within a specific geographical area. This allowed the approach to be tailored to meet the needs and experiences of that community.
- In Govanhill, the Test Site allowed partners to focus on an area with complex and multiple challenges – including health inequalities.
- In East Lothian, the Test Site has helped partners to effectively identify health inequalities, and target mainstream service provision at those experiencing inequalities. The Test Site has used an Early Development Instrument to link early years’ development to socio-economic disadvantage.
Targeting health inequalities – East Lothian

East Lothian Council’s Education and Children’s Services Department has been restructured in a way which closely reflects the Test Site ethos and priorities, and the budget is being restructured in a similar way. An additional £300,000 of East Lothian Council’s Education budget has been targeted into the Test Site areas as a result of the Test Site. This has included:

- Providing free school meals for all children in primary one to primary three in Test Site areas.
- Extra teaching provision for primary one to primary three pupils in the Test Site areas.
- Introducing outdoor education initiatives in Test Site areas.
- The Place2be initiative – funding a charitable organisation to work to improve the emotional wellbeing of children, their families and the whole school community.

4.5 Analysis

The purpose of the Test Sites was to try out new approaches to tackling health inequalities. The ‘theory of change’ developed by the Evaluation Steering Group suggested that by early 2011, the Test Sites should have:

- generated senior commitment and a freedom to act
- resulted in strategic and operational changes such as joint working
- evaluated and learned from these changes
- led to ongoing innovation and replication.

In the longer term the aim was to embed change; for resources to be used differently to tackle health inequalities; and for whole public service system redesign to take place. The outcomes map (next page) indicates how far along the journey the Test Sites have come – based on the available evidence from 2009 to March 2011. The outcomes are coded:

- The outcomes above the higher dotted line are those for which there is evidence that all Test Sites have achieved this.
- The outcomes between the two dotted lines are those for which there is evidence that some Test Sites have achieved this.
- The outcomes below the lower dotted line are those for which there is no evidence that Test Sites have yet achieved this.

4.5.1 Necessary pre-conditions

In many Test Sites some of the necessary pre-conditions highlighted in the ‘theory of change’ are not yet in place. This includes senior leadership, clearly stated outcomes, freedom to fail and empowered operational staff. Where these have not been in place, this has made achieving later outcomes more difficult. Having these in place has been critical to the success of the Test Sites which have made most progress.
4.5.2 Joint working
Progress has been made by all Test Sites in joint working. Often, changes have focused on the early stages of joint working – relationship building, enhancing awareness of issues and involving new organisations. Time has been needed to build trust and relationships between individuals and organisations, and enhance understanding of organisational responsibilities and priorities.

This joint working – even in its early stages – has significantly impacted on the way in which many Test Sites have worked. It has provided the trust and creative space for individuals at a strategic and operational level to work together, try out new ideas and raise awareness of health inequalities.

Some Test Sites have engaged new partners and raised wider awareness. This has raised the profile of health inequalities and begun to link it effectively to other aspects of disadvantage. All have improved referral and signposting arrangements (although most would acknowledge that there is still room for improvement). And some have begun to pool and share staff time, skills and resources. However, it is clear that in many cases there remain organisational barriers to this type of joint working. Some areas have experienced challenges in supporting the work of the Test Site due to an absence of shared outcomes (on occasion because organisations are working to national or local targets which do not reflect the Test Site priorities). Some Sites have had difficulties freeing up staff time or in local staff embracing new approaches.

4.5.3 Public service redesign
It was not expected, at this stage, that the Test Sites would have brought about whole scale public service redesign, or achieved significant evidenced outcomes in tackling health inequalities. In a minority of Sites, ideas have been tested and successful approaches embedded in the work of public, voluntary or community organisations. In East Lothian the approach has influenced organisational approaches to work beyond the Test Site – resulting in significant mainstream service redesign and reprioritising of resources to address health inequalities. This demonstrates the potential of the Test Site approach, and suggests that having the shorter term outcomes in place provides a platform for the medium term outcome of service redesign and, eventually, a reduction in health inequalities.

4.5.4 Most significant change
Local stakeholders were asked about the most significant changes that had taken place in their Test Site so far. There were 96 responses to this question. A very small number of those interviewed felt that they had seen no change. But the vast majority identified at least one significant change which had been brought about by the Test Site. The biggest response related to improved joint working – with over 40% of people seeing significant change. The other changes which were most often referred to were influence on local authority wide strategies and plans (10%); service user or community engagement (6%); resources for innovation and learning (4%); and outcomes for service users (3%). These responses fit well with the theory of change, suggesting that most of the Test Sites are currently focused on achieving the short term outcomes.
5. Learning and Sustainability

5.1 Introduction
This chapter focuses on perceptions of the future sustainability of the Test Site approaches. The Test Sites were intended to enable sustainable service redesign, within existing budgets. At the core of this approach was the principle of enabling long term change and learning, rather than introducing short term projects.

5.2 Learning
5.2.1 Learning within Test Sites
Learning was a core component of many of the Test Sites individually, and was also a national priority across all of the Test Sites. Locally learning included:
- learning about new issues
- learning about what works (and what doesn’t)
- learning about structures and organisations.

The extent to which learning was an explicitly stated aim of the Test Sites varied. Fife and East Lothian both identified learning as an intended aim. In Fife, there was a clear commitment to learning about what works (and doesn’t) in relation to approaches to tackling health inequalities. A process of reflection and evaluation was built into all activities – using a ‘plan-do-review-act’ model to embed learning in future activities. In East Lothian, learning was identified as one of four core components of service redesign. The Test Site aimed to create space for learning and reflection in approaches to tackling health inequalities. It included action learning sets; a well used online blog; learning networks of Community and Service Champions; and training sessions on particular issues.

Where learning was an explicitly stated aim locally, and supported by senior staff and politicians, this appears to have strengthened the Test Sites’ ability to try out new approaches. However, it is clear that the focus on learning needs to be adopted at all levels, and operational staff need to be empowered to try out new approaches.

In some Test Sites, there was a focus on learning about a specific topic. For example, in Lanarkshire the Test Site aimed to raise awareness and understanding of links between employability and health. The Site involved information sessions, training, and online and written guidance to promote learning. In West Dunbartonshire, the Test Site enabled greater understanding of the lifestyles, attitudes and smoking behaviours of people living in the area, which will inform future activities. Jointly learning about a specific topic has often been a core component in enabling different individuals and organisations to work together more effectively.

5.2.2 Learning across Test Sites
Nationally, there has been a clear focus on supporting Test Sites to learn from one another. The Equally Well Learning Network was set up to allow Test Sites to share experiences and learning. An Equally Well Evaluation Network was also established, to support local evaluation and share learning about evaluation. Both of these networks were viewed positively by Test Sites, which identified benefits including:
- sharing experiences and building confidence
- agreeing and discussing general approaches
• generating and transferring ideas
• raising the profile of local activities
• building relationships which enabled joint work outwith the Learning Networks.

Overall, the Learning Networks were seen as providing a flexible, learning environment for the Test Sites to openly share and discuss ideas and experiences. The Learning Networks have also helped to demonstrate that there is ongoing high level support for the Test Site approach within the Scottish Government. This has been particularly useful in Sites where senior commitment has been weaker at a local level.

The Scottish Government believe that the combination of a face-to-face learning network and the online network has led to a very tight knit community of practice across the Test Sites, which has encouraged continuous learning.

A number of Test Sites mentioned that it would have been beneficial to have more of a steer from the Scottish Government about some aspects of Test Site activity – particularly the local evaluation. There has, at times, been confusion about the evaluation framework for the Test Sites; how all the elements of evaluation fit together; and what the Scottish Government expects from the local evaluations.

5.3 Sustainability
In most cases, stakeholders felt that the Test Sites focused on changing ways of working. This required a small initial amount of money – for example to fund coordination of the initiative, to free up staff to enable learning, to fund community engagement or research, or to fund investment in trying out new approaches. However, stakeholders were clear that the Test Site approaches did not require substantial long term funding. In many cases, stakeholders felt that this meant that approaches – or at least aspects of these – could be sustained in the future.

Many stakeholders felt that one of the strengths of Equally Well was that it demonstrated that change could happen with relatively low levels of investment.

‘The whole ethos was about ‘doing things differently – doing different things’ and if there were too many financial resources this would mean that if the money dries up – so do the projects. The success of Equally Well is not driven by the funding.’

(Fife)

‘It is a very small amount of money, but it has generated lots of activity and innovation’.

(East Lothian)

In some Test Sites, approaches had already been embedded within mainstream budgets and organisational responsibilities – and required little or no ongoing funding from the Equally Well budget. For example, in Fife, the Test Site piloted a joint working approach with police, health and youth workers engaging with under-16s who are under the influence of, or in possession of, alcohol. This initiative was a success and funding now comes from mainstream partners’ budgets.
**Sustainability – East Lothian**
In East Lothian the Test Site focuses on addressing health inequalities in early years. It is deliberately not a time limited project, but is about the response of core public sector services to inequality in health. There is clear evidence of changes to the way in which mainstream services are delivered as a result of the Test Site, with resources targeted at the most vulnerable. The focus has been on using existing resources, which has helped partners to work much more closely together. ‘It’s not just about spending the money’.

With ongoing senior commitment to the approach, this way of working appears sustainable in the longer term. East Lothian intends to retain the approach beyond the life of the Test Site. Leadership – by councillors; by Service Champions and by the coordinator – has been essential. ‘If the money stopped tomorrow, the people would still be there.’

Factors influencing sustainability included many that have been important in all aspects of the Test Sites, particularly senior commitment; effective joint working; community and service user involvement; and fit with the Single Outcome Agreement. Other factors that influenced sustainability were:

- **Use of Equally Well funds** – In many cases, partners had contributed their own resources to the Test Site approach, as well as Equally Well funds. Where this had happened partners appeared more confident that the Test Site approach could continue.
- **Level of awareness** – Where Test Sites had raised awareness, and this had been successful, partners felt that organisations and individuals now had the knowledge to be able to embed what they had learned in their own activities.
- **National priorities** – Where the Test Site focus linked to national priorities, partners felt more confident that the approach could continue. Some partners expressed concern that current national targets or outcomes did not reflect the priorities of their Test Site.

**Sustainability – Dundee**
In Stobswell, the Test Site is working with local people and service providers to improve mental wellbeing in the community of Stobswell. The approach has been mainly to rely on existing resources and to build in sustainability from the start. The process has deliberately been slow and steady – testing ideas and making sure that changes are embedded. Connections and networks have been built up – both with the community and among service providers. The approach is said by those involved to be less about service redesign and more about building on existing practice. ‘Without money it is about persuasion and that is exciting and challenging’.

‘The main requirement is legitimacy, that early intervention is a good approach to take.’

(East Lothian)

There were some concerns about future sustainability, including:
- Many stakeholders felt that reduced public sector budgets would impact on joint working as ‘we all start to retreat into our own areas.’.
- Some new activities had been set up using only Equally Well funding. In some Sites there was no strategy for sustainability once this funding ended.
- Many were concerned about sustaining the approach without a coordinator, as this was a key role in enabling joint working.
- A very small number of stakeholders questioned whether the Test Site approach was valuable, and should be continued.

**Sustaining individual initiatives – Fife**
A new Health Point was set up, entirely funded through Equally Well, which paid for the set up costs, equipment, and the ongoing cost of the nurse. Sustainability is an issue. The Test Site is exploring the option of accessing Community Health Partnership funding, or funding from the Public Health Nurse Team. The future of the Health Point will be determined by its level of funding. It could be that it will operate on a reduced monthly service rather than weekly.

**Sustaining the approach – West Dunbartonshire**
The Community Health and Care Partnership hopes to integrate the Equally Well Implementation Group as a sub group into the Community Planning Partnership Thematic Group on Health and Wellbeing. It is hoped that this will embed the approach firmly in the Community Planning structures and will then provide a foundation for a new Tobacco Alliance (an approach being adopted by local authorities across Scotland). It is likely, therefore, that a range of partners will continue to be involved in tobacco control in West Dunbartonshire.

Elements of the work are likely to continue. For example, the work embedding tobacco education in the school curriculum means this can be continued, without significant extra support.

### 5.4 Transferability
Stakeholders involved in the Test Sites were asked whether they felt that their approach could be transferred to other areas. Most felt that some aspects could be transferred relatively easily, such as:
- having a small development fund to pilot new ideas
- innovative approaches to community and service user consultation and involvement
- the ethos of trying new activities and responding to new ideas quickly.

However, it was stressed that it is not possible to take a successful approach and transfer it without considering the local context. Partners involved in some of the Test Sites which focused on a small geographical area felt that it could be difficult to roll this approach out to a wider area – as it would be challenging to co-ordinate staff and partners across a larger area. Stakeholders also highlighted the need for strong local ownership, political support, and a clear logic for any approach which was to be transferred.

### 5.5 National level actions
All those who were interviewed during the evaluation were asked to consider what changes in national policy or practice would help them to deliver local approaches to tackling health inequality more successfully.
Understandably, many of the responses reflected the different interests of the Test Sites and the individuals involved – so there were specific suggestions in relation to topics like tobacco; planning and health; housing legislation; and mental health. In addition, there were some general areas where several respondents referred to the same broad area. These general issues can be summarised as:

- **The need for a greater focus on early intervention** – It was felt that the Scottish Government should exert greater management influence to ensure that the NHS is moving resources from acute care to health improvement. Some felt that there should be a greater focus on services promoting emotional wellbeing in early years.

- **Link Equally Well to other Scottish Government initiatives** – It was felt that Equally Well could be better linked with other Government initiatives and that services working with individuals and specific families across Scotland should be joined up better. Some felt that national performance systems do not support this kind of project - as each partner has different targets to meet for different parts of the Government.

- **The need to engage all relevant parts of the NHS more effectively in tackling health inequalities** – It was felt that it had been difficult for some of the Test Sites to engage with all the relevant services within the NHS. Some felt that there had not in the past been a focus on health inequalities in, for example, HEAT targets and welcomed any changes which would encourage longer term health outcomes in addition to shorter term targets.

- **Spreading learning** – It was felt that learning from the Test Sites should be spread widely beyond the Test Sites; and there should be further work to develop resources and models for joint working and that these could be explored nationally.

- **Support for the Equally Well Test Sites** – It was felt that there was much about the approach so far that should be retained – people would like to continue to be able to work flexibly and collaboratively. However, specific local change has been locally determined – it is important to make sure that this continues and that there is not a top down approach to designing local services. On the other hand it is important that the Scottish Government is clear about what is required of Equally Well Test Sites. It was also noted that with the extension of support to the Test Sites to March 2012, it was important that evaluation and learning continued.

### 5.6 Analysis

Learning has been a very important element of the work of the Test Sites from the start. The Learning Network for all the Test Sites (supported by the Scottish Government) has encouraged learning among the Sites. This has fostered understanding of the work of each Test Site; shared information and resources; and undertaken joint development activities, including action learning. The sharing of ideas has evolved with Test Sites adapting approaches used in other areas – for example Govanhill is introducing a project based on the work in Fife, focusing on young people and alcohol.

Within some of the Test Sites, learning was a stated aim. There was a strong fit between those sites that gave learning a particularly high priority; enabled a freedom to act; and were open to learning about what did not work as well as what worked.
Most of the Test Sites focused on changing approaches and ways of working to make a difference – rather than see the activities as stand-alone projects. This was seen to result in long lasting change which could be sustained without the need for additional external resources. A number of the activities that had been shown to be effective had become part of the mainstream responsibility of public agencies – and would be funded from mainstream budgets.

However, there were concerns about the impact that public sector funding reductions might have on health inequalities. Changes to welfare benefits were likely to impact on some of the groups targeted by the Test Sites – and, more generally, individuals and households experiencing inequality are likely to rely more on services.

Funding reductions may also impact on the pace of progress by the Test Sites, with some specific initiatives less likely to proceed. In addition, the resources provided by the Scottish Government had been used to fund coordinators in each Test Site. The role of the local coordinators was seen to be particularly important and there were some concerns expressed about whether resources would continue to be available to fund these posts.

Great care needs to be taken in assuming that an approach that works in one area will successfully transfer to another area. The example of challenges in introducing a successful idea to a neighbouring area in the Lothians demonstrates the need to make sure that any approach fits the local setting. On the other hand, the Test Sites are beginning to learn about what works (and what doesn’t). There is a real opportunity for adapting successful approaches to meet particular new local situations. If this can be done, it transforms the approach from being unique to having more general application.
6. Conclusions

6.1 Introduction
The Test Sites were established to try new approaches to resolve complex issues related to long standing health inequalities in particular geographic areas and for particular groups of people. In many of the Test Sites there had been previous initiatives to tackle inequality. Some of these were multi-agency or partnership approaches.

These previous initiatives had not brought about sustainable reductions in health inequalities, so a different approach was essential. New approaches to joint work were required as a precursor to service redesign, which could lead to reduced health inequalities over a period of time.

The Equally Well report set out clearly the scale of the task. Tackling health inequalities requires cross-cutting work at Government and local level; it should focus on early intervention; and it is a long-term task, which may only be achieved in a generation.

The Test Sites are all at a relatively early stage in their journey towards reducing health inequalities. They have progressed at different speeds. Some of the underlying factors that will have impacted on the rate of progress are:

- the complexity of the area or theme
- the scale of inequality
- the strength of existing partnerships and networks – and whether these existing structures are open to change
- the success of previous attempts to tackle health inequalities
- the political priority accorded to the area or theme
- the resources available.

The evaluation set out to respond to a number of evaluation questions, which can be summarised as:

- What was different about this approach, compared to what went before?
- How has partnership working developed or altered – and what have been the barriers and enablers?
- How has learning taken place?
- What steps are being taken to sustain integrated service redesign?
- What are the most significant things that have been achieved?
- What national level actions are needed to maximise the impact of local work and enable the approach to be replicated in other areas?

6.2 What was different about this approach?
The Scottish Government and COSLA designed an application process which built in a number of features that were different to previous approaches and were intended to increase the likelihood of success:

- The Test Sites were to be part of a mainstream change process – not short-term projects or pilot studies.
- They had to demonstrate that they could bring about sustainable service redesign within existing resources (although the Scottish Government did set
aside resources for learning and evaluation as well as certain development costs).

- They required to demonstrate that there was senior commitment and willingness to redesign services.
- They had to be committed to learning and evaluation.

This approach worked well and provided a sound basis for the Test Sites. However, the time allowed for applications was short and ran through the main summer holiday period. This may have reduced the number of applications and certainly restricted the extent of consultation with partners, service users and communities about those applications that were made.

In addition, in proposing the use of Test Sites, the Equally Well Task Force saw equalities (in relation to the Public Sector Equalities Duties) and innovation as important, although neither of these appeared in the criteria for selection of the Test Sites. Certainly in the case of equalities, the fact that this was not included as one of the criterion for selection appears to have led to limited initial focus on this by the Test sites.

Once the Test Sites were established, the Scottish Government continued to encourage a new approach, including:

- direct senior Government commitment to the Test Site approach
- establishing and supporting a Learning Network – operating through regular meetings of the Test Sites and an on-line network
- the introduction of ‘simple rules’ which allowed Test Sites freedom to act.

In addition, the Scottish Government provided a member of staff to coordinate the programme at a national level and funding to support the employment of local staff to act as coordinators in each Test Site.

The Test Site approach allowed:

- The Scottish Government to learn about the translation of national policy into local practice.
- The Test Sites to have the space and opportunity to test approaches which might eventually reduce health inequalities in their area.

6.3 How has partnership working developed?

There are a number of factors which, when taken together, appear to support the process of effective and sustainable joint working between partners, which can lead to service redesign. These do not operate in isolation. The more of these that are in place, the more likely that progress will be made in a systematic way. Where fewer are in place, progress is likely to be opportunistic rather than systematic.

- **Coordination** – the presence of someone with the skills to work across organisational boundaries acting as a coordinator has been important. All Sites had a coordinator.
- **Senior commitment** – ongoing senior commitment (from politicians, Boards and senior managers) was essential. This was in place at the start of each Test Site – but it was not always maintained.
• **Clear, shared outcomes** – one of the impacts of having senior commitment was that this made it easier to agree and work towards clear shared outcomes for the Test Site. Without these, partner organisations fell back on their own priorities and targets, which may not have matched those of the Test Site.

• **Creating a space for change** – much of the rationale for the Test Sites was to try new approaches. It was important to create space to consider, agree and implement change. Where there was a willingness to consider change, progress could be made. In some areas, it was hard to get some partner organisations to agree to do things differently from their current practice.

• **Engagement of service users or communities** – effective service user engagement takes time – trust (and often capacity) needs to be built, and public agencies need to consider how to build service users’ views into their decision making processes.

• **Effective joint working** – for many of the Test Sites an important early step has been to improve understanding of the roles and responsibilities of partner organisations. This has helped to build trust and improve signposting and referral (and, in some cases, improved client pathways). For some Test Sites, this has significantly broken down barriers between organisations and led to sharing staff and financial resources to meet particular outcomes.

6.4 **How has learning taken place?**

Learning has been built into the work of the Test Sites from the start. The Learning Network provided a focus for shared learning among the Test Sites and an on-line network allowed wider sharing of views. The Test Sites have a strong learning culture. This has encouraged Sites to try new approaches and be honest about what was successful and what was not. There has been considerable shared learning across the Test Sites.

There are some examples of transfer of ideas between Test Sites. In most cases, the establishment of a new way of working has had more impact than the detail of the specific activity. Because of this, it is important to understand the underlying change process that has been undertaken – and not try to transfer an activity, without considering the organisational processes that have allowed a new approach to be introduced successfully. There are examples of difficulties in transferring an approach from one area to another. As well as understanding the change process that was involved, it is important to consider any approach within the local context.

Transferring learning and new approaches from one Site to another (and from one organisation or sector to another) is a crucial part of the process. Unless this happens, the learning from the Test Sites will not move from the unique to the general.

6.5 **What steps are being taken to sustain integrated service redesign?**

Based on the theory of change developed by the Equally Well Evaluation Steering Group, there were five necessary pre-conditions for significant progress to be made in bringing about effective service redesign to reduce health inequalities. Three of the Sites have all these in place. The remainder have some in place. And all the sites are making progress towards joint working.
There are examples of ‘one-off’ innovative approaches to service redesign in all the Test Sites. Redesign has been introduced systematically into the mainstream work of public agencies in one of the Test Sites.

This range was to be expected after 30 months. It is likely that other Test Sites may reach a ‘tipping point’ where redesign becomes systematic rather than ‘one-off’. For a number of Test Sites, this will mean ensuring that there is senior commitment to change; clear, shared objectives among partners; and greater empowerment of local or operational staff. If these pre-conditions cannot be delivered, these Test Sites are unlikely to bring about the long term outcome of reducing health inequalities.

The Test Sites were designed to be sustainable, operating within existing service providers’ budgets. Most Test Sites believed that their approach was sustainable. But reducing public sector budgets did cause concern, partly because of the potential for adverse effect on health inequalities and partly because important elements of the approach (particularly the employment of a coordinator) may not continue to be funded.

6.6 What are the most significant things that have been achieved?
Stakeholders in the Test Sites were asked about the most significant changes that had taken place in their Test Site so far. The most common responses (40% of respondents) related to improved joint working and influence on local authority wide strategies and plans (10%). Service user engagement (6%) and outcomes for service users (3%) were less likely to be mentioned.

This demonstrates that, at this relatively early stage, most of the Test Sites have made progress with short term outcomes - such as improved joint working. Less progress has been made with longer term outcomes such as changes for service users. It will be important for those Test Sites that have not yet moved beyond improved joint working, to focus on extending the change that they are bringing about.

6.7 What national level actions are needed?
Those involved in the Test Sites had views about the changes in national policy and practice that would help them to deliver local approaches to tackling health inequality more successfully. The main areas raised were:
- a greater focus on early intervention
- linking different Scottish Government approaches better
- making sure that all relevant parts of the NHS were fully involved
- national outcomes and targets for public sector organisations should clearly reflect the need to tackle health inequalities
- spreading learning widely, so that approaches could be transferred to other areas where this was appropriate.

In relation to the support for the Equally Well Test Sites, it was felt that there was much about the approach so far that should be retained. People would like to continue to be able to work flexibly and collaboratively. It is important to make sure that local change continues to be locally determined and that there is not a top down approach to local service design. On the other hand it is important that the Government is clear about what is required of Equally Well Test Sites. It was also
noted that with the extension of support to the Test Sites to March 2012, it was important that evaluation and learning continued.

6.8 Summary
Reducing health inequalities is a long term outcome, which the Equally Well Task Force believed could take a generation. The Test Sites are, as would be expected, at a relatively early stage in their journey towards reducing health inequalities. However, all the Test Sites have made some progress in relation to service redesign. In a small number of cases, this has become embedded in the work of organisations and a systematic, mainstream approach to redesign is emerging. For most, the service redesign to date has been specific to particular approaches and has not yet transformed the way that partner organisations go about their business.

The first 30 months of work in the Test Sites has reinforced the fact that there are significant challenges in making joined up multi-agency work effective; in transforming services from being reactive to focusing on early intervention; and in engaging service users in decisions about services. However, provided a range of key factors are put in place, progress towards sustainable service redesign can be achieved.

The lessons learned from the Test Sites will be particularly important at a time of pressure on the budgets of public agencies. Effective joint working and a clear priority for investment in prevention and the underlying causes of health inequalities will be required to make sure that the impact of the resources that are available is maximised.
1. **Background**

The Stobswell area is part of Dundee. It is a disadvantaged community with a range of socio-economic problems but is similar enough to other areas of Dundee for shared learning to be possible. The main aim of the Stobswellbeing Test Site was to improve the mental wellbeing of the local area.

Mental health and wellbeing is a national priority but this can be difficult to measure and change. Many people associate this with mental illness and it can be difficult to change this perception. The Test Site wished to develop social prescribing; improve mental health literacy; and help to determine what services are already doing to contribute towards mental wellbeing as well as support them to improve this. An overarching aim was that changes were sustainable and could be replicated without further funding.

The Stobswellbeing Test Site was keen to ensure that the community were engaged throughout and a lot of groundwork was done to ensure that there was true engagement and that progress towards addressing locally identified mental wellbeing priorities was slow and sustainable.

The approach was a good fit with the national Equally Well policy, mental health strategies, and NHS Tayside's health equality strategy.

The work of the Stobswellbeing Test Site got underway as soon as it was selected as a Test Site in October 2008.

2. **Working Together**

2.1 **Coordination and accountability**

- **Coordinator**: A local coordinator was allocated to the Test Site. The coordinator had worked within the context of health inequalities and deprivation in Dundee for some time and has a great deal of experience and knowledge both of the area and of the key partners. Some of the resources have been used to backfill her substantive post and free her up to work on the Dundee Test Site for 3.5 days a week.

- **Working level**: There is a working level group called Stobswellbeing attended by local workers such as the community worker, local health workers, sports development worker and so on.

- **Steering group**: There is also a governance steering group, called the Equally Well Core Group who meet regularly to discuss strategic issues.
The coordinator works with both Stobswellbeing and the Steering Group. There is a good relationship between the two groups, with good communication, a clear sense that everyone is well engaged and that they have shared objectives for the project and its future.

- **Government involvement:** Participants in Dundee felt that there had also been a high level of involvement and interest from the Scottish Government, including the Chief Medical Officer.

- **Partners:** Partners included the community, Healthy Dundee, the Community Planning Partnership; Dundee Council, and the NHS. The public agencies are all involved at a strategic and local level. Locally community learning, young people’s health, sports development, addictions, community workers, community arts and countryside rangers are also involved.

### 2.2 Resources
The majority of the resources were spent on a combination of a local evaluation, some backfill for the coordinator, and some development worker time. This work is ongoing. A small amount of funding has been used to support community engagement, activities and events.

### 3. Approaches to Service Redesign
It was generally felt that it was too early to expect service redesign in such a short timetable. However it would seem that many services are being developed in a new way with a focus on improving wellbeing which they did not always have in the past. Partners agreed that a great deal of service redesign has been done - if this is interpreted in its widest sense.

**Working together**
People worked together very well at a strategic and local level. This was a key strength of the Test Site.

**Community involvement**
Community involvement was a key objective of this Test Site. The majority of the work, especially at an early stage, involved establishing ways to work together and involve the community. This included visiting people at home, speaking to people outside schools and in the streets to find out what they needed, conducting surveys and running World Café events. Early on, a few themes emerged such as the isolation that many people felt; their desire to be involved in local events; and a wish to have a cleaner community. The initial community engagement stage took about a year including an intensive three months at the beginning.

Several events took place as a result of issues raised during the community engagement process, such as picnics in the park, with community and local service involvement. As the project progressed the community were supported and encouraged to lead these initiatives themselves and several people had volunteered to do so.
Equalities
The Test Site did a great deal of work on ensuring that all member of the local community, regardless of their background, had the opportunity to be involved. All of the projects in the local area were engaged in this process, including projects that represented people from different minority groups. Dundee was also involved in a VOiCE process, which ensures that interventions also met the National Standards for Community Engagement. There was also engagement with people who had disabilities or mental health problems although it was stressed that people often did not want to be treated as though they were a special equalities group. No equalities impact assessment had been carried out but most partners felt that there was equal access, although some people suggested that this might be reactive on occasions rather than proactive.

4. Test Site Activities

There have been a wide range of Test Site activities.

Social Prescribing
One of the key pieces of work in the Stobswellbeing Test Site was related to Social prescribing. By using local resources in a creative way it was hoped that this would improve mental wellbeing. Various models and approaches to this have shown signs of being one of the key successes of this Test Site. People with low level mental health problems were supported to use services such as adult literacy, continuing education, countryside rangers and so on to help to improve their wellbeing. These services also considered how their activities impacted on wellbeing and how they could widen participation within the community.

- A number of very successful community events took place. One of the main ones was the picnic in Baxter Park, which encouraged the whole community to use this park and be given the opportunity to find out what was happening locally. In addition there were other social events such as ceilidhs and countryside walks, which although not delivered directly by the Test Site were recognised as responding to the factors affecting wellbeing, which had been identified through the community engagement process.

- There was support from other services with shared goals such as drug and alcohol training; the young people’s sexual health project; the health coach services at the Dundee Healthy Living Initiative; and Keep Well.

- Workers also visited local pubs and other businesses to promote the Mental Health Literacy Programme and found that people were very open to being involved.
5. Changes Delivered

5.1 Service changes
The focus of the first year of the project was local engagement and it was considered to be too early to see substantial service change. People wanted change to be slow and sustainable. In addition there were several comments made that the approach to service redesign was about refocusing services around mental wellbeing.

However people believed that there had been changes in approach so that those whose work impacted on wellbeing, such as community education, countryside rangers and sports development were aware of this and were considering how they could refocus services around mental wellbeing while meeting their own objectives.

There also seemed to be a shift in perception of service providers - from thinking ‘here is the service, how can we help you to fit’, to ‘how can the service change to suit you’. There was a greater understanding of how the statutory sector affects wellbeing.

5.2 Changes delivered
- Local partners had always worked well together but now have a greater insight into how what they are doing can improve community wellbeing and local people have a greater understanding of how they can access services that will improve their wellbeing.
- More people were now coming to Stobswell partnership meetings.
- Drug and Alcohol services were extending their services and support to the wider community.
- Adult Learning services were providing new courses to attract new learners and ‘harder to reach’ individuals.
- Countryside Rangers were now promoting volunteering opportunities to people with mental health problems.
- Outreach work had resulted in better uptake of services from people living in more deprived streets in Stobswell.
- Co-production and supporting services and local people to work together in new ways is being promoted through links at Local Community Planning Partnership level
- Workers are now aware that the Antisocial Behaviour Team would work with problem neighbours whereas before the work of the Test Site, they didn’t know this.
- At the beginning of the work people working in the community were asked to map who they worked with. This was repeated after two years and there had been a huge increase in the network of people who now worked together.
There was a sense that people increasingly shared objectives and were 'all singing from same hymn sheet.'

Increasingly mental health was being seen to be a positive thing rather than a stigma.

Some environmental changes had been made such as clean streets and an increased use of Baxter Park. The Park was now often used as a base and meant that it was perceived to be a safer place.

Community education staff are thinking differently about what they are able to offer and are better connected to other services.

A grant had been given from the arts council for an artist in residence and this had generated a great deal of interest from the community.

There were Mental Health Literacy events which built on what was already there.

Overall it was felt that there was a light touch in many areas rather than a dramatic service redesign.

5.3 Significant service changes
Participants were asked what they felt were the most important changes. For many of them this was hard to do. However key successes that came through were:

- **Logic model and contribution analysis framework** - This took place at an early stage and helped people to understand how their activities had the capacity to impact on wellbeing.
- **Engagement** - There was good engagement from the community and from workers.
- **Profile** - Mental wellbeing had a higher profile and was linked to the Community Plan and the Single Outcome Agreement.

6. The Future
Dundee has a clear plan for its third year, which has been agreed by local and strategic partners and the Scottish Government. It has also embedded this work into both the Single Outcome Agreement and the Community Planning Partnership. This will have considerable impact.
Sustainability
Sustainability was a particularly strong theme in Dundee and it emerged again and again. At all stages people working within the Test Site at a strategic and local level were concerned that their approach would be sustainable and thought about how they could work to ensure this. As a result they were very careful with Test Site resources so that they would not have to withdraw services because of a lack of resources in the future. Some ambivalence was expressed towards this at first by one or two people who felt that the resources could be put to the immediate use of the community while the opportunity was available, but their opinion altered as the work developed.

In addition people now see how their work can impact on mental health and this change in mindset will be sustained. This will also be helped by the fact that, while local connections were already good, these have been further enhanced.

People felt that the national learning events gave them the opportunity to share approaches with other areas but did not know yet what had happened as a result of this. It was felt that it was too early to learn lessons and some considered that the national evaluation was expecting too much change at an early stage and was ending before real results could be seen.

However many of the workers did see the potential for sharing the lessons they had learned with other areas. This was particularly true for those who had a remit for the whole of Dundee.

7. Lessons Learned

7.1 Success factors

- A strong theme that emerged was the belief that people had always worked very well together and that this had got even better. There was a commitment to this work both at a strategic level and locally. People were generally willing to be involved and see what they could do to help and were generally very positive about this work.

'We are knocking at an open door.'

- There was a strong focus on sustainability all the way through this work and from all partners. It was clear that everyone who was involved shared the same objectives and had a commitment to making it work and this was helped by the clear structures and goals which had been agreed for the Test Site.

- Sustainability will be helped by the fact that mental wellbeing is now part of the Single Outcome Agreement.

- This work fits well into the wider equalities agenda. It has had a high level of national support, with a meeting with the Chief Medical Officer and the Scottish Government cited as examples.
The national learning and network events were considered to be useful.

People now thought creatively about how their service could improve wellbeing, while still fulfilling their own core objectives. This meant that the work was more likely to be sustainable. For example Sports Development considered how sport could affect mental health and how they could engage with the community further.

Local events such as the picnic in the park and chatting to people outside schools were mentioned many times as being very successful and had inspired positive feelings about the future of the community.

Local people were becoming increasingly involved in organising events for themselves and this would also encourage sustainability.

Attempts had been made to map resources to change and interventions to outputs.

People felt that they had been given the opportunity to work more closely in the community in a way that they had done in the past but had had less time for in recent years, and were given far more freedom to work flexibly.

The national evaluation and ongoing learning events were perceived very positively and specific reference was made to the evaluation taking an assisting rather than investigating role.

Findings from the local evaluation would also add a greater insight into what had changed and what the reasons for this had been.

7.2 Challenges and barriers

A key feature of the Test Sites was the opportunities to test new things and to raise challenges and barriers so that lessons could be learned in other areas.

A challenge for the future, that came through strongly, was how difficult it was going to be to manage with fewer resources once funding cuts were made. This was causing a great deal of frustration as it was felt that just as they were beginning to make some progress, this was going to be halted. The recession meant that benefit changes and increased unemployment would cause a greater demand on services but the services available would be reduced. It was felt that this would have significant long reaching implications.

‘The real worry is the demand side. It seems to be a manifesto of making the poor’s lives as hard as possible. They are undermining everything that has been done so far and the wellbeing of people and this is going to be a massive challenge.’

Interviewees were already seeing the affects of the public sector funding cuts. Examples were given of services getting slimmer and when people left their jobs weren’t replaced.
Another challenge was how the Test Site would continue without the local coordinator who knew a great deal about the community and was the lynchpin of the project. It was felt that going forward it would not be possible to add this work on top of someone’s normal workload.

It was felt that the project could not be presented as cost free going forward although a great deal had been done and would continue to be done with a modest amount of resources.

It was felt that it was too early to expect significant changes. This opinion was expressed at an early stage and as the Test Site progressed. Some people felt that the national evaluation was ending just as things were starting to change and that this was a missed opportunity.

The time allowed by the Scottish Government for the submission of the original Test Site proposal was considered to be too short and in the future more time should be given so that people had more time to formulate their ideas.

A challenge for health services expressed by several people was to see how it could move resources out of the acute sector and into the community and to be more responsive to people. This would be particularly difficult during the current economic climate and it was felt that it would need pressure from the Scottish Government, perhaps in the form of a HEAT target. Although the NHS Health Equity Strategy mentions social prescribing it does not make commitments to this and it was felt by some people that there needed to be more accountability so that this responsibility was not passed around.

A significant proportion of time was spent at an early stage engaging with people. People felt that this was an important stage and should not be underestimated or considered to be a symptom of slow progress.

It could be hard to isolate the effect of Equally Well because existing resources were also being used.

8. Acknowledgements

This case study was developed with significant assistance from key stakeholders in Stobswell, Dundee.

We would like to thank everyone who participated in this evaluation.
1. Background

1.1 About this Test Site
The Equally Well Test Site in East Lothian was set up from October 2008, and launched in March 2009. Almost 180 people attended a one day conference launching the Test Site in March 2009. Dr Harry Burns gave a presentation at the launch event, highlighting the potential of the Test Site approach.

The Test Site aims to ensure that Council, health and voluntary sector services focus strongly on reducing health inequalities for the youngest members of the community, and their families. It focuses on addressing early years health inequalities, and is called ‘Support from the Start’. The aim is to ensure that people receive the best possible support for good health from the very start of life.

Support from the Start is a partnership between East Lothian Council, NHS Lothian and voluntary sector partners. There is strong senior level commitment for this approach. Senior officers and politicians from East Lothian Council and East Lothian Community Health Partnership are leading the partnership, with support from East Lothian Voluntary Organisations Network.

The Test Site began in East Lothian, but was later transferred across to Midlothian. The coordinator has responsibility for both Test Sites. This case study focuses on the experience of service redesign within the Test Site in East Lothian. A short case study on Midlothian has been produced separately. However, a number of lessons learned from Midlothian are highlighted at the end of this case study.

1.2 Test Site aims
The overall aim of the Test Site is to improve and develop service pathways for addressing health inequality in the early years, and engage communities in improving the health of their youngest members. It focuses on achieving a healthier start for children in five areas of East Lothian – Prestonpans, Wallyford, Whitecraig, Tranent and Musselburgh East. These are relatively deprived areas of East Lothian, where children and families experience health inequalities.

At an early stage, partners developed a ‘logic model’ for the Test Site. This sets out the difference that the Test Site aims to make, and what it is going to do to achieve this. The logic model identifies a number of key outcomes:
- improved emotional wellbeing in early years
- improved oral health
- improved outcomes for looked after children
- increased breastfeeding
- improved educational attainment
- increased opportunities for involving parents and children
- increased Health Impact Assessments on new activities
- reduced child obesity
- reduced pregnancies in under 16s
• reduced smoking in pregnancy.

**Support from the Start** focuses on achieving these outcomes through four broad areas of activity:

- **Community engagement** – involving communities, children, parents and carers in key health improvement challenges for early years.
- **Improving support for parents and carers** – ensuring that parents and carers can support their children, and can access support early enough when they are finding it hard to cope.
- **Improving support for families** – targeting effective support to children and families at risk of poor health.
- **Creating child friendly environments** – ensuring that the physical space in communities contributes to good health in early years, and support parents and carers in raising healthy children safely.

### 2. Working Together

The Test Site takes a partnership approach to tackling health inequalities, in recognition that problems are multifaceted and require a range of organisations to work together to tackle these. The Test Site involves:

- **A Coordinator** – A Public Health Practitioner from Midlothian Community Health Partnership acts as the Test Site Coordinator for both East and Midlothian.

- **A Planning Board** – This Board provides strategic direction for the Test Site. It involves senior politicians and senior officers from the Council, the NHS, higher education and the voluntary sector. It also includes an influential former Scottish Cabinet Minister who is a parent and local community member, and was appointed by the Scottish Government to champion the importance of children’s early years.

- **An Operational Steering Group** – This small group involves staff involved in delivering the Test Site activities, including Service Champions. There is representation from the Council and NHS.

- **Service Champions** – This is a network of committed staff from across the Council and NHS, whose role is to promote the Test Site ethos and approach. Service Champions are empowered to achieve change, with a dedicated Development Fund to enable service redesign which is only accessible to Service Champions. Service Champions regularly meet through Action Learning Sets and other learning events.

- **Community Champions** – This is a network of committed individuals from the community and voluntary sector. This includes individuals from organisations like HomeStart, the Community Council and the National Childcare Trust. Community Champions meet regularly to share experiences.
3. Approach to Service Redesign

The Test Site is focused almost entirely on how to make mainstream services more effective in tackling health inequalities. It identified four core components of effective service redesign at an early stage:

- **Learning** – The Test Site aimed to create space for learning and reflection. Activity in this area has included Action Learning Sets and regular conferences and events.

- **Engagement** – The Test Site aimed to foster dialogue between communities and professionals. It has done this through activities such as holding civic conversations and using social marketing techniques.

- **Leadership** – The Test Site aimed to ensure leadership for service redesign and a focus on early years. It has done this through effective structures involving senior staff and politicians; and a network of committed Service and Community Champions.

- **Innovation and service redesign** – The Test Site aimed to do things differently, to achieve different results.

‘Support from the Start is not a time limited project it is about the response of mainstream services to inequality in health.’

Although the focus of the Test Site was on mainstream service redesign, using existing resources, it also created a small budget to enable this change to take place. This budget – called the Development Fund – is specifically intended to enable learning about health inequalities, or to support service redesign. It can only be accessed by Service and Community Champions. Champions develop a proposal, which is then considered by their peers (the other Champions). In 2009/10 just over £52,000 was invested through the Development Fund, and approximately £60,000 in 2010/11.

4. Test Site Activities

4.1 Service mapping

An important early aspect of the Test Site involved exploring the existing services available to children and their families, how these help to achieve Support from the Start outcomes, and map the gaps in these services. This was undertaken for each of the outcomes that the Test Site aimed to achieve.

One or more Service Champions took the lead on each outcome area. Generally, Service Champions held sessions to map existing service pathways, and identify gaps. At this stage, one more outcome area was identified – as two Service Champions were particularly interested in the theory of attachment. An example of the existing service pathway for the outcome of ‘improving emotional wellbeing’ is below.
4.2 Civic conversations
A central part of the Support from the Start approach has involved creating opportunities for ongoing and open ended dialogue between and within communities and services. This approach has been termed a ‘civic conversation’. The conversation began in March 2009, at the launch of Support from the Start. Since then, a range of events and activities have taken place as part of the conversation. This has included events at nurseries and community groups, public events and community conferences.

To recognise people’s time, often incentives have been provided. This has included vouchers for a fresh food co-operative. At other events, the conversation has been linked with other activities – such as an exciting theatre project for early years children. Events have been led by different Service and Community Champions, focusing on different topics.

A range of different methods have been used. In some cases, people have simply chatted and shared information, often with some prompt questions. In others, events have involved using techniques such as using maps of the community to stimulate discussion, or using VOXUR (video diary) to record individual views. Some conversations have focused specifically on how to engage ‘hard to reach’ or vulnerable families.

Working with Communities
Parents and community groups in Support from the Start target areas are keeping scrapbooks of their experiences and views on their environment from an early year’s perspective. This includes a pre-school nursery, a parents group, a dad’s group and a community group.
When the scrapbooks are complete, the Test Site will hold a dialogue session between parents, community groups and services, to view the scrapbooks and hear about people’s thoughts. The scrapbook project was influenced by contact and sharing with the Glasgow City Equally Well team.

The Test Site is also piloting a social marketing approach. First Step, a community based early years project, is involved. Its staff have received training on social marketing, which is a way of using marketing concepts and techniques applied for a social purpose. The Test Site has linked with West Dunbartonshire, where the Test Site has used social marketing approaches to reduce tobacco use.

There is a plan to introduce participatory budgeting in 2011/12, and Community Champions are closely involved in this approach. The Test Site has identified resources from the Scottish Government and East Lothian Council.

4.3 Range of activities
The Test Site has involved a wide range of new activities. Many of these activities have involved slightly adapting the provision of existing services, to target and support the most vulnerable parents and children. These activities have been supported both through direct financial support from the Support from the Start Development Fund, and through influencing and raising the profile of early years.

The range of activities has included:

- **Learning for staff** – For example, nursery and school staff have received training on natural nurture, emotional wellbeing, attachment and Forest Schools. The Champions Action Learning network has also helped to build capacity and skills.

- **Resource development** – Including an outdoor extra-curricular resource for early years, a music and emotional literacy resource and a health story sack project.

- **Targeting of existing services** – Breakfast provision has been targeted at areas most in need. Free school meals for primary one to three pupils have also been targeted at the Support from the Start areas.

- **Reshaping services** – Including reviewing and redesigning oral health promotion in two communities, and early years play in one community.

- **Piloting new initiatives** – Including Forest Schools, the Place to Be, Creating Confident Kids, Play@Home and the Early Development Instrument.
**Forest Schools Initiative**

The Forest Schools approach involves working with the outdoor environment to support personal, social and emotional development and learning through play. Research has shown that outdoor learning can relieve stress, and reduce illnesses, as well as assisting with motor skills development and developing confidence and self esteem. It offers numerous opportunities for learning – such as learning about the weather, how to get to places safely, understanding boundaries and danger, using senses, survival skills and wildlife.

The Forest Schools approach was piloted in East Lothian in 2007. A Forest Education Initiative Local Cluster Group was set up, and funded by Support from the Start. This allowed for training and purchasing essential equipment.

Almost 60 council, primary and nursery school staff and volunteers have now received training on the Forest Schools approach, most from within the Support from the Start target area. In addition, two Countryside Rangers have received training and can now support schools. There have been Forest School sessions at 28 schools and nurseries in East Lothian, and an East Lothian Forest School Leader gathering in September 2010 to share experiences and develop skills.

**The Development Fund – Integration Project**

The East Lothian Council Integration Team supports children in transition from nursery to primary school. It had, for a number of years, ran a summer programme to support vulnerable children through this transition, particularly those at risk of non-attendance in primary one, and those with additional support needs. In 2010, a Service Champion within the Integration Team applied for funding of £600 to build on this programme, to support parents and carers as well as children. The application for funding was successful. During the summer, a series of workshops were held on parenting techniques and approaches, as well as providing parents with information about school procedures. Children also attended these sessions – either participating or taking part in separate activities. Families who attended at least three of the five workshops received an outing to the East Links Family Park.

Twenty families took part, with between 13 and 16 attending each session. Teaching staff from the primary school volunteered their time, supporting the Integration Team to deliver the programme. The programme offered the opportunity for parents to build relationships with the Integration Team and school staff.

An evaluation of the programme found that it helped children to mix and interact with both adults and children. It also built their confidence and increased awareness of the school experience. Links between school and home were developed, and parents were introduced to joint learning experiences with their children.

The involvement of parents in this programme only required an additional £600. A small amount was used for refreshments and resources, but the bulk was used to reward parents and children with a visit to the East Links Family Park at the end of the programme.
5. Changes Delivered

5.1 Changes to mainstream services and budgets

The Equally Well Test Site in East Lothian has resulted in a number of real changes to the way that mainstream services are provided. There have been some major shifts in service design. There have been considerable changes in East Lothian Council’s Education and Children’s Services Department. Over £300,000 of the Education budget has been targeted into the Test Site areas as a result of the Test Site. This has included:

- Providing free school meals for all children in primary one to primary three in Test Site areas.
- Extra teaching provision for primary one to primary three pupils in the Test Site areas.
- Introducing Forest Schools Initiatives in Test Site areas (focusing on outdoor education).
- The Place2be initiative – funding a charitable organisation to work to improve the emotional wellbeing of children, their families and the whole school community.

The Education and Children’s Services Department has been restructured in a way which closely reflects the Test Site ethos and priorities, and the budget is being restructured in a similar way. Support from the Start has had a ‘very strong influence’ on the Integrated Children’s Services Plan. It has helped the Council to ‘draw a very clear link between poor educational outcomes and family opportunities’, and this has been linked to policy.

The Test Site has also helped the Education and Children’s Services Department to target activities effectively. The Department is using the Early Development Instrument developed through the Test Site to identify areas where early years development is linked to socio-economic disadvantage. In addition, the Department has begun analysing data on pupil achievement (from the SQA) against free school meal entitlement figures, and using this to target resources and take a proportionate response.

**Early Development Instrument**

The Early Development Instrument (EDI) is a way of measuring children’s development and readiness to learn by the time they reach formal schooling. It does not measure individual performance, but measures how many children in the community are developmentally vulnerable on one of five domains. East Lothian is piloting the EDI in a Scottish context, as a way of measuring how well its communities are supporting young children.

It has set up a small group to organise for the EDI to be tested on a small scale, and for staff to be trained on its use. After the instrument has been tested, stakeholders will consider how it might be used in East Lothian in the future.
Focus on Attachment

Support from the Start has helped to enable joint working around the theme of early years attachment (emotional bonds). This work focuses on the ante and post natal period, with the aim of embedding a consistent multi-agency approach across East Lothian.

With the impetus of the Support from the Start approach, 41 practitioners representing health, education, social services and voluntary organisations came together to map existing activity in relation to attachment, and think about what influences positive attachment.

The practitioners also worked to embed attachment theory into practice, raising awareness of what attachment is and how to promote it. Approximately 38 practitioners from health, education and partner agencies received training from Educational Psychologists. Further awareness raising and training sessions are scheduled for the midwifery service. Antenatal classes are being adapted to take account of attachment theory.

A senior educational psychologist is training two practitioners in Video Interactive Guidance – with the aim of introducing this to parents in the early postnatal period. This training built on innovative work undertaken by health and educational psychology services in Suffolk.

Overall, the Test Site has resulted in a high level of protection for early years within East Lothian Council budgets. It has enhanced focus on early years, and specifically health equalities – allowing organisations to focus on the areas that needs are greatest. As the Test Site approach and ethos is embedded in many joint plans – such as the Integrated Children’s Services Plan – the approach is spreading to other partners beyond the Council and NHS.

The Test Site has also resulted in some redesign within the NHS. For example, oral health services in one community were reviewed and redesigned as a result of community feedback.

Dental Care

The Test Site involved a review of the activities and services in place to support dental health, and identified gaps in service provision. This identified a gap in dental health services for young children in two areas of East Lothian (Wallyford and Whitecraig). Research found that in this area, approximately one third of three year old children were affected by tooth decay. This problem was highlighted during a Civic Conversation with local communities.

Services came together and mapped what services were available in the area. They found that although the area had very poor dental health, it received the same or worse service than other areas in East Lothian.

Organisations came together and redesigned services to address these gaps. All children attending a group in a community setting – such as playgroups, nurseries and parent and toddler groups – are now offered a dental health assessment and the opportunity to take part in the ChildSmile programme. This service is run by the
Community Dental Service within the NHS, in the 20% most deprived areas based on the Scottish Index of Multiple Deprivation. Wallyford was just outwith the 20% most deprived, but the service was extended to this area and the cost absorbed by mainstream budgets.

This was accompanied by dental health promotion activities in community settings, including information packs for children and parents. The only additional cost associated with this initiative was about £600 spent on producing this information. Consultees were very positive about this initiative, believing it to be a real achievement in joint working between the NHS and East Lothian Council.

In addition, some small shifts – such as sharing a Public Health Practitioner across mid and East Lothian as a result of the Test Site – were identified. However many NHS consultees felt that it was too early to see major service redesign. There was a perception that the NHS was ‘moving in the direction of service redesign’ and working towards ‘tackling health problems upstream’. However, consultees felt that they had a ‘long way to go’.

It is clear that the Test Site has had a significant impact on the way in which services are designed. However, this impact has been greater in some organisations than others. Some consultees involved in the Test Site found it difficult to think of any examples of how services had changed within their department or organisation.

5.2 Community involvement
Consultees also highlighted significant changes in the way in which communities are involved in planning services in East Lothian as a result of the Test Site. There is a strong sense that people in the community know about Support from the Start, particularly parents of young children.

The ‘civic conversations’ held as part of Support from the Start have resulted in changes to the way in which services are delivered. For example, the civic conversation in Whitecraig was the start of a process that led to the redesign of early years play in that community. This is now influencing early years play in other communities across East Lothian.

Introducing Whitecraig’s Stay and Play
Support from the Start reviewed what services were already in place for families within Whitecraig. It found that services offered to families with young children had been reducing over recent years, with only a poorly attended toddler group with little equipment. The play opportunities were of a poor quality, with little consideration of health or learning.

To find out what parents and children wanted, the community development worker backed up by the local primary school agreed to host a ‘messy play’ session for under 5s. This was well attended, and there was a high level of interest in a new play session in the community centre. Support from the Start therefore funded a new ‘Stay and Play’ session, where parents and children could attend, provided the parents or carers stayed and played. There was a charge of £1 per family. At first, parents saw this as very much a Council initiative – as a Council Play Advisor was the ‘play leader’. But as the weeks went by, parents began to get involved –
collecting money, making snacks, tidying up and helping other parents. After one year of operation, 15 parents and carers, and 22 children regularly attend the group. It provides a safe environment for creative play, with parents and children working together.

The children are involved in other Support from the Start activities – such as linking with Childsmile and playing outdoors, in the next door church grounds.

A civic conversation in Wallyford was the catalyst for the redesign of oral health services in that community. In addition, organisations in Prestonpans and Tranent have developed services for vulnerable young parents as a result of civic conversations. And a local voluntary organisation has developed a group for self-harmers as a result of issues arising from a civic conversation on mental wellbeing.

**Support Group for People Who Self Harm**

Homestart, a local voluntary organisation, ran three civic conversations with up to 25 people attending each. These were informal and chatty, with lots of refreshments. They were for officers and staff with decision making powers, as well as local people. People considered different scenarios that households could be in, and explored issues around health inequality.

Mental health issues came out as a key issue. The Mental Health Forum took on these issues, and began to find out more about support specifically for people who self injure. Based on experience from Edinburgh, a Community Champion working at Homestart worked to set up a support group for people who self injure. This group is now run by a volunteer befriender, and volunteers assist with transport and crèche provision. Volunteers have been offered training, and the group is likely to expand in the future.

Support from the Start has also helped voluntary and community organisations to work jointly with the public sector to plan and deliver services. Service Champions and Community Champions are making links, for example at the Action Learning Networks. It has given people ‘permission to knock on more doors’, as well as the energy and focus required.

But in some cases although the networks are there, this has not resulted in outcomes regarding service redesign. It has been hard to get joint working set up in some areas. This has been influenced by lack of certainty over funding for voluntary organisations generally; limited funding for new initiatives through Support from the Start; staff changes and other work commitments. Consultees recognised that this aspect of the work, often taken forward by Community Champions, could be further developed – and was at its early stages.
Case Study: Joint Work with Schools
The National Childcare Trust has been working with the Infant Feeding Advisor and a local school (St Martin’s) to raise awareness of the value of breast feeding among primary school children. Funding has been identified to fund this initiative, and they have worked with the school to convince them that this is relevant. The work will be planned during autumn 2010 and is likely to take place in spring 2011.

It has been challenging to get into schools as they have so many initiatives, and breastfeeding awareness raising with primary school children is not high on the agenda. The Education Service Champion really helped to persuade schools that they should participate. Support from the Start has helped to make these links, and bring together people and organisations who don’t normally work together.

5.3 Most significant change
All consultees were asked about the most significant changes that had taken place as a result of the Test Site. Each consultee identified slightly different, but complementary, changes. The key changes identified were:

- **Raising the profile of early years** – The Test Site has helped the NHS to think about wider outcomes beyond health, and recognise that ‘the determinants of health and wellbeing are multifaceted’. It has helped the Council to place early years and targeting at the forefront of its agenda, with strong political buy in. Both organisations have a network of active Champions, promoting and sustaining this investment in early years.

- **Leadership within organisations** – The network of Champions, supported by strategic leadership, has been critical in changing the way services are delivered. The Champions have the power to take decisions about activities and funding, resulting in many practical changes. This has all been achieved with very small amounts of money, through the Development Fund.

- **Working with communities** – The Test Site has focused on involving communities in planning and delivering services – ‘getting away from the whole idea of dependency, to a collective service where users are partners in producing the service.’ Communities have a sense of ownership of Test Site activities, which should make them more sustainable. There is now an ongoing dialogue between communities and service providers.

‘At one level what we are doing is not very different. Focusing on learning and community engagement is not radical, but it has given us a particular focus.’

- **Joint working across services and organisations** – Support from the Start has ‘started to break down silos’, with all organisations beginning to contribute to wellbeing. There is recognition that all have the interest of the child at the heart, and services are working together on a shared agenda.

‘There is a notion of shared enterprise. We are really making a difference.’

- **Tangible changes in communities** – Many consultees pointed to the real changes which the Test Site has brought about, improving quality of life for children and their families. The changes mentioned generally related to
communities being involved in planning and delivering new activities or services, such as play services or support groups.

- **Linking to national agenda** – Local and national priorities have fit very well, with a strong focus on early years and early intervention at a national level. This meant that while consultees felt that the Test Site fit well with national priorities, it did not feel imposed from above – with the same thinking going on at a local level. Many mentioned the critical role that Scotland’s Chief Medical Officer Harry Burns played in motivating staff, elected members and communities at the launch of Support from the Start.

6. **The Future**

6.1 **Sustainability**
Support from the Start in East Lothian will continue during 2011/12. It has received funding from the Scottish Government for this year, and will focus on continuing to develop effective pathways for early years services, to tackle health inequalities.

East Lothian Council and the NHS are strongly committed to the Support from the Start approach, and believe that their approach is sustainable. The Support from the Start Planning Board is committed to keeping the approach going. It is likely that this way of working will continue even if Government funding is no longer available to support it. There is strong political support, with four Council Cabinet members sitting on the Planning Board. Senior politicians have worked hard to build support for early years and early interventions across the local authority, and raise awareness among the Council administration.

Consultees believed that those involved in taking decisions about funding in East Lothian were now very aware of the need for early intervention. This means that early years will continue to be a priority, and changes to mainstream budgets introduced as part of the Test Site are likely to continue. For example, resources are in place to ensure that the Place2be initiative in schools in disadvantaged areas continues for the next three years.

Consultees were generally positive that the Council and NHS would find the resources required to continue to support the Test Site infrastructure – largely the coordination role, the Champions Network and the Development Fund. Partners did not think that it would be challenging to identify a lead officer to support the Champions Network on an ongoing basis. It has been easier to do this with extra funding available, but partners were confident that they would be able to identify a suitable person to take on this role regardless. There was also confidence that the Development Fund would continue. It is likely that the future fund will be considerably smaller, but there is commitment to continue in principle.

There were varying levels of concern about financial pressures. Many consultees felt that there were challenges, and that there was a danger that joint working would be compromised as ‘we all start to retreat into our own areas.’ However, many also felt that East Lothian was in a relatively strong position generally.

‘East Lothian is bit more protected in its financial situation than most councils.’
In addition, some consultees felt that cuts to early years activity would not be as bad as in other areas of work, due to strong political commitment to Support from the Start. Partners highlighted a strong commitment to continuing to target activities at the most vulnerable, rather than focusing on universal services.

Consultees in both the NHS and Council suggested that financial pressures may actually help encourage organisations to share services. For example East and Midlothian’s Education and Children’s Services departments are currently exploring options to work together more closely. This could link with and complement the Support from the Start approach.

Many consultees stressed that while there was strong local commitment, early intervention and early years needed to continue to be championed at a national level. One consultee suggested that it would be useful to have a specific national outcome about early years and equality, which would provide a focus for this type of work, and challenge others to really think about it. Another suggested the need to recognise the value of working with communities to plan and deliver services, at a national level.

‘The main requirement is legitimacy, that early intervention is a good approach to take.’

6.2 Replication

Consultees in East Lothian felt that aspects of their approach could be transferred to other areas. The key area which consultees felt could be replicated was the development fund – a small, shared fund focusing on innovation could be of use to other organisations. This should be small – ‘It’s not just about spending the money’ – and encourage organisations to use existing resources.

‘It is a very small amount of money, but it has generated lots of activity and innovation.’

However, there was a strong warning that it is not possible to take a successful approach and transfer it without considering local context. Consultees highlighted the need for strong political support, local ownership and a clear logic for this type of work. Consultees in both East and Midlothian highlighted that the Test Site approach had not yet transferred well to Midlothian. There were a number of significant concerns about the approach in Midlothian. Consultees felt that:

- It was introduced as a result of high level staffing negotiations, rather than through senior and political commitment to the Test Site across the Community Planning Partnership.
- Decision makers did not fully consider how the Test Site fits with other local activity. Consultees felt that ‘it wasn’t set up in a planned way’ and ‘sits apart from other structures’.
- There is a more centralised culture in Midlothian, making the Champions Network challenging – as there is work to do to demonstrate that local staff can make decisions.
- There has been a lack of significant progress or outcomes despite the Test Site being in operation for over a year.
Consultees did point out some positive outcomes in Midlothian. A series of civic conversations have taken place, and new activities introduced through the Service Champions and Development Fund. It has ‘created a chance for people to come together and have a bit of creative space’. However, it has not yet resulted in significant service redesign.

As a result, most consultees gave strong warnings about replicating their approach in other areas, without discussing it with communities, staff and politicians.

7. Lessons Learned

7.1 Success factors
Support from the Start has resulted in significant progress in redesigning services to address health inequalities. There are a number of underlying factors which have contributed to the success of the Test Site to date. Key factors include:

- **Local ownership** - The Test Site was aligned with the existing priorities of East Lothian Council and the NHS. There was already a shift towards focusing on early years, and the Test Site offered a timely opportunity to align local and national objectives.

- **Senior commitment** – Key senior and influential individuals have really bought into the Test Site approach. This includes senior councillors, departmental heads and managers, and senior staff at the local university. These influential individuals are also on the Senior Planning Board for the Test Site, and are able to cut through bureaucracy and access support in a flexible way. Scotland’s Chief Medical Officer Harry Burns launched Support from the Start, and his input appears to have strongly motivated senior level officers and elected members.

- **Committed individuals** – Service and Community Champions have been a critical success factor. These were initially self selected, and were willing to participate. Being designated as Champions gives them status, authority and legitimacy. The dedicated coordinator was also seen as a key driving force for the Test Site.

- **Commitment to learning** – Learning has been built into the Support from the Start approach from the outset. The Test Site has a well used website, with regular postings including blogs, reports, photographs and Voxur video recordings. The Action Learning Networks for Community and Service Champions have also provided opportunities for learning, networking and sharing experiences. These were generally seen as effective, although one consultee suggested that there may be simpler and less expensive ways of
bringing people together. The Change Exchange evaluation will also help to build learning into future work.

- **Real joint working** – Relationships between organisations were already positive, with many people working jointly before the Test Site. However, people have seen real changes as a result of joint working through the Test Site, and in many cases enduring linkages have been built between people and organisations.

  ‘We have moved from a talking shop or amorphous research group to a really grounded approach.’

- **Mainstream resources** – The focus of the Test Site was on using mainstream resources to tackle health inequalities. Partners have been committed to investing staff time in the approach, which has required significant staff resources, and have been committed to changing what their organisation does.

  ‘It is not about extra pots of funding.’

### 7.2 Challenges and barriers

Like any new way of working, the Test Site has experienced challenges and barriers along the way. The key challenges are:

- **Ownership across all staff** - Although there is strong support for the Test Site, it has been challenging to achieve buy-in and ownership at different levels. This gap in ownership at certain levels was recognised, and a development session was held bringing together members of the Senior Board, Operational Board and Service and Community Champions. The aim was to build a joint vision for the Test Site, and work to enhance ownership and involvement. This event was well received and resulted in further work to build links between senior decision makers, managers, and front line practitioners.

- **Maintaining momentum** – The Test Site has developed deliberately in a very organic way. Individual Service and Community Champions have played a strong role in making things happen. This has been positive, but in some cases has caused some challenges with sustaining momentum, and keeping track of progress. Work on some topics has progressed very quickly while others haven’t really taken off. This has depended very much on the Champion involved, and the level of interest from all stakeholders.

- **Communication** – As the Test Site has involved a range of diverse activities, there have been some challenges in ensuring effective communication – both internally and externally.

- **Evidencing impact** – The Test Site has included an evaluation element (the Change Exchange). However, consultees mentioned that it was important to establish the impact that the Test Site was having, without overstating this. Consultees felt that the Test Site built on previous work over the years,
focusing on ill health, deprivation and early intervention, and it was important to establish the impact of the Test Site itself.

- **Strengthening community involvement** – Communities, and particularly Community Champions, have been actively involved in the Test Site. However, consultees felt that this involvement could be strengthened – with Community Champions playing a bigger role. Some Community Champions were unsure how they could contribute to the Test Site – but were very willing to do more. Some consultees suggested that the process of selecting Community Champions was ‘a bit rushed’ and could have been more robust.

- **Equalities** – There was no Equality Impact Assessment undertaken as part of Test Site development. Most consultees were resistant to defining or targeting ‘equalities groups’ or people experiencing multiple disadvantage due to personal characteristics. There was a strong focus on disadvantaged areas and early years, and some consideration of disability and gender. However, there was limited consideration of other equalities issues.

- **Organisational targets** – Consultees within the NHS emphasised that the NHS was ‘very target oriented’. These targets are generally focused on resolving problems once they have happened, rather than prevention and early intervention. Consultees felt that more work was required to ensure that early intervention is seen as ‘a legitimate use of existing resources’.

‘The Government needs to legitimise agencies to take this on as core enterprise, with the blessing of government.’

- **Financial environment** – The Test Site has operated during a time of increasing financial pressures. Partners felt that as times became particularly challenging in 2011/12, there was a danger that organisations would look for immediate savings rather than thinking about the long term. Partners were keen that there continued to be discussion about creative ways of sharing services, despite the financial environment.

- **Time** – The Test Site could not have operated effectively without partners being prepared to invest significant staff time in the approach. Many of the practical challenges raised by consultees were related to time – with many suggesting that this was a major project for one (part time) staff member to lead, and for Champions to take on over and above their other responsibilities. Consultees emphasised that this did not mean they felt that more financial resources were required, simply that some of the issues encountered were due to time pressures on staff across all organisations.

‘Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it.’

Support from the Start Presentation, October 2010
8. **Acknowledgements**

This case study was developed with significant assistance from key stakeholders in East Lothian, including:

- individual interviews with the Support from the Start Coordinator
- individual interviews with the Planning Board
- interviews and liaison with the Change Exchange local evaluation
- a discussion group with the Operational Board
- a discussion group with Community Champions
- attendance at a joint event involving the Planning Board, Operational Board Service Champions and Community Champions
- a joint session reviewing and commenting on key findings within this case study.

We would like to thank everyone in East Lothian for participating in this evaluation.
1. Background

1.1 About this Test Site
The Equally Well Test Site in Midlothian was launched in March 2009. It focuses on early years and readiness to learn. It was launched at the same time as the Parenting and Family Support Strategy for Midlothian.

The Midlothian Test Site was not originally selected as one of the eight national Equally Well Test Sites. It was introduced as an extension of the East Lothian Test Site and at a national level must be seen as linked to the East Lothian site. However, locally the Midlothian Test Site is viewed quite distinctly from East Lothian.

1.2 Test Site aims
The Midlothian Test Site aims to:
- develop sustainable improvements in early years services by involving local people in shaping services that improve health and wellbeing
- build understanding and support joint working between agencies and community organisations on health inequality
- support innovative approaches to improving readiness for learning.

It focuses geographically on the areas of Mayfield, Woodburn and Gorebridge. These are areas of relative deprivation in Midlothian.

2. Working Together

The Test Site in Midlothian involves:
- A Coordinator – A Public Health Practitioner from Midlothian Community Health Partnership acts as the Test Site Coordinator for both Midlothian and East Lothian.
- An Operational Steering Group – Planning activity at a frontline level.
- Service Champions – A network of 22 individuals from across services and organisations, to promote early years and learning.

Strategic direction for the Test Site is provided by a joint Planning Board for East and Midlothian, which involves the local authorities, NHS Board and voluntary organisations. The Children’s Services Executive Planning Group in Midlothian also receives reports from the Operational Steering Group.

3. Approach to Service Redesign

The Midlothian Test Site has focused on promoting learning as a way of supporting mainstream services to tackle health inequalities. It has created a small budget – called the Development Fund – to enable learning among staff, children and families. Most activity has been funded through this budget, rather than through changes to mainstream budgets.
4. Test Site Activities

The Midlothian Test Site has involved a range of activities.

- **Establishing a Network of Service Champions** - So far 22 Service Champions from a range of services and organisations have been identified. The Service Champions have received induction training. Systems to support the Champions – including action learning and the Development Fund – have been put in place.

- **Learning** - Five action learning sets have taken place in Midlothian, providing space for reflection and learning. In addition, two staff have been trained as Forest School Leaders (Level 3) and six staff attended Nature, Play and Nurture training. This three day training course aims to support staff to develop confidence and skills to use natural environments for play and nurture.

- **Development Fund** - Five small projects have been supported through the Development Fund. For example, this has included funding for setting up an antenatal support group for vulnerable parents. Four primary schools were provided with resources to run a whole school emotional wellbeing programme – Creating Confident Kids.

‘As a pilot this ante natal support group for young mum’s and their families has been a great success. I feel that we have been able to help prepare the families for the arrival of their new babies and build up relationships so that the girls and their families now feel comfortable to access continuing support where it is needed. They have also made friends with one another and hopefully have learned lots about becoming positive parents and meeting the needs of their child. All this should have a positive impact on the readiness for learning of the child.’

- **Service Mapping** – Service Champions took part in a workshop on ‘Readiness for Learning’ with representatives from the Scottish Collaboration for Public Health, the Stirling Institute of Education and Strathclyde University. The Champions began to map the services and activities that were already supporting readiness to learn in the target communities. The Operational Steering Group has built on this by beginning to map assets for improving readiness for learning in five domains:
  - physical wellbeing and motor development
  - emotional health and a positive approach to new experiences
  - social knowledge and competence
  - language skills
  - general knowledge and cognitive skills.

- **Community Engagement and Dialogue** – The Midlothian partners have used a range of innovative community engagement techniques to explore the views of parents in relation to what supports their children to learn. ‘Lickety Leap’ early years interactive theatre was used in ten sessions at four nurseries, involving over 100 parents.
The Scottish Government’s national champion for early years facilitated open conversations with groups of parents in Mid and East Lothian, exploring the issues that mattered to them. Following on from this, parents in Midlothian were supported to make a short video entitled ‘These are the things that matter to me’. This explores the support needed by parents and children, and is being used to engage other parents and service providers in discussion about the importance of early years and the impact support can have.

5. Changes Delivered

The Test Site has been successful in developing awareness and learning around the topic of early years readiness to learn. It has ‘created a chance for people to come together and have a bit of creative space’.

‘Initially, I was very uneasy about spending this considerable amount of time on this activity as again it was completely out of my experience. However, as I learned to give myself permission to do so, I found these mornings to be of benefit in reflecting and sharing experiences with others. The success of this was totally attributable to the facilitator, and the willingness of the group to engage in the process. So, what initially I feared would be a waste of valuable time was, in fact, time well spent as it enabled and facilitated other processes to take place.’

Some partners felt that the Test Site has also supported partners to work better together. Some consultees felt that the Test Site was supporting culture change, and helping partners to take the time to better understand one another. In some cases, partners felt that the dedicated funding (the Development Fund) had assisted with this joint working and had increased the range of partners round the table.

‘Multi-agency discussion and working has been really positive and productive. Agencies’ co-working in joint projects, utilising funds and professional skills for the benefit of children has been really good. Funding has allowed projects to go beyond planning and to make real change in the areas covered.’

However, others felt that the Test Site hadn’t really changed the way that partners work together at all. The biggest concern was in relation to strategic direction and planned joint working.

‘The NHS, Council and voluntary sector were already doing lots of really good work, but the way the Test Site was introduced meant that it was set up in isolation.’

Some partners felt that the Test Site ‘wasn’t set up in a planned way’ and ‘sits apart from other structures’, with limited strategic leadership. There was concern that the Development Fund resulted in small pots of funding for activities which aren’t connected.

‘I’m not sure it has really changed much at all.’
6. **The Future**

Most consultees felt that it was still early in the life of the Test Site. The focus was on continuing to use funding to achieve the stated vision. Members of the Operational Group and Service Champions will meet in April 2011 to review progress so far, and agree priorities for the remaining life of the Test Site.

Some consultees felt that much of the Test Site approach was sustainable. Some felt that the key change related to joint working, and that this could be sustained in the future.

7. **Lessons Learned**

Again, most consultees felt that it was early in the life of the Test Site, and difficult to identify lessons. Positive lessons included:

- **Creating space for learning** – Some consultees felt that the Test Site had made it possible for staff to focus on early years readiness for learning, and had made space for creative discussions and potential innovation.
- **Engaging with communities** – Some consultees were positive about the civic conversations and links with communities as a result of the Test Site.

Some consultees felt that the link with East Lothian, with a common coordinator across both sites, had helped the Test Site. However, others were concerned that there seemed to be an expectation that the concept and approach could transfer in a straightforward way from East to Mid Lothian. Consultees in both East and Midlothian highlighted that the Test Site approach had not yet transferred well to Midlothian. Consultees felt that there were a number of significant concerns about the approach in Midlothian including:

- It was introduced as a result of high level staffing negotiations, rather than through senior and political commitment to the Test Site across the Community Planning Partnership.
- Decision makers did not fully consider how the Test Site fits with other local activity. Consultees felt that ‘it wasn’t set up in a planned way’ and ‘sits apart from other structures’.
- There is work to do to demonstrate that local staff can make decisions.
- There has been a lack of significant progress or outcomes despite the Test Site being in operation for over a year.

Consultees emphasised that it will require significant ongoing work to ensure that there is ongoing commitment to investing in early years. Some felt that continued national commitment to early years and joined up working was essential, to encourage local partners to prioritise this issue.
8. Acknowledgements

This case study was developed with assistance from stakeholders in Midlothian, including:

- individual interviews with the Coordinator
- a small number of individual interviews with members of the joint Planning Board and Operational Group
- written comments and information from the Operational Group.

We would like to thank everyone who participated in this evaluation.
Equally Well – Fife

1. Background

1.1 About this Site
The Equally Well Test Site in Fife was set up from October 2008, and launched in March 2009. The Test Site is entitled ‘An area based approach to tackling antisocial behaviour and promoting health and wellbeing’.

The Test Site has a particular focus on young people and alcohol, as local analysis had highlighted youth drinking as a main driver for antisocial behaviour.

This theme fits into other local action plans such as the Fairer Fife Framework and the Fife Joint Health Improvement Plan, as well as the Single Outcome Agreement.

1.2 The area of Templehall
The Test Site encompasses an area of Kirkcaldy called Templehall. It has a population of 12,297 (based on GROS 2009 mid year population estimates).

The area itself has three of the six data zones in Kirkcaldy that feature in the most deprived 20% Scottish Index of Multiple Deprivation (SIMD) profiles relating to health. The central Templehall data zone saw a significant increase in health deprivation between 2006 and 2009 (falling 308 positions from the 2006 ranking).

There is one secondary school and four primary schools in the Test Site area.

Stakeholders felt that it was this element of deprivation that distinguishes this Test Site from a more general health improvement approach. The Test Site has tried to target specific communities by taking health information into pubs and introducing ‘keep-well’ checks.

Some stakeholders thought that the small geographic area the Test Site covers was advantageous for partnership working.

1.3 Test Site aims
The Test Site aims reflected the review of antisocial behaviour legislation ‘promoting positive outcomes’ in attempting to address the underlying causes of antisocial behaviour through preventative measures and early intervention. It brought together the community planning themes of ‘Making Fife Safer’ and ‘Improving Health and Wellbeing’ with a specific focus on young people, alcohol and community safety.

‘The rationale of the Test Site is to build in a focus on health and wellbeing and health inequality to the responses to antisocial behaviour already being developed as part of the Safer Neighbourhoods Team deployment in Kirkcaldy.’

Funding bid

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5 Promoting Positive Outcomes, Scottish Government, October 2009
The original aims of the Test Site therefore were to:
- integrate health and community safety work to address both health inequalities and ASB collectively
- link NHS Fife into the Kirkcaldy Area Tasking Group (TTCG), and engage relevant services in the actions identified by the Group.

In addition to the aim of getting health involved in community safety, the Test Site had other aims such as:
- to improve information sharing between partners
- to reduce alcohol related disorder
- to reduce violent crime
- to improve the physical and mental health and wellbeing of individuals and families living in Templehall.

2. Working Together

2.1 Test Site structure
The Test Site takes a partnership approach to tackling health inequalities, and brings together a range of organisations to tackle these. The Test Site involves a wide variety of individuals:

- **Coordinator** – An officer from Fife Community Safety Partnership acts as the Test Site Coordinator.
- **Evaluator** – A Public Health Manager from the health improvement team at NHS Fife acts as the evaluator of the Test Site.
- **Steering Group** – Provides strategic direction for the Test Site. It involves representatives from the NHS (both the public health directorate and Kirkcaldy and Levenmouth CHCP), from community learning and development, education, community safety, the police, and representatives from the local Council.

The Steering Group quickly established clear reporting routes and simple rules to help develop partnership working.

**Fife Equally Well Test Site - Simple Rules**
These rules apply to the Steering and local Working Group members and anyone involved in Equally Well Test Site activity.
- We will keep our work within the legal and ethical boundaries of our organisational and professional disciplines.
- We will try to do ‘different things and do things differently.’
- We will seek out and celebrate successes however small.
- We will not be afraid of making mistakes or experiencing ‘failures’ but rather learn from them and try a new approach.
- We will work to build on and complement previous and current activity aimed at reducing health inequalities.
- We will decide the innovations we want to run with and try to avoid the need to repeatedly seek approval for testing new ideas and approaches.
- We will keep the Steering Group chair informed of major developments in
between meetings.
- We will report activity to the Steering Group’s quarterly meetings.
- We will ask for help and support to overcome any seemingly intractable difficulties and barriers from Steering Group members and other partners.
- Steering Group members will champion and advocate the adoption of Equally Well principles within their spheres of influence and will empower their staff to try new approaches.

The Steering Group meets on a quarterly basis to discuss progress within the Test Site and to share information and experiences. This is also a chance for the Evaluator to update the group on their progress.

**How the work has been coordinated and delivered**
Bringing partners together was the focus of the Test Site and the main intervention carried out was the involvement of NHS Fife representatives in the local tasking and coordination meeting. Partners believed this had achieved a greater focus on tackling the underlying issues of deprivation and ill health.

Stakeholders felt that the right people were involved in the Test Site, and although there were some more active partners than others, generally the view was that Equally Well had created opportunities for partnership working that had not previously existed.

**Test Site coordinator**
The stakeholders were all in agreement that the Test Site coordinator was the driving force behind the success of the Equally Well Test Site.

‘The Test Site was going nowhere until (coordinator) got seconded and now he is the one driver of the whole thing.’

Stakeholder

**Accountability and reporting**
Equally Well activity is reported into the Health and Wellbeing Alliance, with copies of the reports sent to the Community Safety Partnership Group. In addition, the Kirkcaldy Tasking Group is also kept updated on the operational development of Test Site activity.
Local evaluation
The local evaluation is based on a ‘logic model’ summary of the impact of the various Equally Well interventions. The evaluation will use evaluation reports from individual interventions within Templehall to consider both the process and the impact of Equally Well within the Test Site area. The local evaluation is being coordinated by NHS Fife Public Health Department.

Budget and resources
Although the focus of the Test Site was on mainstream service redesign using existing resources, it created a small budget to enable this change to take place.

The Test Site received Scottish Government funding of £52,000 in 2009 and then £57,000 in 2010 which they used as a ‘development fund’.

This fund pays for - funding for eight health project pilots and cost of room hire and meetings.

A separate source of funding was used for the coordinators post (3 days a week).

Funding was also made available to assist a PhD student from St Andrew’s University conduct relevant research in the Test Site.
In addition, small pockets of funding have been redirected from mainstream budgets to Equally Well. This is not a ‘business case’ just small amounts of funding. This has come from managing the mainstream budget – not specifically a ‘health improvement’ budget.

There are also resources in terms of staff time – for example, staff working evenings and weekends, or seconded posts.

The Test Site has made a request for its funding for 2011. This money will continue to fund the coordinator post and take on a new member of staff as well as leaving sufficient money in the development fund for new projects.

It was felt by stakeholders that one of the strengths of Equally Well was the fact that it does happen on very little resources. By not using additional funding for projects, they can try to become mainstream and therefore more sustainable.

‘The whole ethos was about ‘doing things differently – doing different things’ and if there were too many financial resources this would mean that if the money dries up – so do the projects. This way, the success of Equally Well is not driven by the funding.’

**Stakeholder**

3. **Approach to Service Redesign**

The ethos of the Test Site is to ‘doing things differently, doing different things’ and this has been the approach in Fife – where there has been an element of ‘trial and error’ to see what works, and what doesn’t. This has been tackled through a ‘staged approach’ to the testing out of health inequality work. The stages are:

**Groundwork** – researching previous community consultations and developing an understanding of the nature of local health inequalities.

**Conversations** – A planned programme of one-to-one or group discussions with key stakeholders to identify good ideas and actions and gain support for testing new approaches.

At an early stage, partners got together to discuss the issues affecting the area of Templehall and potential solutions. Some of the issues identified were the lack of appropriate provision for young people, drug use and under-age drinking in the community and a lack of deterrent for youths committing crimes and causing problems.

**Interventions** – Agreeing key interventions that would test out new approaches to health inequalities. In addition to these interventions, the Test Site supported innovations in other related areas (e.g. improving the physical environment to impact on health and wellbeing and community safety, promoting and delivering equity of access to physical activity, sport recreation and leisure facilities.)
Twelve interventions have been agreed by the Steering Group:

- Community engagement
- Reducing violence in Fife
- Supporting intoxicated adolescents
- Alcohol diversion scheme
- MAIT (young person’s brief intervention)
- NHS involvement in tactical tasking (key component of the original bid to get the NHS on board)
- Young people in trouble (youth diversion activity)
- Learning together
- Supported health related innovation
- Alcohol safety and sexual health
- Improving physical environments
- Service refocusing/ reconfiguration.

Reflection/evaluation/action learning – doing things differently, doing different things – trying things out and reflecting on their success, and amending initiatives as necessary. The Test Site adopted a ‘Plan-Do-Review-Act’ model to make the most of learning gained from the Test Site.

‘We have ‘free reign’ of what interventions to put into Templehall. We discuss with the Steering Group but there is no ‘red tape’. There is a lot of trial and error. The nurses out in the community suggest ideas for interventions and they try them and if they work – good, if not, they scrap it and start again.’

Stakeholder

Community involvement and consultation

At the beginning of the Test Site, a neighbourhood survey had recently been undertaken and so this was used to inform the Test Site about the concerns of the community, rather than consulting the same people again. There were clear messages from the neighbourhood survey about the need for environmental improvements and young people indicated their wishes for more activities and things to do.

Also undertaken was a series of focus groups with school age pupils to discover what makes them ‘happy’ ‘sad’ ‘safe’ ‘unsafe’ about living in Templehall. This was undertaken by the Parent and Pupil Participation Development Officer and the Integration Manager Health & Wellbeing for Education.
Youth Consultation
The aim of the consultation process was to establish what children and young people felt about where they lived.

What makes you happy?
Collated responses noted that ‘knowing a lot of people in the area’, ‘a sense of community’, a sense of belonging and the importance of family and close friends were rated highly. Going out to play with friends made them happy.

They liked the things they were able to do at after school clubs, but did not access any of the community centre provision in the area and did not know what was available in the community centres.

What makes you unhappy?
Many of the participants across all ages expressed concern about ‘people hanging around’ and the associated antisocial behaviour of substance misuse.

What makes you feel safe?
Generally most children felt that their family and friends made them feel safe, and the fact that they knew people in the area. Some young people noted the street lighting made them feel safe, as well as the ‘Blue Dudes’ (community wardens).

Overwhelmingly the young people said they felt safer if they were with a group of their friends – despite often being moved on by the police or the community wardens.

What makes you feel unsafe?
Vandalism, substance misuse, and gangs hanging about all contributed to young people feeling unsafe. A significant number of young people said that nothing made them feel safe.

Equality
Equality issues have not been carried out in the Test Site. Admittedly, the stakeholders said that equalities had not been high on their agenda at the beginning of the Test Site. They had wanted to ‘get started’ and did not consider equalities at that stage.

Equality issues are now, however, slowly becoming more of a priority – mostly because the stakeholders were being asked to consider equalities in their own professions – particularly the police, health and education.

No Equality Impact Assessments had taken place within the Test Site or targeted any specific equalities groups, but this has been flagged as an issue at the Steering Group meetings and it is planned this will become more of priority.

‘Everything we do has an impact assessment but it has not been mentioned in the Test Site –Equalities are not high on the agenda of the NHS.’

Stakeholder
4. **Test Site Activities**

The Test Site has involved a wide range of activities. Many of these activities have involved slightly adapting the provision of existing services. Initial actions included linking health services in the Area Tasking Group and promoting greater integration of health and community interventions to address health inequalities and antisocial behaviour.

These activities have been supported both through direct financial support from the Development Fund, and through in kind resources such as staff time.

So far, work has been done to:
- provide support for the Fixed Penalty Diversion scheme
- pilot a multi-agency fast response team to provide interventions to young people under the influence of alcohol (MAIT)
- extend the existing ‘health shop’ idea into the Co-op at Templehall and holding joint sessions with community wardens and Fife Cares
- develop a brief Alcohol Intervention training and resource package for practitioners working with young people
- promote the physical regeneration of the central Templehall area, for example by using community service offenders to paint railing and tidy up key sites.

4.1 **Key elements of service redesign**

Admittedly, stakeholders stated that the Test Site was slow at getting things off the ground in terms of delivering services. In some cases projects were close to folding, but Equally Well has given interventions a new impetus.

The four key case studies that the Test Site has developed are as follows:
- **NHS Involvement in Tasking** – the involvement of NHS representatives in the Kirkcaldy community safety tasking meeting.
- **Healthy options in Templehall** – this explored the refocusing of a health shop intervention into a more accessible location for residents within a deprived area. It highlights the benefits and challenges of locating a service in a ‘high foot fall’ location such as a local retail outlet.
- **Mobile Alcohol Intervention Team** (see case study below). The development of a local problem solving partnership response to underage drinking that led to a partnership between the NHS, voluntary sector and Fife Constabulary, that operated at peak times and broke new ground in using brief alcohol interventions with young people.
- **Environmental improvements** – This concentrates on the responses to the issues highlighted in community consultations in Templehall that suggested the area needed to improve in terms of its ‘look and feel’ and so encouraged local residents in deprived areas to take ownership of local environmental developments such as painting fences and planting flowers.
MAIT project
MAIT is the Mobile Alcohol Intervention Team. The project came about as a response to underage drinking in the Test Site. A similar project in West Lothian had identified that it was not always constructive to take a young person home after they were found intoxicated or in possession of alcohol. Equally Well worked with MAIT to redesign the West Lothian model.

What is it for?
The MAIT project involves the police, Health and Youth workers from ‘Clued Up’ who engage under-16s who are under the influence or in possession of alcohol. The mobile unit can target groups of young people rather than waiting for them to drop into a service. The MAIT project raises awareness of drinking and can provide interventions that help people understand the dangers of drinking. This intervention takes place on a Friday night.

How is it managed?
The project has been up and running for one year and has since been ‘mainstreamed’ into the Clued Up Service. Clued Up works with young people under 25 to deal with substance misuse – it’s a core services and provides all the interventions. All the Clued Up workers who are involved in MAIT do so as part of their normal ‘detached youth work’ – they do not receive any extra funding.

Budgets and resources
The project is currently funded through Equally Well – they are funded until March 2011. The funding pays for petrol for the MAIT van (this amounts to £2,500) and the cost of the public health nurse from the bank of nurses. The intervention is really low cost as all the staff costs are covered by the mainstream ‘Clued Up’ budget.

How does it work?
A young person has to be referred to MAIT. This could be through the police, youth workers, community wardens, etc. These services do an initial assessment to see if the young person needs any medical intervention, or if there is a police enforcement issue. If not, the young person can be referred to MAIT.

When MAIT arrive, they do their own assessment. This includes a discussion about how many units of alcohol are being consumed per week, and exercises which ask young people to identify things they could do to make themselves safer, and their level of agreement with different statements. Young people are invited to meet with Clued Up staff again to get regular support.

‘As individual organisations, the partners are not doing anything through MAIT that they wouldn’t already be doing, but the difference is that they are doing them together.’

Is it successful?
In the past year MAIT have achieved 55 brief interventions and these tend to be the young people who might not normally get to engage with services. (There are no targets however that MAIT are working towards). The partnership working has also been good to show what the voluntary sector can do and now the police and health services have a better understanding of what they can offer. The MAIT project also
won the ‘Building on success’ category in Fife Constabulary problem solving partnership awards 19 November 2010.

‘The meetings have helped me because I now realise that I don’t have to get totally hammered to have a good night and Christmas helped me to see that my behaviour before was sometimes quite dangerous. I now try to stay with my pals when I’m out and about and I’m drinking a lot less despite getting slagged from my pals’ (From MAIT Evaluation Report, Oct 2010).

**What are the challenges?**
The biggest challenge is making those partners who are not directly involved in the project aware of what it does – for example, the community wardens and the detached youth workers need to be briefed on what the project is about. There has also been a challenge with consistency of the police – it is impossible for the MAIT project to constantly get the same police officers to go on the MAIT programme because of their shifts, so at the beginning of every MAIT intervention the police officers have to be briefed. Although conducting a briefing at the start of each session has been a benefit, to ensure continued communication between all the partners.

**Dad’s Group**

**How did it come about?**
The Cottage Family Centre in Templehall offers a baby cafe and other support for young mums. They recognised the need for dad’s to be catered for too. In conjunction, a local health visitor had conducted research on the health needs of dad’s – this provided the evidence base to do something. Recognising that dad’s would not ‘sit about and drink coffee’ there was a need to find them something constructive to do. Partners (including health visitors, NHS, and representatives from Equally Well) got together to discuss the options.

At this time, the Cottage Family Centre had received funding to landscape their garden. The idea of getting involved in building the garden was put to the dad’s and all were keen to get involved. They got together, along with a local contractor to learn about health and safety, and paving. They worked together for two days a week, for 12 weeks until they had built the Cottage Garden.

**What are the benefits?**
The impact the dad’s group had on its members was clear – many of the dad’s were vulnerable, with issues such as addictions and low self esteem. Feedback suggested that all had increased their confidence – demonstrated by two members of the group who spoke about their increased self esteem to Gordon Brown when he visited the centre.

**What does it do?**
The dad’s group has since expanded to include a varied programme of activities, taking place four days a week. This includes health, cooking and first aid as well as the ongoing work in the Cottage Garden and the newly acquired community garden next to the Family Centre. The dad’s make suggestions to the partners about the types of activities they would like to do.
**What are the challenges?**
The challenge is always funding. Equally Well funded the dad’s group initially and this has been supplemented by Fairer Scotland Funding to help with the gardening work in the allotment. Both these funding streams end in March 2011, and the project is in the process of looking for continued funds.

Other challenges included the task of ‘keeping the dad’s interested’ with new activities and what they can do next.

**How do you know it has been a success?**
When the dads first join the group, they are asked to place themselves on an ‘evaluation tree’. This is a diagram that shows happy and sad faces, on different branches of the ‘tree’. The idea is that the figures at the top of the tree are the happiest, down to the sad faces at the roots. This visual technique works better than a paper based approach—so that they can see how much they have improved. They tended to place themselves near the bottom of the tree, and as their involvement in the group progressed; they found themselves much happier.

The Cottage Family Centre also have plans to make a documentary about the dad’s group to help demonstrate to funders how their money has been spent, but also to show the impact the project has had on the individuals and their families.

A few of the dad’s have left the programme and gone on to full time education, or employment.

Gordon Brown met the dad’s group when he officially opened the Cottage Garden. He said ‘these dads have done a great job for the local community and have engaged with many other services in the area. The members of the group have also been accessing education to improve their skills base and I congratulate them on what they have achieved.’

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**Health Information Point**

**Aims and objectives**
Templehall has no GP surgery, and so there was the need for health advice to be available in the Test Site. The Healthy Options information point offers members of the public health checks and health advice in the convenient and informal surroundings of their local Co-op supermarket.

This type of intervention had been tried before with a Health Shop in the Mercat shopping centre in Kirkcaldy and so a location was sought in Templehall. The Co-op provided an accessible venue and with the cooperation of the manager, a permanent base was established. After a successful pilot, a weekly Healthy Options Information point was set up on a Tuesday afternoon.

**What does it do?**
The health information point is staffed by a nurse, who also lives in the local area and so is well known. The nurse is supplied by NHS Fife’s bank of nurses. There
is no appointment necessary. Shoppers can request information on a range of topics including advice on healthy eating, mental wellbeing and support available to stop smoking, as well as having a health check to look at blood pressure, height and weight. Referrals can be made to GPs through a referral letter.

**Evaluation and monitoring?**
Shoppers are asked to complete an information sheet about their health status and also a satisfaction form following their consultation. This allows the Health Information Point to evaluate their progress. As the forms are anonymous, individuals cannot be followed up after they drop-in, but often people pop back in to update the nurse on their progress.

**Funding**
The funding for the Health Information Point comes from Equally Well, which paid for the set up costs, equipment, and the ongoing cost of the nurse. Sustainability is an issue for the Health Information Point which is funded until March 2011. There is an option to apply for further funding from Equally Well, or from the local CHCP which would mainstream the initiative.

**Future**
The future of the Health Information Point will be determined by its future funding – but as there is still a demand for the service, it could be that it operates on a reduced, monthly service rather than weekly.

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5. **Changes Delivered**

5.1 **Most significant change**
Stakeholders suggested what they felt had been the most significant change the Test Site had brought about.

Several stakeholders commented on the opportunity for partnership working and how Equally Well brought people together who might not normally work in partnership. There had also been a noticeable change in partners now more willing to work together, and Equally Well creates opportunities and resources to do new things.

In addition, the Steering Group has brought about change in that it ensured multi-agency involvement and access to rapid decision making.

Stakeholders also felt that the principles of Equally Well – the ‘doing things differently, doing different things’ had been instrumental in bringing about change. This had ‘freed up’ people to try things. If they didn’t work this provided learning about future approaches.
Most significant things

- Partnership working has been significant – particularly bringing together people who would not normally work in partnership.
- The Equally Well principles of ‘freeing’ up people to ‘do things differently and do different things.’
- Tackling existing problems, but in new ways.

6. The Future

- **Potential to sustain the Test Site** - There was a will among stakeholders to continue the work of the Test Site. There was a perception that the Test Site would not ‘go back to normal’ once the funding ends – but continue through the existing partnerships. There was the view from one stakeholder that a lot of the work was happening before Equally Well, and that the new partnerships are strong to keep momentum going.

- **Right people on board** - The involvement of the ‘right’ people are important for sustainability – it was felt that the NHS were not fully on board, and this could be because the right person has not yet been identified. It was also important to involve more operational staff (such as district nurses or midwives) so that the principles of Equally Well are transferred ‘on the ground’.

- **Funding** - The Test Site is funded until March 2011 and has just applied for continuation funding from the Scottish Government. This is to continue the lead officer post. It has also agreed to extend the Test Site area to cover a wider area of Kirkcaldy.

- **Sustainability from the community** - One stakeholder felt that some of the interventions will continue with the involvement of the community as those are the people most interested in keeping the initiatives going. The stakeholders agreed that community based activities were least at risk.

- **Public sector budget cuts** - Stakeholders inevitably felt that any public sector budget cuts would impact on the Test Site and the environmental improvements would likely be the first casualties.

‘A lot of the ‘touchy feely’ stuff will be the first to go – so all the environmental impacts, we would be naive to think that these would remain.’

- **Potential to mainstream the Test Site activity** - The Health Shop that sits within the Templehall Co-op has also been a success. This is funded up until March 2011. After this, there is the possibility that the Public Health Nurse Team could take over and fund this internally.

- Similarly, the Dads Group receives funding from Community Education for its worker, and is the subject of a research project being undertaken by the Jennifer Brown organisation which is looking at whether there is potential to roll this out.
Potential to replicate the Test Site activities elsewhere - Interventions from Fife could easily be replicated elsewhere.

- The Dads’ Group could be replicated. This does not cost a lot of money (only for gardening tools) and is otherwise self-funding. The idea works with other activities – in that instead of taking a health problem and identifying a solution; this group asked ‘what can we do, what do we enjoy doing?’ and so any additional health and social benefits are a bonus.
- MAIT is easily replicated elsewhere and was described by the police as an ‘added tool’ to policing on a Friday night.
- The Health Information Point is low cost and easily replicated in any high street – easily accessible and no appointment needed.

One stakeholder felt that interventions could easily be replicated, least of all because Equally Well’s ethos of ‘trying things’ has allowed operational staff to feel valued and able to suggest and work towards improvements and Equally Well is able to respond to this quickly, without bureaucracy.

7. Lessons Learned

7.1 Success factors

- **Real Joint Working** - Partnership working has generally been seen by the stakeholders as a success. Equally Well has created opportunities to work in ways that would not normally happen.
- **Committed individuals** – The Equally Well Coordinator has been a really important success factor, bringing enthusiasm and drive to the Test Site.
- **Committed resources** – The partners have been willing to offer resources in staff time and in-kind to help the initiatives get started.
- **Senior commitment** – There are senior managers involved in the running and operation of Equally Well, but they also listen to the operational staff on the ground – the nurses and health visitors and can adapt the service provision accordingly.

‘We rely on people to tell us, ‘this is what I see, we should try this’ and Equally Well offers a solution. We cut out the red tape.’

Stakeholder

- **Embedding learning** – Working to the theory of ‘doing things differently, doing different things’ has helped the Test Site to try things out and reflect on their success, and amend initiatives as necessary. The Test Site adopted a ‘Plan-Do-Review-Act’ model to make the most of learning gained from the Test Site.

‘Before Equally Well we would have collected five years worth of data before making any service changes, and now we try it and see if it works.’

Stakeholder

- **Local priority** - The Test Site built on existing information about the local area and focussed the Test Site activity on local priorities such as antisocial
behaviour and underage drinking as well as improving the environmental aspects of the area.

- **Sustainable approach** – The Test Site has created enduring linkages between people and organisations.

### 7.2 Challenges and barriers
The biggest challenge faced by the Test Site has been to get the ‘right people round the table’. A key aim of the Test Site was to encourage better partnership working between the NHS and the other partners. This has not always been successful with some stakeholders feeling as though the NHS have not been as involved in the Test Site as they should have been, while the NHS felt that Equally Well had ‘happened to them’ with little consultation.

‘In the NHS it depends who you speak to as it is such as large organisation, finding the right person can be difficult.’

*Stakeholder*

There was also the issue of very senior management being aware of Equally Well, but staff working in the community at an operational level, not being aware of the Test Site. It is true that the Test Site chose not to use the Equally Well ‘branding’ so that the community would not be disheartened that Equally Well was something that had to be ‘done to them’ – but awareness of the Test Site among district nurses and midwives, for example was poor.

### 8. Acknowledgements

This case study was developed with assistance from stakeholders in Templehall.

We would like to thank everyone who participated in this evaluation.
1. **Background**

1.1 **About this Test Site**

In 2005, the Planning Committee in Glasgow approved the development of an East End Local Development Strategy. This coincided with a training programme organised by the Glasgow Centre for Population Health on Health Impact Assessments. The training made people aware of the importance of getting health impact into all workstreams, and led to a health impact assessment of an early draft of the East End Local Development Strategy.

This led local planners to consider a new approach to tackling the problems of the East End – which at this time had seen substantial demolition (of residential and industrial buildings) and very limited regeneration. Key to this new approach was effective community engagement. The aim was to get beyond the ‘normal’ community representatives and operate a much more flexible approach to community engagement. Some of the members of the community who got involved initially were supported to attend university community development courses.

The main community consultation exercise took place between 2006 and 2008. A different type of process was developed – deliberately. Some of the community members who were involved in the university community development courses assisted with the consultation process. Scrapbooks – and other - visual approaches were used (in part to overcome literacy issues). The scrapbooks recorded people’s experience of their neighbourhoods through photographs, drawings and comments. The community consultation events were run by the community – with the planners in attendance.

From all of this came the idea of the Healthy and Sustainable Neighbourhood Model – with people at its heart.

When the opportunity came to put forward a Test Site, the Council and the NHS agreed (on behalf of community planning partners) that an application should be made which would further develop the integration of health and planning to address health inequalities. The bid drew upon the previous experience of bringing health professionals, planners and local communities together in the East End of Glasgow.

1.2 **Test Site aims**

The Test Site aims ‘to reduce people’s exposure to factors in the physical and social environment that cause stress, are damaging to health and wellbeing and lead to health inequalities’.
It is based on the premise that place can have an impact on quality of life and wellbeing. This area of policy has come to be described as ‘healthy urban planning’, and puts an emphasis on placemaking. Healthy urban planning is about:

- planning with people
- putting the needs of people and communities at the heart of the planning process
- considering the implications of planning decisions for health, wellbeing and quality of life.

Healthy urban planning explores the impact of the natural and built environment on health, and how people interact with that environment in a way that can facilitate healthy living.

The key objectives for the Test Site are to:

- Develop good practice in incorporating health within the planning process.
- Incorporate lessons learnt from existing work in the sector, particularly the East End Local Development Strategy work.
- Provide new and innovative means for planners, public health, other sectors, and local communities to engage with each other.
- Offer new ways of shaping the health impact of private sector investment in buildings and land.
- Assess the impact of such changes on the health and wellbeing of local populations, with a key focus on inequalities.

In the longer term the aim is to reduce health inequalities specifically for residents in more deprived neighbourhoods, specifically focusing on addressing the obesogenic environment and improving mental wellbeing.

The Glasgow City Test Site sought to link with the other Equally Well Test Sites in Scotland to test the approach to healthy urban planning in different environments. It was hoped that the approach would influence a national discussion about integrating health into planning.

2. Working Together
The link between planning and health extends back to the 19th century (for example, health improvements as a result of the better sanitary conditions through planning; and the provision of fresh water supplies). But recently, this link has been neglected and for a number of years the disciplines have operated separately. There was initial support for recreating a link between planning and health from both the Executive Director of Development and Regeneration Services at Glasgow City Council and the Director of Public Health.

The Test Site draws on a core group of partners who are responsible for the work of the Test Site and the monitoring and evaluation of it. The partners are:

- Glasgow City Council
- Glasgow Centre for Population Health
- NHS Greater Glasgow and Clyde.
There have been tensions in working together. These have included:

- A lack of early communication between those making the Equally Well application and those tasked with delivering.
- A view from planners that they had not been able to influence the business plan (particularly in relation to a focus on obesity – rather than wider health and wellbeing issues).
- Building relationships between the core group of partners has been challenging at times (although recent changes to the management of the project seem to have improved relations).
- There has been a tension between creativity and innovation and delivering what works.
- A lack of a shared understanding about the role of monitoring and evaluation.

‘There is nothing that feels as though it is designed to help partner organisations think about things differently – it’s often down to a single enthusiast to take this forward.’

3. **Approach to Service Redesign**

The aim was allow planners and health professionals to work together with communities when considering local development strategies. To do this, the Test Site planned and delivered training for planning and health professionals and developed resources to support planners engaged in local planning and community consultation to build health and wellbeing into their work.

4. **Test Site Activities**

The activities combine the development of a number of tools to support placemaking; testing the approaches in a number of areas; and running a series of capacity building workshops for planners and health professionals.

The areas used for testing the approach in Glasgow were selected because they were already part of the work programme of Glasgow City Council’s Development and Regeneration Services. There have also been discussions about how consideration of the local environment can be included in the work of Equally Well Test Sites in other parts of Scotland (which was a development suggested by the Chief Medical Officer). The areas in Glasgow are:

- Situated in neighbourhoods which experience significant levels of deprivation and health inequalities.
- Offer a potentially sustainable and replicable model of work within planning practice.

The Test Site has identified seven projects. The central tool (which informs much of the work of the Test Site) is the Healthy Sustainable Neighbourhood Model and three of the activities directly relate to this:

- developing a model
- trialling the model
- developing accessible placemaking tools and community engagement techniques for planners and health professionals.
The aim is to create a model that makes clear linkages between placemaking and health and wellbeing which is based on data from the public, private and voluntary sectors and local communities.

The working model for Healthy Sustainable Neighbourhoods is made up of 9 ‘jigsaw pieces’ with people at the heart of the jigsaw. The Test Site summarises this in the model below.

This version of the model is based on the initial experience of drawing together the language, concepts and practice of both planning and public health. The Test Site believes that this model will encourage:

- A more collaborative approach among professionals and with communities.
- A lessening of any tendency for particular professions or sectors to keep within their own ‘silos’.
- A wider appreciation of the diverse decision-making framework within placemaking.

The Test Site is gathering data relating to ‘quality of place’; placemaking principles; and the determinants of health to further develop the model.

The Healthy Sustainable Neighbourhood Place-maker Toolkit, once in a working format, will be trialled in other parts of Glasgow and in the other Equally Well Test Sites.

The final element of the development of the Healthy Sustainable Neighbourhood Model is to produce materials that support good practice in community consultation in planning. This will build on the engagement experience in the East End to produce accessible placemaking tools.
The Test Site is also looking at developing a place-maker toolkit - a best practice guide for planning and public health professionals. It is based on placemaking slides from the other test sites and is intended to provide users within an interactive and engaging experience of placemaking and clearly demonstrate where the planning system can help address health inequalities.

Three of the main activities of the Test Site relate to different approaches to integrating health into planning:

- Integrating health into planning by supporting community led development in the Calton area of Glasgow’s East End.
- Integrating health into planning in a private public sector partnership in the Dalmarnock area of Glasgow’s East End.
- Exploring the partnership approach that has developed between planners and health workers in Possilpark (in the north of the city) to trace the processes that have encouraged planners and health professionals to work collaboratively - to provide useful information on how to create successful partnerships between organisations, departments and statutory agencies.

The final main activity relates to embedding a change in organisational culture. The Test Site has planned and delivered five workshops for planners and health staff in Glasgow. These were well received by the 25 or so people that were involved – about two thirds planners and one third health improvement staff. Future work around the integration of planners and health professionals will be based on examples of best practice.

Other resources have been developed – for example, ‘Health Girl – From here to Equality’, a comic book publication developed to reinforce the advantages of partnership working and engaging communities (extract overleaf).

The planned activities have remained broadly the same throughout the life of the Test Site – although timescales for some of the work have had to be extended. A revision of the Business Plan for the Test Site to reflect this is currently underway.
I never wanted my town to turn out like this. The park is not a green space with a living life. It’s the dirty legacy of our mad and bad political, and we’d NEVER have allowed it to happen.

Parks can be brilliant for hitting those obesity targets. But they’re often the people being. We’ve got the people down.

My local river is a haven for local wildlife. How about making the water clean and the same.

We need to address the wider determinants of health. More active travel, not cars. More opportunities. More places for people. Better quality of life.

Life between the buildings.

My incredible strength, clear vision, and long-term vision will steer us through the storm. Look ahead, tell me what you see.

See, this is how it works. Nurture the physical environment. The birds and bees. Make it easy for people to enjoy it all, thriving businesses too.

It’s also an economic thing but, like, more about prosperity and abundance.

Not sure I go for the low-hanging fruit now if it benefits your people. But smart investment in the future will bring in the greatest harvest.

Planning applications will be faster, but better.

...and confluence.

A time and place where everyone is healthy and happy.

You’ve got it. With Rita’s help I will make sure your elected members get over their embrace. Smarter politics now are a brighter future together.

Where today’s needs don’t hurt future generations.

...and we’ll be much closer to reducing health inequalities and improving health.

...then all investors will make a contribution to our communities’ prosperity across the social spectrum.

Less time...and your inbox and endless issues loop will shrink. You can do what you do, so get...
5. Changes Delivered

5.1 Changes to mainstream services and budgets
There has been an increased awareness of the ability of local planners to support health improvement through placemaking and the creation of healthy sustainable neighbourhoods. But this has not yet been fully embedded into the work of planners and health professionals in Glasgow.

Budgets have not changed as a result of the work – and there are pressures as a result of the substantial reductions in the number of staff employed in the Planning Section of Glasgow City Council (as a result of general reductions in staff numbers to respond to financial restrictions).

5.2 Community involvement
Community involvement was a major part of the work carried out in the East End which informed the work of the Test Site. Further work by the Test Site on community development in Calton has been very slow to take off due to problems organising the group.

5.3 Equalities
No Equalities Impact Assessment has been carried out yet. There has been a considerable focus on Health Impact Assessment and there have been close links with the Scottish Health Impact Assessment Network that is currently developing an integrated assessment for health, sustainability and equalities. Although a formal Equalities Impact Assessment has not been carried out, the Test Site has considered issues relating to age, gender and disability.

5.4 Most significant change
All consultees were asked about the three most significant changes that had taken place as a result of the Test Site. The key changes identified (in order of the number of people mentioning the change) were:
- Health is ‘on the agenda’ for planning – at a locality level; for some senior planners; and in the City Plan (City Plan 3 will say more about health, and City Plan 2 was seen to be already reasonably strong) – ‘There is a buzz of conversation in planning about health and planning’.
- The approach is sustainable – it has been good that there was no core funding.
- Improved inter-personal relations and shared goals between planners and health professionals.
- There are ‘concrete, practical tools’ which are adaptable for other environments.
- Community planning partners are aware of the potential of placemaking.
- There is national and international recognition of the approach.
- Thinking differently has been a catalyst for change.
- People from public health are now working with local government services.
6. The Future

6.1 Sustainability
Those involved felt that sustainability had been built in from the start.

‘It is about changing the way that we work – rather than doing more things.’

‘The approach is not dependent on major new resource investment.’

The Healthy and Sustainable Neighbourhood Model will be completed and ready to use in the lifetime of the Test Site. Lessons can be learned from the new approaches to community engagement. Discussions are underway to embed the place-maker tool into the work of local Community Planning Partnerships in Glasgow – and will be tested with other Equally Well Test Sites.

Another legacy will be the group of planners and public health professionals that have been involved in the five workshops.

‘We will need to sustain and grow that group to maximise the number of planners thinking about health.’

6.2 Replication
It has taken some time for the approaches that are being developed to build a consideration of health inequalities to be ‘mainstreamed’ within the work of Glasgow planners. Recently, a programme for preparing a series of seven Area Development Frameworks was agreed for consultation. It has been agreed that the Healthy Sustainable Neighbourhoods model should inform the development of these plans.

7. Lessons Learned

7.1 Success factors
- preparing practical tools
- links with other Test Sites
- increased awareness of health and planning professionals on the links between the disciplines.

7.2 Challenges and barriers
- retaining senior buy-in
- tensions at times between management and delivery of the Test Site
- slow pace of culture change in large organisations.
8. Acknowledgements

This case study was developed with significant assistance from key stakeholders in Glasgow City, including:
- discussions with the Equally Well Core Team
- two rounds of individual interviews with key stakeholders
- a discussion group with key stakeholders reviewing and commenting on key findings from the national evaluation and our emerging findings relating to Glasgow City.

We would like to thank everyone in the Glasgow City Test Site for participating in this evaluation.
1. Background

1.1 About this Test Site
Govanhill is located on the south of Glasgow, about two miles from the city centre. It has a population of about 15,000 people. The population has grown by nearly 10% since 2001 (against a growth in Glasgow of 1%). Govanhill has historically been a diverse area. Nearly 20% of people living in Govanhill come from ethnic minorities and over 20 languages are spoken in the local primary school. Since 2004, there has been a growth in the number of Slovakian and Romanian Roma living in the area.

The Govanhill Test Site application set out a number of reasons that Govanhill was seen to have deep rooted health inequalities:

- It has the highest levels of serious violent crime, drug related hospitalisation and reported drug offending in South East Glasgow, and the second highest levels of domestic abuse and alcohol related hospitalisation.
- The population classified as income deprived is 85% above the Scottish average; the population classified as employment deprived is 75% above the Scottish average; and children in workless households is 114% above the Scottish average.
- Govanhill compared to the South East of Glasgow has the second highest number of tenements; and is the highest in terms of overcrowding. The area has a history of high private landlord ownership and the highest proportion of privately rented accommodation in South East Glasgow.

The Equally Well Test Site in Govanhill was established in October 2008. The Test Site became a part of the existing Neighbourhood Management approach which had been operating in Govanhill since May 2008. Neighbourhood Management involved key public services working together to redesign services, around key priority actions at ‘street’ level, to address specific challenges in the Govanhill area. The application for Test Site status stated ‘The partner agencies consider that much can be learned from this cross-cutting approach to tackling multi-faceted problems at a local level, and that being a Test Site can support public services to further improve service delivery’. They gave the following reasons for being a Test Site:

- Our approach to tackling health inequalities is new and we believe the challenges we face in Govanhill represent at a local level the challenges outlined in Equally Well.
- The learning from this approach can inform other partnerships about local strategies to tackle multi dimensional issues at a local level, and support the implementation of Equally Well.
- Being a Test Site, with the additional support that brings, can assist us as partners to better reflect and learn from our own experiences, and what more we can do to improve local service delivery.
- We have senior commitment to tackling health inequalities among all key partner agencies, and to this cross-cutting approach.
Our approach in Govanhill embodies the ambition and scope of the recommendations in Equally Well, particularly those focused on children's early years we believe tackling health inequalities in the way we have set out will result in demonstrable improvements to the health and life chances in this population, which can be replicated across Scotland.

The Neighbourhood Management Group is responsible for the overall direction, coordination and management of a multi-agency work programme for Govanhill. The priorities of the initial work programme from 2008 (which have been regularly reviewed and amended to reflect learning by partners) included:

- involving and engaging the communities, in particular young people, in service change and development
- improving health and social wellbeing – tackling the drugs and alcohol misuse culture
- addressing gender based violence issues
- tackling the offending culture
- developing advice and information including outreach services
- addressing the language barriers for the ethnic minority 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
- addressing housing issues.

The Group has more than 30 members and includes representation from Glasgow City Council (Development and Regeneration Services; Land and Environmental Services; Education; Environmental Health); Glasgow Community Safety Services; Glasgow Life; Glasgow Community Planning Partnership; Glasgow City Community Health Partnership; Strathclyde Police; Strathclyde Fire and Rescue, Glasgow Regeneration Agency; and community organisations.

The Neighbourhood Management approach was introduced in response to the concerns of the community – mainly relating to housing and environmental issues. The general approach taken by the Group was to seek to improve the experience of people living in Govanhill.

1.2 Test Site aims
The aims of the Test Site are inextricably linked with the aims of the wider Neighbourhood Management Group. Two quotes from partners capture this.

‘The Neighbourhood Management Group was already there – and Equally Well rather morphed into it. It was not clear what role Equally Well played in Govanhill. The staff resource (which has been great) only came in January 2010.’

‘Equally Well (with its focus on health inequality) has been helpful in broadening the narrow physical focus of Neighbourhood Management.’
From discussions with those involved we learnt that the added value of being an Equally Well Test Site has come from:

- enabling evaluation and reflection of neighbourhood management
- providing additional staff resources (a coordinator and an administrator)
- raising the profile of health inequalities within a neighbourhood approach
- supporting a number of neighbourhood management initiatives (including the establishment of a multi-agency service Hub)
- establishing a participatory budget for use by community organisations
- assisting in the coordination of an outcomes focused action plan for the Neighbourhood Management Group.

The Test Site has two members of staff (a service improvement coordinator and an administrator) and has commissioned the Glasgow Centre for Population Health to carry out a local evaluation. It was felt inappropriate for a separate group to the Neighbourhood Management Group to be established for the Test Site. The approach has been to integrate the work of the Test Site to that of the wider Neighbourhood Management Group so the Test Site is seen as supporting the development of neighbourhood management. Staff are line managed and budgets held by the then South East Glasgow Community Health and Care Partnership (CHCP), now the Glasgow City Community Health Partnership (CHP) South Sector.

2. Working Together

There are a large number of organisations and individuals involved in the Neighbourhood Management Group and it has sometimes been difficult to develop and maintain shared outcomes among all the partners. For a period of more than six months in 2009, the Group did not meet. Partners have occasionally needed to take time out to reflect on the extent of partnership work and re-affirm their support for the approach.

A number of partners indicated that the strength of partnership working ebbed and flowed. Most identified several ‘waves’ as partners responded to changes. These included changes in the key representatives of partners; changes in organisational structures and responsibilities; and learning from the experience of partnership work:

- For the first 6 months (mid to late 2008) people worked together to identify issues, responsibilities and solutions. To do this, people had to clarify for each other their roles and resources – at both a thematic level and the neighbourhood level. Energy was high and people understood what they had to do.
- From early 2009 until summer 2009, there was strong partnership work, based on the contacts that had been built up.
- In the summer of 2009 attendance at Neighbourhood Management Group meetings dropped off sharply (and the meetings stopped altogether for several months). Partners agreed to dedicate time to consider the future and an externally facilitated ‘time-out’ session was held in January 2010. This resulted in a refocusing on joint work – including the idea of having a physical ‘hub’ where operational staff could work together.
• At the start of 2010, things picked up again. There was once more a focus on rogue landlords; poor housing and environmental issues and the development of new approaches to working together, including the establishment of the Hub.

• By the autumn of 2010 there was a further dip for a number of reasons, including clarifying the relationship with the newly created Govanhill Task Force and responding to changes in CHCPs in Glasgow. Again partners agreed to take time out (in October 2010) and review the role of the group, the action plan, communications and engagement.

The ebb and flow in the strength of partnership working is not surprising when so many partners were involved in working to bring about change in a complex environment. Importantly, the Group constantly responded by taking time out to consider what needed to be done; by reviewing priorities and the way that the group worked; and by learning from the work already undertaken.

Understandably there were some underlying tensions in joint working these included:
• the (necessary) early reactive focus on physical improvement meant that some did not see sufficient evidence of early intervention or enough emphasis on social and economic improvements
• whether the partners were adding real value by working together and changing what they were doing in the area to take account of a joint approach – or whether they were doing what they would have done anyway
• the need to involve a large number of partners to take account of the complex problems facing Govanhill – but the fact that this made the Neighbourhood Management Group large and, some said, ‘unwieldy’.

But many partners said positive things about improved understanding and interpersonal relationships.

‘There is no doubt that people now know each other better. There is a better understanding of roles and greater trust between people - and a better understanding of the constraints and opportunities for different organisations.’

‘Neighbourhood Management/ Equally Well has pushed the boundaries a bit – with more blurring of boundaries between agencies. There is a much clearer understanding of the local issues shared by partners. There is greater openness.’

Community organisations initially felt that they were not included as full partners in the work of either Neighbourhood Management or the Test Site. There was a feeling from some community organisations that the public agencies had sidelined them. In response to this, Govanhill Housing Association, Oxfam, the Govanhill Baths Trust and other community organisations established Govanhill Community Action (GOCA) to provide a Govanhill-wide community perspective. They have become an integral part of the approach in Govanhill and have been directly and fully engaged in an innovative participatory budgeting process to decide on the best use of over £200,000 of Equally Well funding which had been earmarked for community engagement projects.
3. **Approach to Service Redesign**

The Neighbourhood Management approach implied increased joint work between partners. One major example of service re-design is the multi-agency Hub, which provides a physical space for local operational staff from a number of partner organisations to meet; share intelligence; and plan joint work.

**The Hub**

The Hub was established in April 2010. It is located in office space provided (rent free) by Govanhill Housing Association. The initial idea was that operational staff from a number of different organisations would meet for an hour each morning to share intelligence and agree joint actions.

This allowed operational staff to share ‘real time’ information among partner organisations. The Hub promotes earlier intervention and increased efficiency of service delivery for the agencies involved. The Hub has strong links with a dedicated member of staff in the Community Health Partnership who can identify people known to be vulnerable and this ensures that care or case managers can become involved. This approach has allowed partners, particularly the police and CHP, to work more closely on supporting vulnerable people.

The Hub generally involved staff from Govanhill Housing Association; Strathclyde Police; Glasgow Community and Safety Services; Fire and Rescue Services; Glasgow City Community Health Partnership; Education; Landlord Registration; and Glasgow Community Planning Partnership. Hub activity is generally coordinated by a senior member of staff from City Properties. In his absence, the chair of the daily ‘tasking’ meeting is rotated.

There was enthusiasm from operational staff and clear improvements in information sharing and joint work between agencies. ‘It was like pieces of a jigsaw being fitted together’. Agencies were able to focus their efforts on particular addresses where problems were evident, bringing about some significant change. Before the Hub existed, services were often reacting individually to enquiries from councillors and others. The work in the Hub allows a joined up response from all the agencies involved, avoiding duplication of effort.

Before the Hub was established operational staff from different organisations generally did not know each other and had little understanding of the roles and responsibilities of other organisations. The joint work at the Hub has changed this, with local staff having a clear understanding of each others’ roles and knowing each other well enough to share information and work together.

As people have got to know each other better, there has been less focus on the regular daily sessions as joint working on operational issues is now becoming the norm. Because the main players now know each other, there is less and less need to do business physically at the Hub. Involving the right agencies in each issue ensures that information is shared on a ‘need to know’ basis.

As the Hub has developed there has been discussion about how to focus increasingly on joint early intervention work.
Other examples of service re-design which are planned include:

- Work between local GPs; the health improvement team; and other partners on a new anticipatory care approach using bi-lingual outreach health improvement workers to focus on reducing cardio-vascular risk factors in adults, including Roma.
- Bi-lingual outreach staff based in the local health centre to improve access to all primary care services for Roma patients known to have an existing condition.
- Introducing local employment opportunities through the environmental work being carried out in the area – 60 training posts will be made available with up to 200 job opportunities in 2011/12.
- Introduction of the alcohol diversion scheme for young people which was successfully piloted in the Fife Test Site.

4. Test Site Activities

Given the extent of the Neighbourhood Management agenda and the complexity of the problems in Govanhill, a large number and great variety of activities were required. To give a sense of the range of activities, the following ‘outcomes’ are included in the current draft Action Plan for 2011/12:

- to achieve 100% compliance with registration requirements for private landlords, using enforcement powers where appropriate
- to take action to remove landlords assessed as not being fit and proper persons from the market
- 100% school attendance from Roma communities in Govanhill
- better attainment for children from the Roma community in local primary and secondary schools
- improved communication and engagement with parents from EU migrant families to support their children to attain
- improved nutritional intake for the most disadvantaged children
- improved quality of life for unemployed people in Govanhill by providing support that will get them into a job, capitalise on employment and training opportunities, and allow them to progress in work
- reduction and prevention of domestic fire incidents in dwellings in Govanhill
- reduction in secondary fires
- reduction in youth crime and antisocial behaviour
- increased learning, cultural and leisure opportunities for adults and young people
- all adults aged between 40 and 64 years, including the Roma population will have access to an individual health and lifestyle assessment
- provide training opportunities for recovering alcohol or drug addicts
- plan and implement a youth Alcohol Diversionary Programme based on the Fife Equally Well Test Site model
- plan a Youth Diversionary Initiative specifically for young people under 16 found intoxicated in the neighbourhood (building on a model used in Inverclyde)
- assist families to support school non-attendees back into education.
Some of the recent activities have been more closely associated with the advent of Equally Well than with the pre-existing Neighbourhood Management approach, particularly the Hub and Participatory Budgeting.

**Participatory budgeting**

Equally Well received £75,000 a year for community development work. In 2010, this was rolled into a participatory budget for the community of over £200,000. Community organisations were directly involved in determining the priorities for this budget.

Four priorities have been agreed and work is now underway by the community organisations involved. The priorities are:

- an after care project to support families and the affects of addiction, including training and education opportunities for recovered alcoholics and substance misusers
- a pilot Community Justice Partnership to support individuals involved with unlawful landlords
- a community health and wellbeing programme
- support to the Govanhill Baths Trust to enable part of the (unused) building to be brought back into community use.

The approach is currently being evaluated by Oxfam and the Glasgow Centre for Population Health. A report will be published later in 2011.

5. **Changes Delivered**

5.1 **Changes to mainstream services and budgets**

Partners have adapted the way that they delivered services as a result of the Neighbourhood Management approach. There is also evidence of organisations working more effectively together.

Through the development of an agreed Action Plan, partners are sharing information of their priorities and aligning these with other partners.

More broadly, the Neighbourhood Management approach has allowed partners to give a particular focus to Govanhill. Some concerns were expressed about whether this focus would remain as sharp in the future as financial resources became tighter.

5.2 **Community involvement**

Community engagement in the Neighbourhood Management approach was initially relatively modest – although there were a number of public meetings and information sharing events.

A review of community engagement in Neighbourhood Management was carried out in early 2010.
The report identified that there was now an opportunity to improve community engagement – but a number of things need to be put in place:

- need to agree the parameters for engagement
- need to agree the correct focus of community engagement
- need to ascertain how big an appetite there is among public agencies for the community to have real influence in future decisions
- need to make sure that as wide a range of community views were engaged, given the diversity of the community.

GOCA (Govanhill Community Action) was one response to improving community engagement. And the innovative use of participatory budgeting (where community organisations were directly involved in influencing decisions about a significant level of resource for community projects) was seen as a demonstration that public agencies were prepared to involve community organisations in important local decisions.

Those with an interest in developing community input to the Neighbourhood Management approach felt that there was a need for the approach by public agencies to change if community engagement was to develop further still. There needs to be:

- A confidence to take risks – and if things don’t go as planned learn from them.
- A willingness to listen to what people say – and the creation of a space where people can have discussions and try to reach understandings and agreements.
- A willingness to transfer (at least some) power and control to the community or community organisations.

5.3 Equalities

A full Equality Impact Assessment of the Govanhill Neighbourhood Action Plan was undertaken in 2008/09. This identified that equality data should be gathered and future plans should consider:

- literacy levels
- gender based violence
- integration between different communities
- the ethnic minority employer base and low rates of economic activity
- child care provision
- services for the under 12’s.

The assessment was reviewed by the Neighbourhood Management Group and the follow up action has been captured in the current Action Plan.
5.4 Most significant change
All consultees were asked about the three most significant changes that had taken place as a result of the Test Site. The key changes identified (in order of the number of people mentioning the change) were:

- establishment of the Hub
- building relationships and trust between organisations
- getting community organisations involved
- collaborative action
- resources for evaluation
- physical improvement of tenements
- changes in landlord registration.

6. The Future

6.1 Sustainability
The Equally Well Test Site in Govanhill will continue during 2011/12. It has received funding from the Scottish Government for this year, and will focus on ‘holding up a mirror on Neighbourhood Management’ in the evaluation work and providing resources for a service improvement coordinator and administrator.

It was felt that the complex issues in Govanhill required a joined up multi-agency approach, sustained over a period of time. But some felt that the financial constraints may put real pressure on the emerging (but relatively fragile) relationships between organisations.

Interesting new approaches are likely to be continued. A Public Health worker from Slovakia who was visiting Scotland came to Govanhill and talked positively about a community development model used in Slovakia. The NHS employs two Roma workers – and is moving towards the Slovakian model. Membership of the European Union sponsored Roma-Net programme has also improved links with other European cities with large Roma communities.

6.2 Replication
Partners in Govanhill felt that aspects of their approach could be transferred to other areas. However, there was a view that Neighbourhood Management would not be appropriate in most areas – only where there are particularly complex problems.

Some individual elements of the approach were likely to be mainstreamed or replicated elsewhere (like the work between the community police and community pharmacists on the methadone programme).

The work on participatory budgeting with the community was seen as innovative and could usefully be replicated elsewhere. And the improved relationships between local operational staff (as a result of staff from different agencies knowing each others’ roles and responsibilities) should have wider benefits.

The Hub was seen to have been successful. But there was no current evidence of support for agencies pursuing a similar approach elsewhere in Glasgow.
7. Lessons Learned

7.1 Success factors
- Introducing an evaluation approach to this work has been important.
- The role of the service improvement coordinator is crucial.
- The Neighbourhood Management Group has regularly set aside time to carry out reviews and agree the best way to go forward.
- Creating a Hub for multi-agency work has brought immediate benefits.
- Individual members of staff from different organisations have learned about the roles and responsibilities of other staff and organisations working in the area.

7.2 Challenges and barriers
- Partnership work takes time and its effectiveness ebbs and flows.
- Matching the pace of physical, economic and social regeneration is important.
- Legislation (for example on private landlords) is not always effective.
- Getting shared outcomes across a wide range of organisations has taken time.

8. Acknowledgements

This case study was developed with significant assistance from key stakeholders in Govanhill, including:
- individual interviews with the Equally Well coordinator
- individual discussions with the local evaluator
- two rounds of individual interviews with key stakeholders
- a discussion group with key stakeholders reviewing and commenting on key findings from the national evaluation and our emerging findings relating to Govanhill.

We would like to thank everyone in Govanhill for participating in this evaluation.
1. Background

1.1 About this Test Site
Those involved in employability services in Lanarkshire are very aware of the strong evidence that work is good for people’s health. Recent studies, such as the review by Carol Black[^6^], emphasise the importance of employability as a way to improve health and alleviate poverty. The Equally Well proposal was jointly developed by NHS Lanarkshire, North Lanarkshire Council, South Lanarkshire Council and Job Centre Plus in October 2008. The work of the Test Site began in February 2009.

In recent years, services in Lanarkshire have been working together to develop their approach in employability. This has led to the development of a range of employability services:

- **In North Lanarkshire** - North Lanarkshire’s Working is the ‘brand name’ for the employability services delivered by North Lanarkshire’s Community Planning Partnership. It includes a website and a telephone helpline. Since 2008, Routes to Work Ltd has provided a key worker service to unemployed people in North Lanarkshire. This service offers direct advice to individuals about employability and sign posts to a range of other services.

- **In South Lanarkshire** - Routes to Work South has been operating for 15 years. It supports workless residents across South Lanarkshire to gain the skills needed to find employment and compete in the labour market. Routes to Work South has offices in four locations across South Lanarkshire. East Kilbride Works offers a similar service in East Kilbride.

- **NHS Lanarkshire** provides a range of programmes through its NHS Lanarkshire Healthy Working Lives Centre. The Lanarkshire Centre offers a range of employability services available to people of working age.

In 2008 NHS Lanarkshire worked with local partners to develop an Equally Well application with a view to further developing and strengthening their approach to employability and health across Lanarkshire.

1.2 The main challenges
There are a significant number of people in North and South Lanarkshire who are claiming incapacity benefit. The percentage of the working age population claiming incapacity benefit is higher in both North and South Lanarkshire than for Scotland.

Table 1: The percentage of working age population claiming Incapacity Benefit (IB)

<table>
<thead>
<tr>
<th>Year</th>
<th>Scotland</th>
<th>North Lanarkshire</th>
<th>South Lanarkshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>10.7</td>
<td>15.6</td>
<td>12.7</td>
</tr>
<tr>
<td>2006</td>
<td>9.8</td>
<td>12.8</td>
<td>10.7</td>
</tr>
</tbody>
</table>

Data suggests that more than a quarter of people on incapacity benefit could potentially move off it.  

Table 2: Rate of incapacity benefit claimants who have the potential to stop claiming incapacity benefit is expressed as a percentage of the ‘population at risk’ of moving off incapacity benefit.

<table>
<thead>
<tr>
<th>Year</th>
<th>Scotland</th>
<th>North Lanarkshire</th>
<th>South Lanarkshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>24.4</td>
<td>26.7</td>
<td>26.1</td>
</tr>
<tr>
<td>2006</td>
<td>24.1</td>
<td>27.0</td>
<td>25.8</td>
</tr>
</tbody>
</table>

Those involved in employability services felt that many of the long term unemployed were simply not in contact with employability services, despite being in contact with a wide range of other Council and NHS services.

1.3 Test Site aims

Those involved in the Test Site agreed that many professionals who have regular contact with long term unemployed people were not aware of the potential health benefits of work and local services available. Or, they were not confident or comfortable about discussing employability. In some cases, they might be suspicious of employability services – because they believe their clients might be worse off financially or that work might be detrimental to their health.

The Test Site aimed to:

- Improve the referral mechanisms to enable more individuals and support services to refer clients to employability and health services.
- Improve awareness of employability and health among frontline workers in North Lanarkshire Council, South Lanarkshire Council and the NHS.

In the longer term these changes should lead to:

- A range of professionals (in health, social services, housing and other support services) supporting their clients to think about work.
- An increase in referrals to employability services.

In the application to participate as an Equally Well Test Site, partners in Lanarkshire set out a number of specific, long term, outcomes they wanted to deliver:

- An increase in the number of previously workless people engaged in the labour market as a direct result of referral by the NHS.

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7 Data taken from the Lanarkshire Equally Well Application, 2009
8 Based on data taken from the Lanarkshire Equally Well Application, 2009
• An increase in the number of previously workless people engaged in further education, training market and volunteering as a direct result of referral by the NHS.
• An increase in the number of previously workless people engaged in literacy programmes as a direct result of referral by the NHS.
• A decrease in the number of people in employment, engaged in the programme and wishing to remain in employment, moving into worklessness market as a direct result of referral by the NHS.

2. Working Together

The Equally Well Test Site Group acts as a working group for the Test Site. It meets about every three months. Senior and operational leads from North Lanarkshire Council, South Lanarkshire Council, NHS Lanarkshire and Job Centre Plus are members – although not all attend all meetings. This group is responsible for planning the work within the Test Site and reviewing progress.

The work of the Test Site has largely been coordinated by two key staff members. An Equally Well coordinator was appointed in February 2009 to manage and deliver the awareness raising programme within South Lanarkshire Council and NHS Lanarkshire, and the development of a new client pathway and free phone number. In North Lanarkshire Council, and economic development officer coordinates the work. The work in North Lanarkshire began in January 2009.

During summer 2009, NHS Lanarkshire assigned a staff member to support the project evaluation on a part-time basis.

The Lanarkshire Routes to Inclusion Group was established in 1997 and supports the development of a range of employability programmes across Lanarkshire. It includes senior officers from:
• Jobcentre Plus
• Lanarkshire FE Colleges
• NHS Lanarkshire
• North Lanarkshire Council
• Skills Development Scotland
• South Lanarkshire Council
• the Voluntary Sector.

The Routes to Inclusion Group supports the Test Site work, and discusses progress quarterly. It provides a forum for sharing information, knowledge and coordinating wider work on employability.

2.1 Resources

The Test Site received £118,000 from the Scottish Government. It was agreed by the four main partners that this should be split between South Lanarkshire Council, North Lanarkshire and NHS Lanarkshire.

South Lanarkshire Council and NHS Lanarkshire used their share of the funding to employ a part-time coordinator to deliver the awareness raising work. In North...
Lanarkshire, the economic development officer provided ongoing support and coordination, and they used the additional resources to support new initiatives and develop resources and awareness raising materials.

Although the total amount of funding provided to the Test Site was relatively small, partners feel it has been very important. Those involved were keen to develop their approach based on existing services, so the work can be continued in the longer term without additional resources. But a small amount of funding has brought a focus to the work, and will continue to be required in the short term.

The work to redesign the referral process for South Lanarkshire and NHS Lanarkshire was financially supported by NHS Lanarkshire and South Lanarkshire Council separately.

3. Approach to Service Redesign

The Test Site has not attempted to radically change the services on offer in North and South Lanarkshire. Instead, it is seeking to change the way in which public services engage with unemployed people and change the way in which agencies work together. Before the Test Site was established, there were already a range of employability services available.

‘Equally Well is another step on a journey. It is part of a continuous story’

Within the Test Site, redesign has focused on four main areas:

- **Raising awareness and understanding** – among frontline services, to improve access to employability support.
- **Changing attitudes and perceptions** – about the benefits of work on health and wellbeing.
- **Improving referral mechanisms** – either for self referrals or developing mechanisms to frontline services who work with unemployed people.
- **Identifying opportunities to work more closely** – with a range of NHS and Council services to improve access and participation in employability services.

4. Test Site Activities

Whilst all partners have interpreted service redesign in the same way, North Lanarkshire Council, South Lanarkshire Council and NHS Lanarkshire have taken different approaches to delivery within their own organisations. This is largely due to existing differences in services in North and South Lanarkshire; the needs of different staff groups within the three main organisations; and slightly different priorities for improvement.

4.1 Developing a new client pathway and free phone number

As part of the Equally Well Test Site, the current services and referral pathways in South Lanarkshire and within the NHS were reviewed. This led to the development of a new process, and the establishment of a single free phone number about employability. When people call the free phone number they speak with an advisor at the Healthy Working Lives Centre.
NHS Lanarkshire staff and South Lanarkshire Council are encouraged to refer clients to this freephone number. Between February 2009 and December 2010 a total of 524 referrals to the new number have been recorded.

Individuals are then referred to Job Centre Plus, unless they are already in contact with them. If they are already engaged with Job Centre Plus they are referred to another employability service or (in the case of North Lanarkshire residents) North Line (North Lanarkshire Council’s main number).

**Example – Overcoming Data Sharing Issues**
Partners involved in the development of the freephone number in South Lanarkshire were keen to share information about clients more effectively. For Job Centre Plus, there was an opportunity to identify long term unemployed people who may no longer be in contact with their service. For the NHS, there was an opportunity to access information held by Job Centre Plus on the employment outcomes of individuals they had supported.

But sharing data between public sector agencies can be challenging. In particular:
- Data protection protocols – both the NHS and Job Centre Plus had detailed data protection protocols and it as important to take account of these.
- Culture – there was some concern about sharing information between agencies because data might be lost or misused.

Those involved met regularly to progress the work, and resolve any issues. Those involved had to work with colleagues in their own organisations to help them understand the purpose and agree and approach.

Key to success was the willingness to make it work. This was very much about the attitudes of individuals, and the fact that both organisations could gain from better information sharing.

North Lanarkshire Council had already established and promoted a single free phone number within their area before the Test Site was established. But links have been made between the numbers so that someone calling one number can be referred to the other.

**4.2 Awareness raising among frontline staff**
Within the Test Site, different methods have been used to develop the knowledge, skills and confidence of staff in frontline services:

- **Information sessions** with a wide range of front line staff in the NHS, North Lanarkshire Council and South Lanarkshire Council.
- **Detailed training sessions** with some teams in North Lanarkshire – like addictions – who wanted more in-depth support.
- **An e-module** for North Lanarkshire staff.
- **A written guide** – North Lanarkshire developed ‘A guide on health and employability in North Lanarkshire’ which was later adapted by South Lanarkshire.
- **A directory of employability services** in each area.
'It is a challenge for people to get their head’s round [employability services], what they are for, and how it can help them and their clients'

**Example – adapting to accommodate different ways of working**

Within NHS Lanarkshire, many frontline staff found it difficult to attend awareness raising sessions – because of the nature of their work, they needed to be available and it was hard to identify cover. To address this, the Equally Well Coordinator developed shorter sessions which they could fit in with more easily.

In North Lanarkshire, sessions have also been adapted to provide more in-depth training for some services – such as addictions. This was in direct response to their interest in employability, and the benefits they felt it could provide their clients.

**Example – tackling misconceptions within services**

A key driver for the Equally Well Test Site in Lanarkshire was concern that many frontline staff misunderstood employability services, and the motivations of public sector services to get people into work.

In North Lanarkshire, the development officer tackled this issue in a number of ways:

- ‘Not so speedy networking’ events - these events bring together front line service staff with employability staff. This helps services meet the actual people who are supporting clients into work, and chat with them informally about their approach. It is also a change to identify and discuss any issues or challenges.

- Regular newsletters – which keep people up-to-date with good news stories.

- Feedback on outcomes for clients – any service referring a client to employability services can find out what happened to that person.

Sixty-nine training and information sessions have been delivered by North Lanarkshire Council. Nine hundred and forty six (946) people have been engaged from Council departments, the NHS and the voluntary sector. The training is aimed at frontline staff who have the opportunity to discuss employability with their patients and clients.

The Equally Well Coordinator for South Lanarkshire Council and NHS Lanarkshire has delivered a further fifty-six (56) training and awareness raising sessions with NHS staff and twenty-six (26) with South Lanarkshire Council staff between February 2009 and December 2010. A total of one hundred and five (105) staff from South Lanarkshire Council; five hundred and ninety one (591) staff from the NHS; and six voluntary sector staff participated.
4.3 Mainstreaming employability
A key activity has been to explore how employability can be built into discussions frontline workers might already be having with their clients. Many front line staff have structured, initial assessments they carry out with clients. It was felt that this would be a good way of making discussions about employability routine among frontline staff, and ensure it wasn’t forgotten about.

Example – Influencing practice
In North Lanarkshire, work has focused on identifying existing services and exploring how best to influence them. This has led to the development of a Memorandum of Understanding with Addiction Services. As part of this, the service set itself a target to deliver a certain number of referrals.

NHS Lanarkshire plans to take a ‘practice development approach’ to embedding employability in the future. This is likely to involve building employability into to existing processes and ways of working.

As well as this, both councils and NHS Lanarkshire have been working to embed employability at different levels within their organisation. This has been achieved by securing senior buy-in across key services.

Example – Engaging services at a strategic and operational level
In North Lanarkshire, referrals to employability services continued to be low from housing services. The senior manager leading on Equally Well met with senior housing managers to discuss opportunities to increase referrals.

The discussion led to the development of six training sessions in October 2010 with housing staff which 73 staff participated in.

In South Lanarkshire Council, social work services were seen as a key priority to engage with. Social work is in contact with many clients who could benefit from being in work. A key social worker worked closely with the Equally Well coordinator to ‘spread the word’ and develop a programme of training. Nine training sessions were run engaging a total of 70 social work staff. Engagement with Housing & Technical Services staff has been established via their in-house staff development programme.

4.4 Enhancing programmes for unemployed people facing significant barriers
In North Lanarkshire, there was already an extensive and well developed set of services to support people find and sustain employment. Equally Well funding has supported specific, tailored programmes for client groups who may be less likely to engage with existing services. This has allowed employability services to build stronger relationships with particular services and for particular groups.
Example – enhancing support programmes
In North Lanarkshire work to engage a range of frontline social work and health services has led to additional support and improved access to employability programmes for client groups who are likely to face significant barriers in engaging with services including:

- people with learning difficulties
- people with substance misuse problems
- ex-offenders
- people with mental health problems
- young people leaving care.

5. Changes Delivered

5.1 Working together
When asked, some partners found it difficult to say whether key partners were working better together since the establishment of the Test Site. Several of those involved felt that the Test Site built on existing relationships and structures which were already strong. There was recognition, however, that the link to the NHS was stronger than before.

Stakeholders did feel that there had been improvements in how different services worked together – particularly within their individual organisations. The work of the Test Site had generated ‘buy in’ at a strategic level in some organisations, sometimes engaging services which had not been involved in any employability work before.

There has been some frustration caused by having to manage a number of different approaches to delivery within the one Test Site. Partners generally accepted these differences, and progressed their own strands of the work. However, this has led to a sense that there are several projects underway, rather than one cohesive approach across the Test Site. In some cases, similar work has been progressed in one organisation at a different pace from another, when there might have been opportunities to work together.

5.2 Improved understanding and awareness
In South Lanarkshire Council and NHS Lanarkshire, all staff participating in awareness raising sessions are asked to complete an evaluation form. A sample of 188 attendees was recently reviewed (which included 164 NHS staff; 15 staff from social work and housing in South Lanarkshire Council; and 9 ‘other’ staff). Of these:

- 67% felt they were already aware of the benefits of work to health before attending the session
- 59% said the sessions were useful or very useful in increasing their knowledge of benefits of work and health
- 66% said it was useful or very useful in increasing their willingness to refer clients/patients to NHSL Health and Employability Advice Line.
A recent qualitative evaluation undertaken by the Test Site involved telephone interviews with South Lanarkshire Council officers from social work and housing who participated in the training. Of the people surveyed, none had made any referrals to date. The main reasons for this seemed to be that addressing the employability needs of their clients was not a routine part of their role and that they did not feel their clients were at the right stage to be referred.

'Don’t feel confident to initiate discussions with clients.'

'Not part of my role, not an area I would get involved with.'

The evaluator also asked what further support might help. The main suggestions were further publicising of the Equally Well Service and incorporating it into their existing administrative processes. More than half felt that further training would be beneficial. Other suggestions included the use of case studies and setting targets (although some felt they were already overwhelmed with targets that don’t necessarily improve performance).

Feedback from the training in North Lanarkshire also suggests it has led to greater understanding and awareness of employability issues and services:

'I didn't realise these services were available and so easy to access.'

'I gained a better understanding of the barriers and ways to refer.'

'I've got a better understanding of what is available to assist unemployed persons in our community.'

(Feedback from training participants in North Lanarkshire)

5.3 Referrals from other services
In Lanarkshire it is difficult to attribute referrals directly to the work of the Test Site. However, information is gathered on the number of referrals from key services which have been targeted in the awareness raising work.

In North Lanarkshire, referrals to North Lanarkshire Working are reviewed to establish whether they have resulted from awareness raising work in the Test Site.

By the end of January 2011:
- Addiction services had referred 104 clients.
- Social work teams had referred 223 clients.
- NHS staff had referred 68 clients.
- Housing staff had referred 47 clients.
- CLD staff had referred 5 clients.
- The voluntary sector had referred 83 clients.
- Job Centre Plus had referred 1 client.
- Forty-seven people (47) self referred.
North Lanarkshire’s Working has supported 16,069 people between April 2008 and January 2011, of which 3,549 people have entered employment. Of the 16,069 people that North Lanarkshire’s Working supported between April 2008 and January 2011, 3,166 were from an Equally Well target group. Of these, 434 have found employment.

Within South Lanarkshire, European Funded Programmes supported the employability needs of 6,353 participants between April 2008 and December 2010. Two-hundred and forty three (243) of these participants were from with the Equally Well client group.

Referrals to employability services from NHS and South Lanarkshire are recorded. By December 2010 36 referrals to the freephone number in South Lanarkshire had been received from NHS Lanarkshire staff and 105 from South Lanarkshire Council.

It is hoped this data can be monitored over time, to establish the impact of the Test Site on referrals.

6. The Future

Generally, those involved felt it was a strength that the approach had built on the existing employability and health services in Lanarkshire – rather than create something new. The coordinator role had been important during the development of the Test Site work, and there may continue to be a need for a role like this in the short term.

The Equally Well funding also allowed North Lanarkshire Council to develop targeted programmes of support for clients who face very significant barriers. Given the current financial climate, it is not clear the extent to which such programmes could continue to develop.

However, most stakeholders felt that the overall approach could be sustained without significant additional resources.

Next steps are likely to involve:

- Building on the existing relationships developed with front line services – both at a strategic and operational level.
- Continuing to engage individuals as ‘Champions’ to sustain the work across a range of services in the long term.
- A strong emphasis on adapting existing mechanisms – like initial assessments – to include employability. This is already happening in North Lanarkshire, and NHS Lanarkshire is exploring opportunities to develop a similar approach with frontline staff.
- Further work to evaluate the outcomes of the Test Site in the longer term.
7. Lessons Learned

7.1 Success factors
Those involved in the Test Site identified a number of success factors:

- **Strategic Support** - To affect practice in mainstream services, it is important to be persistent and focus on the most important groups. Targeting key services at a strategic level has been critical. It means that employability and health are ‘on the agenda’ within the key organisations.

- **Equally Well Test Site status** – some stakeholders felt having the Equally Well badge had helped engage people. ‘It gave us status . . . and opened doors’. However, not all stakeholders felt this way – some thought that Test Site status detracted from their existing, established brands, and had resisted using it.

- **Additional resources** – the relatively small amount of funding provided to the Test Site from the Scottish Government has allowed the organisations to employ a coordinator, and pilot new approaches that might not have happened otherwise.

- **Be clear about the benefits to clients and services** – explaining what employability services can do for frontline services has been important. It helps people understand how discussing employability with service users and referring to services can help them do their jobs better.

- **Adaptability** – working in partnership effectively takes different approaches. Across the Test Site, a mixture of methods have been used to engage frontline staff. Where a particular format or method wasn’t working, those involved adapted their approach. Where people wanted extra support or training, this was delivered.

7.2 Barriers

- **Attitudes and understanding of frontline staff** – many staff are suspicious of the motivations and approach of employability services. This continues to be a barrier.

- **Existing work practices** – although awareness has improved, some staff report that employability simply is not a routine part of their work. Work practices have also been a barrier to delivering training – although those involved in the Test Site have adapted their approach in response to this. They have developed shorter training sessions to accommodate work practices, and will continue to try and integrate employability into routine work.

- **A resistance to culture change** – the Test Site has focused on changing attitudes, skills and confidence with a view to changing behaviours. However, there was a suggestion that professions are particularly resistant to this kind of approach – and at times, even obstructive.
8. Acknowledgements

This case study was developed with significant assistance from key stakeholders in Lanarkshire, including:

- individual interviews with the Equally Well coordinator, economic development officer in North Lanarkshire Council and evaluator
- individual interviews with other members of the Equally Well Group
- individual interviews with contacts in two services who have participated in the awareness raising training
- a joint session with key partners to discuss the key findings in the case study.

We would like to thank everyone in Lanarkshire for participating in this evaluation.
1. **Background**

1.1 **About this Test Site**

Rattray in eastern Perthshire is a rural area identified within Perth and Kinross as a priority for community regeneration through being within the worst 10% of data zones as defined by the Scottish Index of Multiple Deprivation (SIMD). Two out of the three data zones in Rattray fall within the worst SIMD zones in Scotland. (Rattray Equally Well Test Site is in Eastern Perthshire: Evaluation Framework).

People working in the area said that there was a great deal of antisocial behaviour and a culture of violence, alcohol and drug use as well as some instances of domestic violence going back through generations.

1.2 **Test Site aims**

The aim of the Rattray project was for community planning partners to work collaboratively to support service users with multiple and complex needs who live in the Rattray area of Blairgowrie. This would build on previous work by a number of agencies active in that area, focusing on prevention and early intervention. It also aimed to work towards a sustainable redesign of services that improved the responsiveness and relevance to those with a history on non-engagement with services. The Test Site would develop the central role of ‘Lead Workers’ who would be responsible for co-ordinating the interventions of statutory services and would support vulnerable individuals and families to participate in this process. This would be supported by a community support budget. Where appropriate, service redesign would be the responsibility of a local network of public sector managers who would challenge obstacles to effective service delivery and develop shared information systems. (Update on Equally Well Test Site August 2009).

Thirteen families were identified for specific support needs but as this project developed a smaller number of families was engaged and there was a greater focus on working with vulnerable people from the community generally.

Local workers were keen to work closely together to provide a more coordinated service and avoid people falling between services. There were already examples of good local working, for example the police were considered to work well within the community and, for example, a child protection issue might necessitate the involvement of school, social work, health and police. But it was felt that some services would benefit from closer working and knowing more about what services were locally available.

There were more general goals around improving community wellbeing and mental health and decreasing the culture of violence within the community. As Rattray is a relatively rural area it was hoped that the lessons that were learned could be helpful for other similar areas.

There were meetings between strategic and operational workers at an early stage. However the project had some delays in making progress because of staff changes;
the delay in employing a coordinator; and because of a perceived lack of engagement from senior staff with local workers at an early stage. However once the local coordinator was appointed significant progress started to be made. The coordinator was employed in December 2009 and local workers felt that the project got properly underway in summer 2010.

2. Working Together

The Test Site involved:

- **Coordinator:** who was employed on a part time basis part way into the project to manage this work and to act as a liaison person between the Steering Group and the Working Level Group.

- **Steering Group:** who met regularly and also line managed staff working in the area, which allowed them to keep in touch with progress.

- **Working Level Group:** who met regularly to discuss progress of local activities and issues. These meetings provided an informal opportunity to refer people or discuss progress with individuals and families. Some people attended meetings regularly. Others attended at the beginning but became less involved. And others attended less frequently while still remaining engaged in the aims of the project. Variable levels of attendance were ascribed to:
  - problems at the beginning because of the ‘top down’ approach of the project;
  - pressures on staff time and the priorities of their main job;
  - the wide remit of some services which are based in Perth, such as the Drug and Alcohol Team; and
  - some people feeling that this was work was not their particular remit or that they did not have support from senior staff to concentrate on this work.

- **Partners:** A wide range of local partners were involved in the Test Site and these include health; children and families social work; youth workers; police; drug and addiction teams; mental health day services; housing; and the local school. It was felt that all of the important services in the community were represented and engaged in the work of the project.

The project received approximately £308,000 from the Scottish Government and this was used to pay for the part time coordinator post; backfill for one full-time health worker and a part time criminal justice post; and backfill child care social work support. It also supported a range of community outreach work such as mental health intervention training.

In addition, there were resources in kind from partners - for example some accommodation at the community hospital for the young people’s nurse and coordinator in exchange for some training provided; use of school buildings and meeting rooms and so on.
3. Approach to Service Redesign

The aim of the project was to be small and sustainable with key themes that could be replicated in other areas. It aimed both to make more use of the services available and to find ways to adapt these services to reflect local needs.

Communication
An early focus was on engagement and improved communication. There was a strong sense that workers had a far better sense of what was available within the community and this made local referrals much easier and more appropriate. While some local workers felt that services had already worked together well, a strong theme emerged that this had improved a great deal. Specific mention was made at this stage about the positive role the police had played. They had already being doing good work in this area and were very receptive to the aims of Equally Well.

Community engagement
There were mixed views about whether community engagement had been successful. Community volunteers could not be involved in the day to day running of the project because of its confidential nature. However at an early stage there had been two public events. One of these took place at the school and this was very well attended. One was held at a flat run by the children and families social work team, which was not well attended. Some interviewees felt that there had been reasonable community engagement and that, because the population was small, it was easy to publicise it. Others felt that the engagement events that had taken place had largely been attended by staff and that Equally Well did not have a high profile in the community. A potential reason for this given by some interviewees was that this was due to the lack of a physical location, for example two of the staff are based in the community hospital on the outskirts of the town. One interviewee highlighted as an issue the fact that everyone was engaged in making the decision about which families were involved apart from the families themselves.

Equalities
The project was based on the ethos of anti-discriminatory practice, social and economic inclusion and supporting those on the margins of society. At an operational level, opinions differed about the project’s approach to equalities. It was generally agreed that the focus of the project was on social equalities rather than equalities relating to ethnicity, sexuality, gender and so on. However there were some examples of pieces of work specifically with travelling families, people with mental health problems and women who were victims of violence. While there was a willingness to assist and be involved in working with those from different equalities groups the approach was often reactive and individual, for example if a school child was being bullied because of their sexuality they might be helped to develop their resilience or confidence.

‘It would be hard to be openly gay in Rattray.’

Examples were also given of having leaflets translated into different languages after advice from a community policewoman. An Equalities Impact Assessment had not been done at council level because this practice had been introduced after the project was underway.
4. **Test Site Activities**

This project was slow to get underway. At a local level it was believed that there had been delays in accessing a budget locally and that this had caused delays particularly in developing ideas related to community outreach and engagement. However significant progress had been achieved:

- **Working together** – it was felt that the coordinator had done a great deal to get people working together, to publicise the project and to act as communicator between the steering group and main group. There were many examples given of good communication and the fact that they could now put a face to a name. Several people mentioned how they now understood the work of other services better, and realised what a strong role these services could play.

  ‘Now instead of a name on the end of a letter you’ve got a face you can chat to and ring up and you know more about what they do. I mean I had no idea of the range of help which housing could give and the support that was available.’

- **Men and Kids** – a key success mentioned by many of the participants was a group called ‘Men and Kids’ which had been set up in late 2010. This aimed to involve fathers (and other significant males) in their children’s lives and to help them to act as role models. This had proved to be very popular and there were already forty people involved. People felt that this approach would be sustainable in the long term.

- **Services for young people** – the young people’s nurse was doing a great deal of work in the community and getting a good understanding of which young people were vulnerable and where risky behaviours were taking place. She could then work with the school nurse and the police to help them to target problem areas while protecting the confidentiality of the young person. She had spent a great deal of time winning the confidence of young people and felt she had developed a good relationship with them. She had also started a girls group. The Young people’s health service had extended beyond Blairgowrie into Rattray and beyond being a sexual health service to being a general service for young people. As a need had been identified this work would be sustained by her team when she returned to the post from which she was seconded.
Sex and the Law
The young people’s nurse told us that the work with vulnerable young people had been further developed. Due to the Test Site and partnership working between the young people’s nurse, the school nurse and the police there is a significant piece of work being carried out in the High School targeting 2nd and 3rd year pupils, on the subject 'Sex and the Law and young people’s services', over a four week period. This piece of work covered changes in the law and provided an opportunity to discuss with young people the many sexual health issues and services available to them of which many were unaware. This work took place as a result of the insight gained into sexual risk taking behaviour from the Equally Well project. Four hundred young people are involved in this in Rattray and the surrounding area and this has received very positive feedback from the young people themselves. A prostitution ring was also uncovered quickly because of the improved communication taking place between local workers.

- **Mental health day services** – the local mental health services were being used far more and referrals were far more appropriate.

- **OSCAR** – A new service called ‘OSCAR’ was being tested towards the end of 2010. This was a drop in centre where people could get advice from the police, health, social services and so on. It was too early to gauge success. However, there was a feeling that although it was a good idea, it had not been successful partly because of the difficulty of getting staff involvement from services because of their other priorities and partly because its physical location made it difficult to access.

- **Nursery places** – Funding had been made available through the Test Site for places at the school ‘Humpty Dumpty’ nursery for vulnerable young children so that they would be more ready to start school.

- **Violence** – Families with a strong culture of violence were specifically targeted and worked with to decrease this. It was considered that it would take a long time to bring about changes in behaviours. Participants gave examples of being unable to visit certain families or individuals because of their threatening and violent behaviour.

- **Relationship building** – It was perceived that there were better relationships with parents and schools, with a generally better atmosphere.

- **Mental health interventions** – Several local workers had attended training on mental health interventions and had been very enthusiastic about this. They felt that it gave them the tools to intervene at an early stage and save people waiting a long time for referrals.
• **Family work** – Ongoing work was also being done with a few of the families. One member of staff gave an example of how she had been able to spend hours helping a woman to clean her house and this was something which she would not have had time to do before the Test Site. One member of staff gave an example of being able to work with a young person directly. The family were keen for the young person to be helped but did not themselves wish to be involved further with services because of a difficult history with social services.

5. **Changes Delivered**
The original aim of the project was to work both with vulnerable families and vulnerable individuals. Many of the workers had a greater involvement in working with vulnerable individuals generally rather than identified families. Reasons for this included:

- Some families could not be engaged.
- Some services did not have a direct role with the families.
- While these families may have problems overall their problems might not be within the specific remit of one agency, for example the young person’s nurse worked with vulnerable young people and the young people from the families might be no more vulnerable than other young people.

It was too soon to get hard outcomes from the project. There was a clear view that there had been improved partnership working. Benefits of specific projects were:

- There was a very strong sense that people worked far more closely together, knew more about available services and could easily refer and discuss cases with each other so that people did not fall between the gaps.
- Much better local communication.
- Generally better relationships with the community and a general feeling of increased wellbeing.
- Several people had found the training on mental health intervention to be invaluable and had passed on skills to their colleagues.
- The Men and Kids group.
- More places at nursery for those from difficult backgrounds.

5.1 **Most significant change**
All participants were asked about the most significant changes that had taken place as a result of the Test Site. The key changes identified were:

- **Good local communication** – this theme arose repeatedly. Participants discussed working with people they had not traditionally worked with, being able to make a personal referral because they knew people from other agencies, being able to follow up a referral at the regular meetings and ensure that people were not falling between services, getting a wider perspective of the problems of an individual by getting insight into their families or other services they were involved with and getting more and more appropriate referrals to their services.
• **Men and Kids Group** – participants were very enthusiastic about this group. It meant that young people had greater opportunities to have male role models. It was very popular and well attended locally and it was hoped that in the long term it would help to decrease the culture of violence.

• **Mental health intervention training** – this gave workers far more confidence in intervening at an early stage with those who had low level mental health problems, it meant that they understood when to refer and some felt that it speeded up referrals because more appropriate cases were referred with greater needs.

6. **The Future**

Although local workers were far more positive and engaged with Equally Well once the coordinator was in post and the service was developed, discussing the future and sustainability of the project elicited mixed responses.

• Members of the Steering Group were committed to sustaining the work of the project. They felt that this had always been key and, as it fitted with policies such as Getting it Right for Every Child and other inequalities policies, it would maintain its momentum. They felt that the coordinator’s role could be carried out by a local team leader and this would help the project to remain sustainable.

• The majority of the local staff felt that the coordinator’s role was key in terms of ongoing engagement, liaising with the Steering Group, publicising the project and setting up and chairing regular meetings. His hours had already been reduced because of commitment in his other work and his post would end in June 2011. One person expressed concern that the project would be managed by committee and felt that this had been a problem in the past. Concern was also expressed by a number of local workers that the project would lose its momentum just as it was beginning to be successful. However the majority agreed that the local contact that had been made would continue to be useful.

• Two people felt that as they had spent time developing contact and working with people and now that this had been established it would be easier to manage within existing resources.

• In discussions about taking the project forward without specific resources, many local workers felt that they were not clear what the resources had been spent on and therefore felt that they could continue to work without them.

• Some felt that the project would not be sustained without the specific staff employed and other priorities would emerge. This was especially the case for those staff who had had limited line manager support.

• Some people felt that aspects of the project would be sustained such as the Men and Kids group and the way of working because this did not require significant resources.
• Two people said that they had a remit to do this work anyway and should continue to do so in the future regardless of funding. For example the young person's nurse will soon be returning to her permanent post but felt that, because a need has been identified, she would continue to work in the area and could do this reasonably effectively in a shorter time now that she had established contact. Although she felt that some of the issues she encountered were so troubling it was difficult to let them go until she returned again to the area.

• In general people felt that the greater communication would remain albeit in a more ad hoc way.

The consensus was that the project itself would only be sustained in its present form if a coordinator was in place but that aspects of this, such as better communication and referral and the Men and Kids group, would be continued.

6.1 Replication in other areas
Regarding whether other areas could replicate this work, most people were unaware if this had happened or not and felt it was at too early a stage for this to be done. People did express the opinion that multi-agency working could be replicated in a small area but would not be possible in a large area where there were more agencies and more staff.

7. Lessons Learned

7.1 Success factors
• The coordinator: despite initial doubts about the value of the Test Site, there was now a much more positive attitude. This was largely ascribed to the ongoing work of the local coordinator and his skills at working with people, being persistent and building contacts.

‘He has shown a graciousness and determination in face of opposition and resistance.’

• Coordination: A strong success factor was how people worked together.
• Service use: Appropriate use of services leading to more efficient services.

‘People now know what we do and refer in a far more appropriate way. Some people said that they knew the community inside out and that since Equally Well nothing has changed but in fact they didn’t know what we did and in some cases didn’t even know we existed.’

• Central Government Involvement: It was felt that Government had been open to working in a different way and allowing more local freedom.
However it was also felt that because of the economic situation more accountability would be required in the future.

By early 2011, there was a far more positive atmosphere within the group. People were very engaged in the work and felt that they were working together well. Concern was expressed that the project would be finished just as it was getting going because the coordinator would no longer be there.

7.2 Challenges and barriers

Equally Well aimed to allow people to try new ways of working and allowed room for failure. Significant progress had been made in Rattray but there had also been a number of challenges and barriers. The key challenges were:

- **Top down approach**: The biggest barrier which arose repeatedly was the perception that engagement had been limited and patchy at an early stage and the approach had been perceived to be top down. This was believed by all of the local workers to have had a significant effect on delaying the project and on its development. There was also a perceived lack of clarity about what was happening. This caused resistance among people and disillusionment from those who were originally enthusiastic. This was recognised by the Steering Group and it was felt that this lesson had now been learned.

- **Communication between the Steering Group and Operational Group**: A challenge for the future was for better communication between the Steering Group and the local workers. A number of local workers felt that the members of the Steering Group should have visited the community on a more regular basis and because the Steering Group was made up of senior staff they may be too removed from the community. They said that they had invited the Steering Group to visit on several occasions but they had been unable to come. However representatives from the Steering Group were not aware that they had been invited to visit the community.

- **Getting some small resources at an early stage**: An early barrier perceived by several people was the difficulty in getting access to even small amounts of funds. It was felt that some small resources managed locally would have helped enormously, for example for sports lessons, haircuts, self esteem and confidence classes. A number of people expressed their frustration about the difficulty they had found in accessing any resources and felt that when a decision was finally made often the moment was gone. However this had been recognised and the local coordinator was given a petty cash budget so that this was no longer a problem. Several interviewees expressed the opinion that the coordinator should have held the budget from the beginning and were worried about how this would be managed in the future.

- **Public sector budget cuts**: Participants were very concerned about the effects of public sector budget cuts in the future both because of a lack of staff and resources and because of a likely increased target group. Those with mental health problems were already distressed and concerned that they
would lose benefits. In addition the small extra resources that they had got would no longer be available. However participants also often expressed the opinion that a lot could be done with only little amounts of money.

‘People talk of referring more and using the voluntary sector but there are cuts across the board. Where will they refer to?’

- **Learning lessons**: Some people felt that it would be difficult to be honest about aspects of the project which had not been successful because there was a political desire to report these projects as successful.

- **Delay in local evaluation**: Another challenge highlighted was the difficulty of getting local evaluation. A local evaluator was eventually appointed in March 2011, a month before the local evaluation was required.

- **Culture of violence**: It was felt that there was a strong and enduring culture of violence in the area expressed in feuds between families and in domestic abuse. While initial steps had been taken to try to change this, it would take a long time for changes to be made.

- **Coordinator**: The local group were concerned that the lack of funding for a coordinator’s post in the future may lead to the project dispersing.

- **Rattray / Blairgowrie**: Services were generally shared between Rattray and Blairgowrie and two people expressed the view that it was difficult to have Equally Well work just in Rattray because it made it too specific and could then be difficult to help people with the same problems who lived very nearby.

8. **Acknowledgements**

This case study was developed with significant assistance from key stakeholders in Rattray. We would like to thank everyone who participated in this evaluation.
1. Background

1.1 About this Test Site
The Test Site focuses on tackling the impact and availability of tobacco in the Whitecrook area of West Dunbartonshire. Whitecrook is an area of multiple deprivation and has a population of 4,584, living in 3,682 households. People living in Whitecrook have poorer health and socio-economic outcomes when compared with other areas. In Whitecrook, four out of ten people (40.2%) smoke compared to national average of 27.2%.

The CHCP has brought together a number of different Council teams to develop and test the approach to tackling tobacco in Whitecrook. Those involved are strongly committed to an evidence informed approach, and much of the work within the Test Site has involved reviewing and carrying out research. This had led to the development of a Joint Action Plan, which draws together the activities from a range of different services.

1.2 Test Site aims
The Test Site aims to support people living in Whitecrook to lead healthier, smoke-free lives by:

- increasing the number of people considering a quit attempt
- increasing the number of smoke-free homes.

Partners involved agreed that the Test Site should mainly focus on the four objectives set out by the World Health Organisation in relation to tobacco control:

- limiting the availability of tobacco products to under-18s
- lowering exposure to second hand smoke
- education and prevention of tobacco use
- targeted cessation services.

Those involved in the Test Site spoke of having the same main aims in terms of smoking.

As well as delivering change for local people living in Whitecrook, the Test Site aimed to try new approaches to tackling tobacco in a community of multiple deprivation.

2. Working Together
The Test Site has brought together a range of teams to plan and deliver the work:

- The Implementation Group is the main forum for the Test Site partners. It includes representatives from:
  - West Dunbartonshire Council, Early Years Team
  - NHS Greater Glasgow and Clyde, Smokefree Services
  - West Dunbartonshire Council, Environmental Health
  - West Dunbartonshire Council, Trading Standards

Equally Well West Dunbartonshire, Evaluation Proposal. Based on CHCP profile information, 2008
The Group is jointly Chaired by the CHCP and the Council.

- A **Strategic Group** was originally planned to oversee the work of the Test Site, but it was never convened.
- The **Health Improvement Team** within the CHCP acted as the lead partner within the Test Site. They coordinated the application, and jointly chaired (with the Council) the Implementation Group for the Test Site.
- The **Test Site Coordinator** has had a key role in moving the work forward, and delivering many of the activities.
- An **Evaluation Advisor** - NHS Greater Glasgow and Clyde guidance and support on evaluation.
- **Health Scotland Communications Team** – NHS Health Scotland initially provided a staff member for two days a week to support the Test Site. This support lasted about twelve months.

The Test Site launched in October 2008. In June 2009 the CHCP appointed a full time coordinator to manage the work within the Test Site. A member of CHCP staff, the coordinator was based in the local CHCP office. The post was funded for one year, but this role was then mainstreamed. The person who acted as coordinator continues to focus on tobacco control work within the CHCP.

Generally, those involved were positive about working together. Most felt that they had developed a better understanding of other services, and made new contacts.

However, there was a lack of clarity about the role of the Implementation Group in terms of planning, coordination and overseeing progress. There was concern that, as work was being delivered by individuals, partners didn’t have a very good overview. Some highlighted, that although there had been detailed involvement in the early stages, they felt communication had been less active when delivery of the plan began.

With hindsight, some felt there may have been an opportunity to develop better joint working across services. Some services had focused on targeting existing activities, rather than changing the way things are done. However, there was recognition that the approach was practical, and ensured that partners could get involved even where health was not a key objective for their service. And there were examples of innovative approaches – the strong emphasis on social marketing and targeting children and young people were given as examples.

There was no significant involvement of community members or community based organisations in the planning process. Most of those involved felt that this was a weakness, and something that should be addressed as the approach develops. As the process went on, community views were gathered. This involved independent research on attitudes and behaviours; engagement of young people in developing school resources; and community consultation. This shaped how the

Appendix 8|Whitecrook Profile
way Test Site activities were developed, and offered a good chance to raise the profile of services locally.

2.1 Resources
Support from the Scottish Government was used to:
- Employ the coordinator for a year (this role was later mainstreamed).
- Cover the cost of teacher time to develop a resource pack for schools (approximately £4,000).

In addition, Test Site partners dedicated staff time and mainstream resources to deliver activities:
- All partners attended regular planning meetings and took forward key activities within mainstream resources.
- For some partners (Trading Standards and Environmental Health) this involved redirecting resources from other areas to Whitecrook.
- The Health Improvement Team provided substantial management support to the project.
- NHS Greater Glasgow and Clyde provided in kind support (on developing smokefree services and evaluation) from two staff members.

NHS Health Scotland provided funding to cover the main costs of the independent research and the social marketing campaign. It also provided a staff member for two days a week over 12 months to support the work on social marketing.

A local volunteer has been involved in delivering the awareness raising work within the Test Site. It was highlighted that the Test Site could perhaps have made better use of volunteers.

3. Approach to Service Redesign
West Dunbartonshire CHCP brings together two previously separate Health Board areas, which had taken different approaches to tackling smoking in the past. From the beginning of the work on tobacco control in West Dunbartonshire, there was significant interest in exploring what could be achieved by targeting efforts in a relatively small community.

By adopting the WHO objectives, and working with a range of teams and services with a role in delivering these, it was hoped that significant change could be brought about for the people living in that area. In this way, service redesign has involved:
- An extensive review of the evidence about smoking services and approaches.
- Research into local attitudes.
- The development of new projects or programmes.
- Redirecting existing activities away from other areas, to focus on Whitecrook.
- Reviewing and adapting existing interventions (such as cessation services) to improve access.
Several of those involved thought there may have been more opportunities to discuss and agree their overall approach to service redesign at an early stage. It was felt that this may have allowed those involved to think more innovatively about how they could work together across services. Some of those involved felt that the very short timescales for the application process had limited innovation and the opportunity to explore these issues. More time to develop the application would have allowed a range of partners to explore scope and develop a joint application.

4. Test Site Activities

4.1 Planning
Test site partners undertook a detailed process of planning. This included:

- **A review of existing literature** – this involved reviewing existing research about tobacco control; health inequalities and specific interventions. The literature review was gathered into a short report ‘Understanding Why’.

- **Research into local views and attitudes towards smoking and quitting** – this research was carried out by an independent company. It aimed to inform the activities within the Test Site, including the planned social marketing campaign.

- **A Logic Model** - the Implementation Group worked together to develop this through a series of meetings and workshops. This involved agreeing the key outcomes for the project, and exploring the activities that could bring about these outcomes.

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<th>SITUATION</th>
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- **An Evaluation Framework** – setting out a number of key research questions and relevant data sources, baseline information, proposed methods (with timescales and responsibilities).

- **An Action Plan** - Each service or organisation was encouraged to think about how they could adapt their existing activities or approach to support the delivery of each objective. This was brought together into a single action plan.

The Action Plan for the Test Site outlined:

- the main WHO objectives
- main activities to deliver this and agreed outputs
- which partner was responsible
- completion date
- baseline evaluation information
- the intended outcomes.
Example – Developing Evaluation Research Questions
In the West Dunbartonshire Test Site, those involved were supported by their lead evaluator to develop a set of research questions. These are the questions they hoped to be able to answer through their evaluation. The research questions were developed to cover the main objectives, and explore the different elements of the logic model. Some of the research questions explore their overall approach:

‘How has the work of the Test Site been influenced by previous learning: literature review of smoking cessation and research?’

Others related to their key outputs:
‘Has the covert test purchase rate changed in Whitecrook?’

These research questions allowed the partners to see whether the activities agreed had been delivered.

Whilst others related to outcomes in terms of behaviours:

‘Has the behaviour of Whitecrook retailers changed due to the ‘No Proof, No Sale’ culture?’

These research questions allowed the partners to see whether their activities were bringing about the changes they hoped.

Those involved in the Test Site welcomed the opportunity to plan together. The process of using a logic model encouraged them to test their assumptions.

Although, with hindsight, some feel there may have been an opportunity to agree more joint activities across services.

4.2 Social marketing research
Research into the attitudes and behaviours of smokers in Whitecrook was commissioned. The research aimed to develop a better understanding of the behaviours and attitudes of the smoking population in Whitecrook. This would help identify what might motivate them to make a quit attempt or reduce their children’s exposure to second hand smoke.

The research involved a survey of 345 people. This meant that about one in ten people living in Whitecrook participated in the research. The research showed:

- About two in five people living in Whitecrook smoke.
- Smoking was more prevalent among people who did not work and younger people.
- Aside from shopping, there wasn't a lot of leisure time spent outside the home – reinforcing the need to tackle smoking in people’s homes.
- For smokers, cigarettes were seen as an essential purchase and significantly more smokers than non-smokers saw alcohol as an essential purchase.
The research helped those involved in the Test Site understand the attitudes towards smoking. It highlighted:

- A lack of awareness about smoking cessation support available.
- Of those who had attempted to quit, 55% didn't take up any support whilst 33% had been supported by their GP and 13% by smoking cessation services.

Most importantly, it showed that seven out of ten people (69%) either had no intention of making a quit attempt at the moment or in the foreseeable future. This contrasts with national research which suggests that seven out of ten people want to quit.

For partners, this reinforced the need to tackle tobacco control in its widest sense. For example, providing cessation services needs to be complemented with activities which reduce the impact of smoking.

### 4.3 Enforcement

As part of the Test Site, Trading Standards agreed to deliver more test purchases in the Whitecrook area to encourage fewer sales to young people. They agreed to deliver five test purchases each year (out of the sixty planned across West Dunbartonshire) in the Whitecrook area. Due to staff cuts, there will now be three (out of a total of twenty-five) in Whitecrook in 2010 – 2011. The test purchases are marginally higher than would be delivered in the area anyway. Alongside this, they have delivered a similar number of promotional visits.

The Environmental Health Team were involved in the work initially and planned to carry out two joint visits to local employers with the Health Improvement Team. However, due to staff cuts this has not been possible. The team hopes to carry out this work in 2011-2012. However, the team provided advice on cessation services during its inspections to 10 premises in Whitecrook.

**Example – Test purchases by young volunteers**

Two out of five shops (40%) sold cigarettes to underage young people in 2009/10, and one out of three shops (33%) sold in 2010/11. Little weight can be given to the percentage failures due to the small numbers involved. However, the failure rates for West Dunbartonshire as a whole were 25% and 13% respectively. This might imply a greater problem of illegal sales in Whitecrook.

Whitecrook has very few tobacco retailers (around eight). Young people may obtain their cigarettes from places outside Whitecrook itself (for example, it is a short stroll to the shops in Clydebank town centre). Given this, those involved feel it might be simplistic only to consider sales within Whitecrook itself.

Trading Standards were able to meet their activity targets for Whitecrook. However they were concerned that having ring-fenced targets for individual communities would lead to a loss of operational flexibility if rolled out across West Dunbartonshire. In that sense, they do not necessarily believe that this approach (targeting resources into more deprived areas) is sustainable.
4.4 Awareness raising

Smoking cessation services
Information on smoking cessation services was sent to every household in Whitecrook. This was based on the initial research, which suggested a substantial number of people didn’t know about what was available.

Only four referrals were generated by this approach, and one of these people quit smoking. However, those involved felt it was a helpful to test the approach.

Second hand smoke
Seven out of ten smokers in Whitecrook said they were not planning to make a quit attempt now or in the foreseeable future. Given this, the Test Site placed a strong emphasis on reducing the number of people smoking in front of their children. It was hoped that this would reduce passive smoking, and perhaps discourage younger people from smoking in the future.

Awareness raising work included a social marketing campaign, employing a range of methods. Activities included:

- **Brief intervention training** to reduce second hand smoking.
- **Information points** in nurseries, play groups and parent and toddler groups to highlight the effects of smoking.
- **Poster campaign** on the benefits of smoke free homes for children.
- **School bag inserts** (a postcard with a hologram on it) for all primary and pre-five children highlighting the benefits of smoke free homes for children.
- **Presentations at parent evenings.**
- **On street promotion** to raise awareness and promote services.

4.5 Education and Schools
The Health Improvement Team worked very closely with the Education Department to develop and deliver a range of activities including:

- Smoke-free School Awards in all educational establishments.
- The development and roll out of an interdisciplinary learning pack on tobacco education (so that discussions about tobacco could take place in range of contexts, such as history).

Schools were described by one stakeholder as ‘the hub’ of Test Site activity – perhaps because the work in this area was intensive and visible. Although it is too early to say whether the work has resulted in longer term changes, many were hopeful that it would.
Example – Responding to interests and evidence

The initial literature review within the Test Site did not suggest that education was necessarily a key activity in tobacco control. It was not, therefore, seen as an important element of the logic model. However, the Council’s education department heard about the work and was keen to get involved.

The CHCP worked with the Council to embed tobacco in a range of ways across the curriculum and in the school environment. This involved developing a resource pack for teachers to use. To overcome resource issues, a small amount of funding was provided to the schools to cover the cost of teacher time in developing the pack. The pack is now being shared more widely in other local authority areas.

The literature review showed that educational approaches to tobacco are generally not successful when delivered in isolation. It suggested that wider policy changes are needed as well. So, the Health Improvement Team worked with the schools to develop roll out Smoke-free School Awards.

4.6 Reviewing and developing cessation services

The local research showed that there was a lack of awareness of cessation services in Whitecrook. In addition, existing literature pointed to a range of barriers to engaging in cessation services. These were often related to equalities issues – such as age and gender. The Health Improvement Team considered these issues as they developed a ‘more equalities sensitive service’.

The action plan committed the Health Improvement Team to test new approaches to delivering services. This has included:

- drop in information sessions
- marketing the cessation service more widely
- additional support in the form of one-to-ones and sessions during the day and in the evening.

5. Changes Delivered

The Test Site aims to deliver activities which lead to long term change for the community of Whitecrook. Many of the intended health outcomes may not be delivered for some time. However, the Evaluation Framework will support the Test Site to identify progress towards their outcomes in the short to medium term.

So far, there has been a small increase in the number of referrals from Whitecrook to smoking cessation services. There were nine referrals to services in 2009, and eight of these people quit. In 2010 there were thirty-three referrals, and fourteen of these people quit. This demonstrates more people using services, but suggests that many of them are less likely to successfully quit.

The CHCP would like to commission another pieces of independent research to explore how views, attitudes and behaviours have changed since the initial research.
Those involved in the Test Site did report a number of specific changes to the way they work and deliver services:

- There is **greater understanding and awareness of other services**, which officers might not normally work with. The link between education and regulatory services is a good example. However, this has not led to significant changes in how they work together.

- The work has brought a real **focus to tobacco control** across a wide range of services at an operational level.

- There is now a **greater understanding of the lifestyles, attitudes and smoking behaviours of people living in Whitecrook** and the literature relating to tobacco control. This will inform future social marketing and smoking interventions.

- Tobacco is now an **embedded issue** in the school environment. In the longer term, it is hoped this will lead to a greater understanding of tobacco among young people.

### 6. The Future

At the end of the Test Site period, lessons learned and good practice will be transferred to the work of the West Dunbartonshire Community Planning Partnership Tobacco Control Group (currently a sub-group of the Community Planning Partnership’s Health and Wellbeing Group). It is hoped that this will embed the approach firmly in the community planning structures and will be the foundation for a new Tobacco Alliance (an approach being adopted by local authorities across Scotland). It is likely, therefore, that a range of partners will continue to be involved in tobacco control in West Dunbartonshire.

Elements of the work are likely to continue. For example, the work embedding tobacco in the curriculum and work of the school means this can be continued, without significant extra support.

There was concern among partners that, although the commitment is there, all of those involved are coming under increasing financial pressures. This is likely to impact on their ability to deliver services and activities – particularly where intensive support is needed.

Some of those involved questioned whether an approach like that taken in Whitecrook could really be mainstreamed. It has involved the investment of new resources, or redirecting existing activities into a specific community. There was recognition that to adopt the approach in other areas would require either extra resources or strategic agreement to focus resources in more deprived areas.

There was some frustration that existing local and national targets did not support the approach. Individual organisations often have their own, specific targets to deliver, and the work within the Test Site can be seen as something extra. This is likely to be a particular issue as finances become more limited. There was also concern that HEAT targets do not focus sufficiently on tackling inequality, and encourage the delivery of standard interventions. Those involved felt that there needs to be recognition that tackling inequality may require different and more
intensive interventions. It is understood that tobacco related HEAT targets are being revised to take account of these issues.

7. Lessons Learned

7.1 Success factors

- **Shared aims and outcomes** – having a clear framework for planning the work has been very important. All stakeholders were clear about what the Test Site was aiming to deliver in the long term.

- **Explore and test assumptions** – it is important to be clear about the changes partners want to bring about, and the logic behind the chosen activities. In West Dunbartonshire, some of their assumptions have been proved wrong – and this has helped those involved to learn.

- **Take a step back** – review the evidence about barriers to tackling health inequalities, and use this to shape existing services. In West Dunbartonshire there has been a strong emphasis on developing more ‘inequality sensitive services’. Often the barriers have been linked with other equality issues.

- **Information about the local area is extremely important** – the local research highlighted that the views and attitudes of people in Whitecrook differed significantly from the average views expressed in national research. This has informed the priorities of the Test Site. One of the smoking cessation workers is a local person. This helped develop the approach in a way that took account of the local community.

- **Embedding issues in a range of ways** – the intensive focus on schools has allowed the Test Site to embed tobacco in different elements of school life. Smoke-free School Awards have provided a focus within the school, and should encourage staff to reduce smoking in front of children. Embedding tobacco across the curriculum should ensure it is being explored from a range of different perspectives – from health, to history and current affairs.

7.2 Barriers and challenges

- **Collaborative gain** – although those involved felt that the Test Site had brought together a range of partners, it wasn’t always clear how working in partnership had added value to the approach. Some people were not clear about their role in the partnership. There was a sense that the action plan (in some cases) brought together existing activities, rather than exploring new ones. With hindsight, partners would welcome the chance to discuss how best to make use of the partnership. Identifying benefits for all partners could ensure long-term buy-in.

- **Shared understanding of service redesign** – in West Dunbartonshire, some partners felt that more could have been done to explore the approach to service redesign, and the opportunities to develop better activities.
• **Communication** – some of those involved felt that there was a lack of communication between partners, once delivery began. There was a sense that everyone was ‘getting on’ with their own area of work. This left people feeling out of touch at times.

• **Community engagement** – partners agree that there has not been enough community engagement in the process. Although evidence has been gathered on local views, community members and community organisations have not been involved in planning or overseeing delivery. Engaging them earlier may have allowed the partnership to identify better activities, and make use of volunteers.

• **Current financial pressures and targets** – there was concern that public sector cuts will make it more challenging to dedicate time to partnership approaches such as this, where the work is seen as ‘additional’ to national and local service targets.

8. **Acknowledgements**

This case study was developed with significant assistance from key stakeholders in West Dunbartonshire, including:

- individual interviews with members of the Implementation Group
- individual interviews with the Coordinator and lead Evaluator
- a workshop with some Implementation Group members.

We would like to thank everyone in the West Dunbartonshire Test Site for participating in this evaluation.
Learning Note 1:  
Service Redesign, Joined Up Working and Community Engagement

We have been working on behalf of NHS Health Scotland since February 2010 on the National Evaluation of the eight Equally Well Test Sites. Our work will continue until April 2011. By then, we will have prepared a full evaluation report. The Test Sites were established in 2008 to reduce health inequalities by:

- improving local service design within existing resources; and
- collaborating between public sector agencies and others.

The aim is to learn lessons about how health inequalities can be reduced; better health and other outcomes can be achieved for service users; and greater efficiency in the use of public resources can be delivered. A full list of the sites and a brief description of their focus is included on the final page of this Note. In our work, we are picking up on the lessons being learned by the Test Sites:

- about what seems to work and what doesn’t;
- about success factors and the barriers to progress; and
- about the changes that are happening in the test sites.

We will, from time to time, issue Learning Notes so that these lessons can be more widely shared. The Notes are written specifically for people directly involved in the Test Sites – whether they are coordinators; stakeholders; evaluators or active members of the community. However, they may also be of practical interest to managers in the public sector, to the Scottish Government and to agencies supporting transformational change in public services.

This first Learning Note concentrates on service re-design; joined up working; and community engagement in relation to solving complex social problems such as health inequalities. Changes to the underlying causes of problems of this kind cannot be delivered by any one organisation working on its own. Appropriate multi-disciplinary and multi-agency approaches are needed. Later Learning Notes will consider mainstreaming; sustainability; and the links between local actions and national policies.

This Learning Note is based on in depth discussions with more than 50 people directly involved in the Test Sites; ongoing discussions with the local evaluators involved in each of the Test Sites; a half day workshop discussing the emerging lessons; and a general review of information prepared by the Test Sites.
1. Service Re-design

The Test Sites all have an ambition to improve services to meet the needs of service users. There were quite different views across the Test Sites about the term “service redesign”. Test sites sometimes meant different things by it, and some didn't like the term at all. Some preferred “enhanced service”, “service improvement” or “service re-configuration”. Whatever it was called, it was seen to include:

- Involving new or different people (new teams, organisations, groups of practitioners or professionals groups) in tackling a health issue;
- Developing services which are more service user focused;
- Developing services which “look different” for service users;
- Analysing and reviewing existing approaches to delivery;
- Engaging service users in the review process; and
- Working differently or changing the way services work.

Examples of the types of service re-design achieved (or planned) include:

- Co-location of ante-natal classes and other children’s health services in the local school;
- Extra services in targeted areas (like oral health; teaching provision; free school meals);
- The preparation and delivery of joint materials (like the use of alcohol screening and brief interventions by a range of partners); joint training and Continuous Professional Development for a number of partners;
- The establishment of client pathways – to look at service provision from the service users’ perspective and not only from the service providers’ perspective;
- Establishing a single operational base for use by all service providers;
- Providing a single point of access to a range of services; and
- Direct community involvement in service design.

A number of factors that were likely to lead to successful service re-design were identified.
Senior Commitment
Wide organisational and senior support is needed to make service redesign work among partners.

At the time of the ‘bids’ for Test Site status, each of the Test Sites demonstrated that there was real senior level (political and/or managerial) support for the approach. Where this has been maintained, it has been a real benefit to the Sites involved. It has retained a focus on the work; helped keep different partners bound in to the process; and provided ongoing encouragement. However, the initial senior commitment has in many cases not been sustained – and this has made service re-design much more difficult in these cases.

Importantly, the benefits of leadership do not only come from the top of an organisation. Committed individuals and people with exceptional relationship building skills at all levels can bring about imaginative service re-design among organisations. This is easier when people are working in organisations that are open to change and provide space for trying new approaches. This is not always the case.

In some cases the Test Site was seen to be the ‘baby’ of one organisation (or individual). This reduced the commitment of other organisations to bringing about change.

Including service user perspective
“Silo thinking” is seen as a problem – with departments and organisations not thinking beyond their own immediate responsibilities. But service users are not particularly interested in the roles and responsibilities of different organisations – they want straightforward access to the services that they need. It is therefore important to consider service design from the perspective of the service user. Service users should be involved in the re-design process. Some service users have complex support needs, and engagement methods need to take this into account. From the Test Sites there are examples of practical changes that can improve services – like using joint visits (by staff from different organisations – or departments) or improving inter-agency referral processes.

Having a culture that is open to change
Organisations will normally need to adapt to make real change possible, and this can be difficult. We heard of frustrations caused for the Test Sites by “gatekeepers” who want to protect the existing arrangements, and resist change. It was rare for the Test Sites to be operating in an environment where all organisations involved actively encouraged institutional change (to budgets, policies or ‘the way we do things’) on the basis of the emerging learning from the Test Sites.

Learning from what has not worked well
Some things in the Test Sites have not worked as well as expected. This is an important part of the learning process. The reasons for this should be shared and considered, so that learning can happen.
Sustainable service improvements need organisations to change (and may mean that some organisations need to give up power). This has proved challenging because of the resistance to institutional change in many organisations.

2. Joined Up Working
Many people have spoken and written about partnership working and joined up working in Scotland. Where partnership working has taken place there have been questions about whether this has always been effective and added real value. From the work that we have done so far it appears that there are a number of factors that can support successful joined up working:

Shared Outcomes
Effective joined up working does require all those involved to have agreed outcomes for their work together. Many of the Test Sites could identify significant movement towards having more agreement on outcomes amongst partners – although most felt that there was still more to do. One person reflected this change when they said that they had (for the first time) a ‘real notion of a shared enterprise’ amongst the partners.

We found that one of the most powerful building blocks in making progress was people really understanding the different roles and responsibilities of each partner organisation – and understanding the opportunities that they had and the constraints that they faced. This sounds simple – but was mentioned by many Test Sites as being crucial - and not present before the work of the Test Site. As people learned more detail about the roles and responsibilities of others, it became evident that there had been a great deal of misunderstanding about these in the past – based on assumptions rather than fact. It was felt that improved understanding would support the development of new initiatives and joint working in the future. There was also evidence from some sites that partner organisations had very different approaches to planning, monitoring and evaluation. This made it more difficult to develop agreed shared outcomes.

Because most of the Test Sites have long term outcomes related to health inequality, measuring progress towards these can be difficult in the short term. It is therefore important to also have short term ‘project’ outcomes which set out the organisational (and other) changes that the Test Site is seeking to deliver during its life.

Adding Real Value
Effective joint working takes time. It requires a commitment to build and develop relationships – both formal and informal. The costs of this are often not quantified. Given this input, it is important that joint approaches lead to improved services or organisational efficiencies (or both). We heard of the benefits of sharing data (and avoiding duplication in gathering, maintaining and analysing this data). We also
heard of the real value in engaging partners who would not normally have considered that they had a role in tackling health inequalities. These included trading standards; planners; countryside rangers and housing associations. But we also heard concerns that some of the ‘joined up’ action plans that had been developed had really done no more than pull together the actions that partners were already committed to – with no evidence that any synergy had been created by working together (or by Test Site status) in these areas.

**Linking Strategy and Operations**

Effective joined up working is helped by a clear link between the strategy and its delivery. This can be especially challenging when organisations have different priorities. We heard in some areas that “people were working well together but services and organisations (as a whole) are not necessarily working differently yet”. We also heard concerns that people working at a ‘delivery level’ were often limited by their own organisation’s priorities rather than being truly driven by joint plans or approaches. This could impact on the ability of local staff to work together effectively.

Joined up working is essential to reduce health inequalities. There is still work to do in creating effective joined up working and partnerships. Establishing clear ‘project’ outcomes for the Test Sites is an important step.

There has been extensive work in some test sites to engage communities – both to gather their views and engage them in decision making. For example, in two areas the work of the Test Site has been heavily influenced by what they have learned from community engagement. This engagement was seen to bring new insights which would not have come from service providers only talking to each other.

There have been innovative approaches to community engagement. For example in one area a series of ‘civic conversations’ brought together local people and service providers.

Community (or service user) engagement is not a significant part of the work in many of the Test Sites. However, in all cases, there is recognition that community engagement is still important.

Some Test Sites planned community engagement activities from the beginning, while others have waited (sometimes deliberately). Most have reviewed existing evidence or research with the local community, rather than duplicate what has already been done.

Success factors for community engagement include:

**Agreeing the Scope of the Engagement**

It is essential that both the purpose and scope of the engagement is clearly set out and agreed. Without this, there is a danger that there will be frustrations for both the community and public agencies.
There is sometimes a tension between community needs and aspirations. This needs to be handled carefully. There will be different views within the community. However, this was used in one of the Test Sites as an opportunity to begin ‘difficult conversations’ with the local community about how tricky issues can be tackled in a better way.

We also heard of tensions between service providers and communities which related to disagreements about the extent of power, control and influence over budgets that the community could have.

It is usually helpful to engage the community in a targeted, in-depth way on key issues or challenges – rather than attempt to undertake community engagement that covers everything.

**Building Capacity**
This takes time – identifying the existing strengths and skills in the community and working with communities to build them. It can be challenging to reach beyond community activists and the most powerful. In one test site this has been overcome by taking a ‘community development approach’. This has involved knocking on doors, gathering the views of a wide range of community members through survey work, and using innovative approaches like scrap books. Photographs and visual approaches were also used very successfully in one of the other Test Sites – and this can be important given the lack of confidence in literacy for many people.

There is also a need to make sure that all people in communities can become engaged – and specific steps may need to be taken to engage particular groups in the community like young people or people from minority ethnic communities. Some Test Sites have also found that it is difficult to get community activists to move from ‘objection’ to ‘participation’.

Capacity building is equally required for service providers to develop their skills of communication (especially listening), empathy and flexible responses. These are always required in effective community engagement

**Providing Feedback**
It is essential to make sure that there is regular effective communication with communities. Any break in the communication can lead to a suspicion that people’s views are not being taken seriously. It is important to provide feedback even when there is a decision not to proceed with a service change – or where the decision is different from what the community wanted.

It is also important to be clear that action (not just discussion) will be what makes a difference. So it is important to realise when further engagement on a particular topic is not needed. Early wins (changes suggested during the community engagement and put into practice) are hugely important in demonstrating that the process is worthwhile. It can motivate those already involved and also encourage others to become involved.
Community engagement takes time. It should involve identifying and building on existing strengths and skills in the community (and other partners). Its scope needs to be clear. And there is a need to provide regular feedback.
4. What might this all mean for the Test Sites?

As a result of our work to date, we think that the Test Sites might each reflect on some of the issues arising. These might include:

- Is there still senior commitment to the Test Site? If not, can this be reintroduced?
- Is everyone involved in the Test Site clear about the outcomes that the Test Site is intended to deliver? If not, is there a need either to refresh this or to resolve any divergent views?
- Is the Test Site considering services from the perspective of service users? And are service users involved in service re-design?
- Are the Test Sites operating in an environment where changes that bring about improved services are welcomed? If not, is there anything that you can do to remove any of the barriers to change? Is this an area where senior commitment could help?
- Are you able to demonstrate that joint work is leading to improved services and efficiencies?
- Have you considered whether communities are sufficiently engaged in your work?
- If you are engaging communities, are you and the community clear about the scope of the engagement? Are you using methods of engagement that encourage a wide involvement? And are you feeding back to communities what has happened as a result of their engagement?

What might this mean for others who are tackling similar complex issues?

- Are there any lessons from this early stage of the work in the Test Sites that have relevance to what you are doing?
- Are there ways that lessons from different approaches to tackling complex issues can be shared better in Scotland?

What might this mean for the Scottish Government?

- How can the (broad) lessons from the Test Sites be built into future policy development?
- How can you help create an environment in which organisational barriers to change are removed?
- How can people be encouraged to share what has not gone as well as expected, so that the lessons from this can inform future work?
5. Background information

The Test Sites were established in October 2008. Each test site is a collaboration between local public services, aimed ultimately at reducing inequalities in the health and wellbeing of people who need most or all of those services. The eight Test Sites are:

- **Whitecrook, West Dunbartonshire** - targeting the high prevalence of smoking in the area
- **East and Mid Lothian** - looking at health inequalities in early years in Prestonpans, Musselburgh East and Tranent
- **Govanhill, Glasgow** - looking at community regeneration and development
- **Blairgowrie** - looking at delivering health inequality sensitive services in a rural setting for people with multiple and complex needs
- **Lanarkshire** - focusing on sustained employment and barriers to people finding employment
- **Templehall, Fife** - focusing on anti-social behaviour in relation to alcohol and underage drinking
- **Stobswell, Dundee** - focusing on methods of improving wellbeing
- **Glasgow City** - looking at integrating health into current and future city planning

If you are interested in joined up working or community engagement, you may be interested in looking at [Scottish Government Joined Up Working How To Guide](#) or [Scottish Government Community Engagement How to Guide](#) – although the sites have not been maintained recently.

For work on community engagement, the [National Standards of Community Engagement](#) should be used.

For more on adding value through partnership see ‘Achieving Outcomes through Collaborative Gain’ in this [library](#).

We welcome feedback on the purpose, style and content of this Learning Note – to [andrew.fyfe@odsconsulting.co.uk](mailto:andrew.fyfe@odsconsulting.co.uk).
Learning Note 2: Sustainability and Change

We have been working on behalf of NHS Health Scotland since February 2010 on the National Evaluation of the eight Equally Well Test Sites. Our work will continue until April 2011, when we will complete our evaluation.

The Test Sites were established in 2008 to improve local service design within existing resources and increase collaboration between public sector agencies, with the longer term aim of reducing health inequalities.

The aim is to learn lessons about how health inequalities can be reduced; better health and other outcomes can be achieved for service users; and greater efficiency in the use of public resources can be delivered. A full list of the sites and a brief description of their focus is included on the final page of this Note. In our work, we are picking up on the lessons being learned by the Test Sites about:

- what seems to work and what doesn’t;
- success factors and the barriers to progress; and
- the changes that are happening in the test sites.

We are, from time to time, issuing Learning Notes so that these lessons can be more widely shared. It should be noted that these are lessons which we are drawing (and sharing) in advance of completion of our fieldwork and our full analysis. They are therefore initial impressions rather than final evaluation. The Notes are written specifically for people directly involved in the Test Sites. However, they may also be of practical interest to managers in the public sector, to the Scottish Government and to agencies supporting transformational change in public services.

This second Learning Note concentrates on sustainability; equalities; and national policy in relation to solving complex social problems such as health inequalities. It also gathers the responses from those involved in the Test Sites to the question ‘What are the most significant things that the Test Site has achieved’.

This Learning Note is based on in depth discussions with more than 60 people either directly involved in the Test Sites or in the Scottish Government; ongoing discussions with the local evaluators involved in each of the Test Sites; and a general review of information prepared by the Test Sites.
1. Sustainability

The Equally Well Report in 2008 first raised the idea of Test Sites. These were to be locally designed but the approach had to be about the whole system of mainstream services, not about services or projects individually. The Scottish Government set aside £4 million over 3 years to support the Test Sites and health inequalities learning networks and fund the application of continuous improvement techniques in the Test Site areas.

When applying to become a Test Site, local public sector partners were asked to demonstrate that their proposal would lead to managed sustainable redesign of services within existing local budgets. The aim was to make sure that the things that worked in the Test Sites would be embedded in the future work of local partners.

We discussed the progress made with those we interviewed in each of the Test Sites. We asked people about:

- sustainability – what steps have been taken towards sustainable service redesign (or will things go ‘back to normal’ at the end of the Test Site); and
- mainstreaming – how has the Test Site influenced mainstream service delivery (for example has the way that services are delivered changed as a result of lessons from the Test Site – or is it reflected in the Single Outcome Agreement).

In Dundee Stobswell, the Test Site is working with local people and service providers to improve mental wellbeing in the community of Stobswell. The approach has been (mainly) to rely on existing resources and to build in sustainability from the start. The process has deliberately been slow and steady – testing ideas and making sure that changes are embedded. Connections and networks have been built up – both with the community and amongst service providers. The approach is said by those involved to be less about service redesign and more about building on existing practice. “Without money it is about persuasion and that is exciting and challenging”. It was noted that although the approach had mainly been contained within existing resources, financial resources from the Scottish Government had been given to support local evaluation and the post of coordinator (which was seen to be a key post in ensuring the work was progressed).

The Test Site approach will be reflected in the new Single Outcome Agreement and the Community Planning Partnership are considering how to embed the mental wellbeing approach in future planning.

Some concerns were expressed about the fact that the approach needed time and that there was now insecurity because of budget cuts. In addition, there was a view expressed that national (UK Government) policies will impact harshly on deprived areas.
In **East Lothian**, the Test Site ‘**Support from the Start**’ focuses on addressing health inequalities in early years. It is deliberately not a time limited project, but is about the response of mainstream services to inequality in health. This includes an intention to target support for the most vulnerable communities. There is clear evidence of changes to the way in which some mainstream services are delivered as a result of the Test Site, with resources targeted at the most vulnerable. The focus has been on using existing resources, which has helped partners to work much more closely together – “it’s not just about spending the money”.

With ongoing senior commitment to the approach, this way of working appears sustainable in the longer term. East Lothian intends to retain the approach beyond the life of the Test Site. Leadership – by councillors; by Service Champions and by the coordinator – has been essential. “If the money stopped tomorrow, the people would still be there.”

The approach has recently been extended to **Midlothian**. This has raised challenges in transferring an idea from another council area where the culture; high level commitment; and local ownership is different. “Because we didn’t come up with the idea and it was transferred from East Lothian, it ruffled a few feathers.”

In **Templehall, Fife**, the Test Site focuses on addressing antisocial behaviour linked to alcohol and underage drinking. Much of this work is already paid for through mainstream budgets. There was a feeling that the approach was sustainable, but may need to operate in future at reduced levels. Concern was expressed about loss of drive and focus if the co-ordinator’s post was not continued. One interviewee felt that the principle of ‘freeing people up to do things differently, and try out new ways of working’ has been positive for staff but they were concerned about how this could be sustained with different partners (or new people).

It was felt that the impact of the public sector budget cuts could be severe and may impact on sustainability.

In **Glasgow City** the Test Site focuses on integrating health into city planning. The approach to training – involving both planners and health improvement staff – was seen as sustainable. A number of tools have been produced and there is work going on to develop the Healthy and Sustainable Neighbourhood Model, which is intended to support future local planning.

However, there were some concerns that although there was national (and international) recognition of the community engagement approach taken to local planning in the East End which led to the Test Site approach, this had not yet been taken forward elsewhere in the city. Work still needs to be done to widen senior support for this approach within the council and within the NHS.

In **Govanhill, Glasgow**, the Test Site focuses on health and community regeneration. Equally Well has been attached to the Neighbourhood Management approach in this diverse community. Progress had been made on improving communication and joint working between operational staff from different agencies. An important part of this has been the formation of an office space (called the Hub) where staff from different agencies meet regularly to discuss local casework.
The Neighbourhood Management approach is tackling a range of problems including poor quality and badly maintained housing allied to serious environmental problems. There was a view that budget reductions would impact greatly on the neighbourhood approach. On the other hand, there is significant local and national interest in seeking to resolve the issues in Govanhill.

There is no indication that it is intended to transfer this approach to Neighbourhood Management or to inter agency work to other parts of Glasgow.

In Lanarkshire, the Test Site focuses on health and employability. It was noted that the work being done in Lanarkshire in the Test Site was similar to work going on in relation to employability in some other local authority areas. The main approach is to encourage a range of frontline services to talk to clients about employability and refer them to employability services. Because this aspect of the work has not required substantial investment (beyond the input from the coordinators in promoting change), it is seen to be sustainable. Developing Champions in services like housing and addictions is also seen as sustainable (and beneficial). It was noted that branding projects (in this case Equally Well) can be unhelpful in achieving sustainability as it makes the work feel like an ‘extra’ – rather than a core and sustainable way of doing things.

In Rattray (Blairgowrie), the Test Site focuses on health inequality for families with complex needs. All agreed that the Test Site had resulted in a closer working relationship between local staff from different agencies and a greater understanding of what different services could provide, which should be sustainable. However, while senior staff were confident that other aspects of the approach would be sustainable in the long term, local staff felt that this may be difficult without additional resources. The key challenge is the coordinator leaving in June 2011 – not least because the coordinator has played an important role in seeking to improve communication between local staff and senior stakeholders. There were also concerns about the reduction in (or removal of) some local services as a result of budget cuts. In addition, work with families will be impacted by welfare reform (for example changes to incapacity benefit).

In West Dunbartonshire, the Test Site is targeting the effects of tobacco in the area. There is work underway to ensure that the approach is sustainable, with the Test Site planned to become part of the Community Planning Health and Wellbeing sub group. They are considering the possibility of the work leading to a local Tobacco Alliance (along the lines that have been developed in a number of Scottish local authorities). This will sustain the strategic partnership. The strong relationships with mainstream services – education in particular – will help sustain the focus on tobacco for the future.

Sustainability of some of activities will be affected by cuts in services (for example to Trading Standards) and finding resources for social marketing may be challenging. The main benefit is seen to be intangible – that operational staff working in a range of public services now know each other better.
It was noted that what has been learned in the Equally Well test site is not that different or new compared with other partnership programmes. The real trick is to put the learning into practice.

When the Test Sites were established by the Scottish Government, it was intended that they would operate within existing budgets to achieve sustainable redesign of services. At this stage in the development of the Test Sites there are good signs of sustainability in many. However, the status as Test Sites has allowed them access to some resources. These have mainly been used to fund a coordinator’s post and to undertake local evaluation. In a number of cases, it was felt that the post of coordinator would be difficult to maintain from existing resources – and, given other pressures, the posts may not be continued after current funding finishes. Given the important role which has been played by coordinators, concerns were expressed about this possibility.

Sustainability was more likely if:

- Support for the Test Site was embedded (for example through senior ‘Champions’ or being built in to community planning and Single Outcome Agreements).
- The Test Site had brought about changes in the way that staff from different agencies worked together (for example, we heard of the importance of changing staff cultures rather than running a ‘project’).
- Those involved felt that they had been empowered to bring about change.
- People were able to learn from what they and others were doing and apply it in the Test Site (we heard examples of it being difficult to embed an approach because ‘it was not invented here’ and, conversely, an approach receiving greater interest and enthusiasm from local authorities and other agencies beyond the Test Site than from agencies involved in the Test Site).

2. Equalities

The Test Sites were established to show what changes in public services can be achieved within existing resources, with a view to reducing the key health inequalities in the longer term. They have, of course, focused in health and socio-economic equalities. A number of the Test Sites have taken some account of the current Public Sector Equalities Duties (relating to race, disability and gender).

But the assessment of the impact of the Test Sites on equality has not been systematic. For example none of the Test Sites have undertaken an Equality Impact Assessment – although an Equality Impact Assessment was undertaken on the Govanhill Neighbourhood Action Plan. There was limited equality monitoring undertaken – although in Lanarkshire there is equality monitoring of service users.
The new Equalities Act 2010, which brings together a wide range of equalities legislation, provides a framework to bring together health, socio-economic and ‘protected characteristics’ in an integrated impact assessment approach.

Given the links between different inequalities, it is important that Test Sites assess the likely impact of their work on different equality groups. The integrated impact assessment could provide a way of doing this. This could usefully be an area of learning for the Test Sites during 2011/12.

3. National Policy

We asked those we interviewed to consider what changes in national policy or practice would help them to deliver local approaches to tackling health inequality more successfully.

Understandably, many of the responses reflected the different interests of the Test Sites and the individuals involved – so there were specific suggestions in relation to topics like tobacco; planning and health; housing legislation; and mental health. In addition, there were some areas where several respondents referred to the same broad area. These general issues can be summarised as:

- The need to engage all relevant parts of the NHS more effectively in tackling health inequalities – It was felt that:
  - often one part of the NHS was involved in the Test Sites, but it had been difficult to engage all the relevant functions;
  - the revision in the HEAT targets could improve the focus on health inequalities;
  - there is a need to engage Community Health Partnerships better in the work of Equally Well; and
  - there is a need to work towards longer term health outcomes in addition to shorter term targets.

- The need for a greater focus on early intervention – It was felt that:
  - the Government should exert greater management influence to ensure that the NHS is moving resources from acute care to health improvement;
  - there should be a greater focus on services promoting emotional wellbeing in early years; and
  - there should be a specific National Outcome about early years and equality – for example “The inequalities and differences in child development in early years are reduced”.

- Link Equally Well to other Government initiatives – It was felt that:
  - Equally Well should be better linked with other Government initiatives (including Placemaking);
services working with individuals and specific families across Scotland should be joined up better; and
performance systems don’t support this kind of project - each partner has different targets to meet for different parts of the Government

**Spreading learning** – It was felt that:
- learning from the Test Sites should be spread widely beyond the Test Sites; and
- there should be further study or work to develop resources and models for joint working and that these could be explored nationally.

**Support for the Equally Well Test Sites** – It was felt that:
- there was much about the approach so far that should be retained – people would like to continue to be able to work flexibly and collaboratively;
- specific local change has been locally determined – it is important to make sure that this continues and that there is not a top down approach to local service design;
- (on the other hand) it is important that the Government is clear about what is required of Equally Well Test Sites;
- it is important that there remains a freedom to try out new things and see if they work; and
- with the extension of support for the Test Sites to 2011/12, it was felt that the national evaluation should continue into this year also. “It is far too early to be completing a national evaluation – it should continue beyond March 2011”

There is a view from the Test Sites that more can be done at a Scottish Government level to align strands of different Government policies and related targets and priorities. This applies particularly to early intervention. There is general support for the approach taken by the Government to the Test Sites – but a reminder that there does need to be the opportunity to try things that may not work as expected, provided there is then effective learning from this.
4. Most Important Change

We asked interviewees about the most significant things that had been achieved by the Test Site so far. A very small number of those interviewed felt that they had seen no change. But the vast majority gave at least one significant change. We received 96 responses to our question. We have grouped the responses into general themes:

- increased awareness, understanding and trust amongst local agencies (20 responses);
- effective joint working (19 responses);
- influence on local authority wide strategies and plans (10 responses);
- service user or community engagement (6 responses);
- resources for innovation and learning (4 responses);
- outcomes for service users (3 responses); and
- senior leadership - local or national (2 responses).
5. What might this all mean for the Test Sites?

As a result of this part of our work, we think that the Test Sites might each reflect on some of the issues arising. These might include:

- Have you done all that you can to make sure that the things that are working in your Test Site are sustainable?
- Are there any opportunities to use what you have learned about what works to introduce the approach in other areas (geographical or thematic)?
- Are you sure that you are open to learning from what you have done – and what others have done?
- Have you assessed the impact of the Test Site on different equality groups? And are you monitoring this impact?
- Are you making sure that improvements in joined up working and service re-design are leading to improvements for service users – which are likely to lead to a reduction in health inequality?

What might this mean for others who are tackling similar complex issues?

- The transfer of learning from ‘pilot’ initiatives into mainstream activity is notoriously difficult to achieve? How can you make sure that effective approaches become sustainable and are built into your mainstream activities?
- When considering health or socio-economic inequalities, are you assessing the impact of your work on different equalities groups? And are you carrying out appropriate equality monitoring?

What might this mean for the Scottish Government?

- How can early intervention become a reality? Are there Government targets and priorities that work against a move from tackling the symptoms to tackling the causes of inequalities?
- How can you help agencies maintain a focus on equalities groups within a policy to tackle health inequalities?
- Are there opportunities to share learning across a range of initiatives with similar aims and working with similar target groups?
6. Background information

The Test Sites were established in October 2008. Each test site is a collaboration between local public services, aimed ultimately at reducing inequalities in the health and wellbeing of people who need most or all of those services. The eight Test Sites are:

- **Whitecrook, West Dunbartonshire** - targeting the high prevalence of smoking in the area
- **East and Mid Lothian** – East Lothian is looking at health inequalities in early years in Prestonpans, Musselburgh East and Tranent. Mid Lothian is focused on improving readiness for learning in the communities of Mayfield, Gorebridge and Woodburn
- **Govanhill, Glasgow** - looking at community regeneration and development
- **Rattray (Blairgowrie)** - looking at delivering health inequality sensitive services in a rural setting for people with multiple and complex needs
- **Lanarkshire** - focusing on sustained employment and barriers to people finding employment
- **Templehall, Fife** - focusing on anti-social behaviour in relation to alcohol and underage drinking
- **Stobswell, Dundee** - focusing on methods of improving wellbeing
- **Glasgow City** - looking at integrating health into current and future city planning

We welcome feedback on the purpose, style and content of this Learning Note – to andrew.fyfe@odsconsulting.co.uk