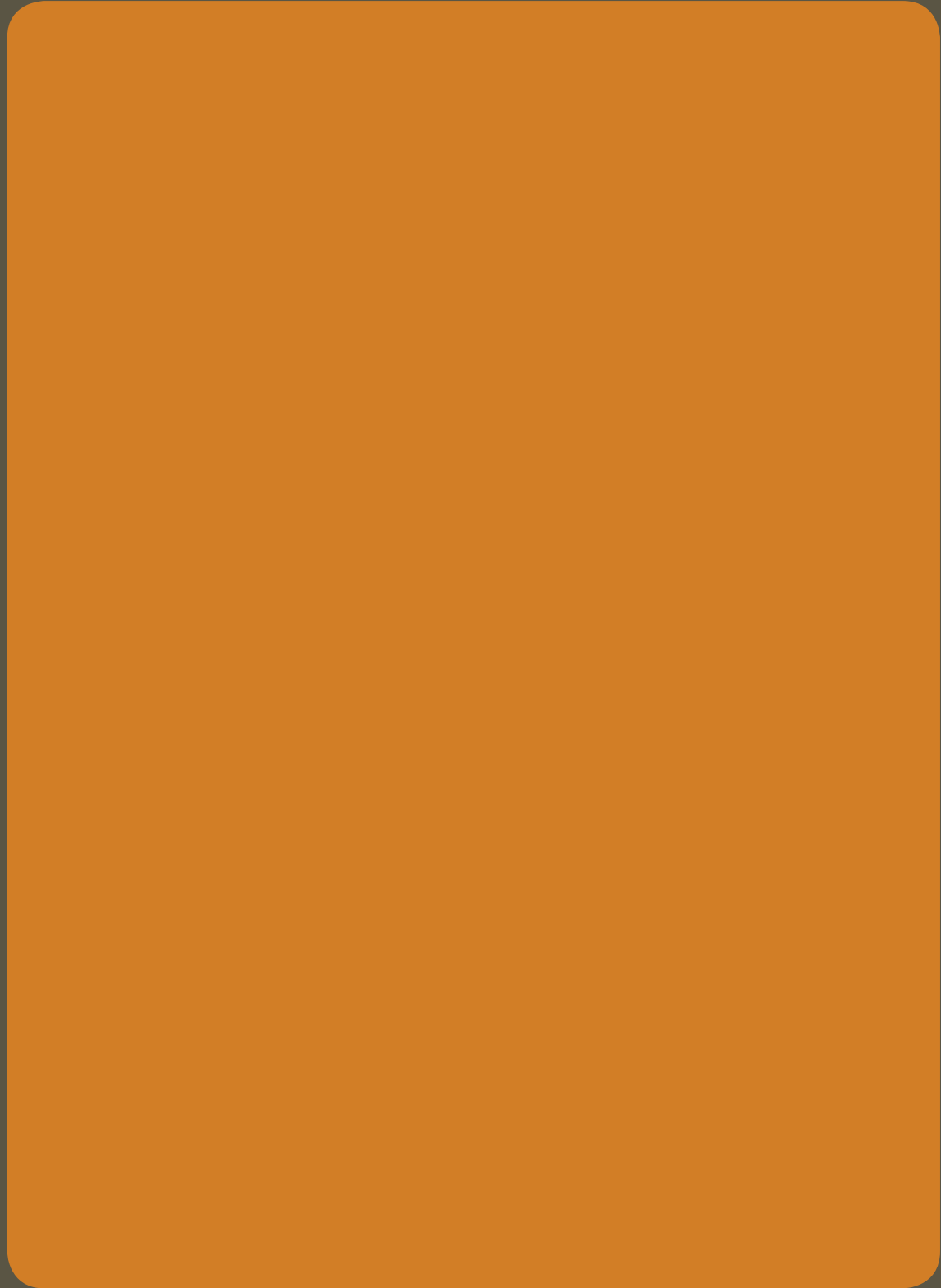


**APPLYING THE NATIONAL STANDARDS FOR
COMMUNITY ENGAGEMENT TO DEVELOPING HEALTH
AND COMMUNITY CARE POLICIES AND SERVICES**



**HEALTHY COMMUNITIES: A SHARED CHALLENGE
2006**

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The opinions expressed in this publication are those of the author/s and do not necessarily reflect those of Health Scotland or the members of the Community-led Supporting and Developing Healthy Communities Task Group unless explicitly stated.

The photography in this report is intended to represent a diverse range of real communities throughout Scotland. The pictures aim to depict everyday settings typical of both rural and urban communities: they do not seek to say 'healthy' or 'unhealthy', they simply highlight a snapshot of community life.

This information is available in alternative languages and formats.
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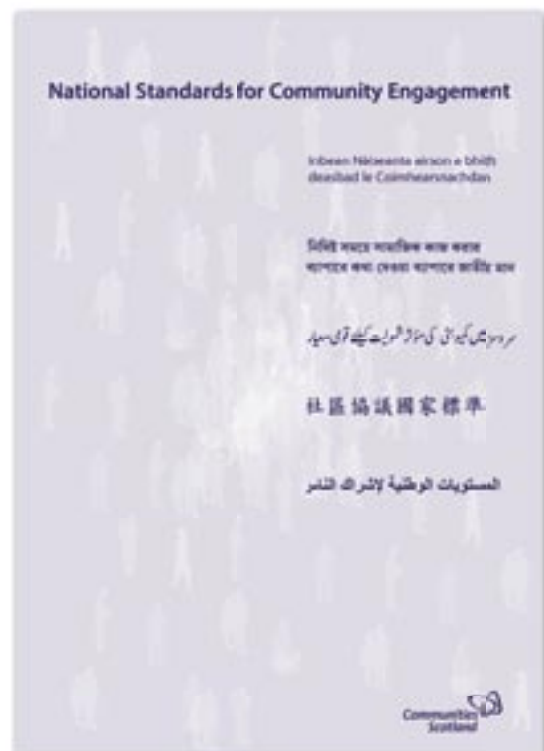
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WHAT IS THIS ABOUT?

National Standards for Community Engagement (hereinafter referred to as the Standards) were agreed in 2005 after more than a year of consultation and testing in practice. They have been endorsed by many public, voluntary and community organisations in Scotland, including the NHS.

This briefing looks at how the Standards could help people working in or with the NHS to achieve the best possible results in engaging communities, and explains how they complement NHS guidance on informing, engaging and consulting the public.

We are working to encourage people to take greater control over their own health.

This is not something that can be achieved by health services acting alone. Its success will require the active participation of the public to be fostered and sustained.

WHY HEALTH AND COMMUNITY CARE?

There has been a growth of public involvement in community health initiatives, patients' groups etc., and a growing demand for consultation on changes in health services. At the same time the Scottish Executive and NHS Scotland have made a series of commitments to creating health and community care services where the public have opportunities to influence decision-making and service developments:

- o The programme of action for the NHS' *Delivering for Health* (2005), requires NHS boards to demonstrate how they are working to achieve year-on-year improvements by involving the public both in service development and delivery and in individual decisions about their personal health. *'Our collective aim should be to implement the proposals in this plan by engaging with, and winning the support of, the people we serve.'* So public engagement must become the way in which the NHS works.

- o *Fair for All* is a policy that requires the NHS to consider whether any proposed policy or service development will have specific impacts on ethnic minorities or any other potentially excluded communities or groups. This means that steps must be taken to ensure their involvement in any process of public engagement.
- o *The Strategy for Carers in Scotland* requires that local community care plans should be supported by confirmation from local carers' groups that they have been consulted in the planning and development of services.

Health improvement – promoting positive health and well-being – is a key objective of NHS Scotland. *Delivering for Health* requires a move towards a system which makes a wider effort to achieve this. *'We are working to encourage people to take greater control over their own health'*. This is not something that can be achieved by health services acting alone. Its success will require the active participation of the public to be fostered and sustained.

WHERE DOES THIS APPLY?

The Minister for Health and Community Care has made it clear that all parts of NHS Scotland must develop greater openness to involvement of the communities in and with which they work.

There are many different levels and settings in which this can be particularly important.

- o Community health partnerships – each of them has developed a local public partnership forum. However, this forum is not the only way to involve local communities and it is unlikely to be enough to *‘ensure patients and communities, and a broad range of healthcare professionals, are fully involved in the planning and review of services’* (*Partnership for Care, 2003*). Links should be formed with individuals and community groups concerned with particular areas or services.
- o Practical work on public and community health and health promotion. This should involve finding out what people’s needs are and working with them to design services and approaches to which they will respond positively.
- o Community health projects and health promotion projects. There are many of these already working with the NHS. The potential number of community groups with an interest in helping to improve the health of their communities is enormous. They can both engage with NHS services and help to deliver health improvements directly through their own work.
- o Involving the public in changes in policy or services by hospital and other acute services, through consultations and wider engagement.
- o Development of clinical guidelines (local and national), monitoring and evaluation: public representatives may become involved through organisations such as NHS Quality Improvement Scotland and the SIGN network.
- o Planning community care and other services that involve partners from outwith the NHS. The communities affected should also be involved in these partnerships.

A stronger voice for patients and public need not be confined to special circumstances. NHS staff should be aware of the potential for their everyday work to be influenced by the views of patients and public and for their experiences of using services to be crucial to future service development. Small practical changes to how services are delivered can sometimes make a lot of difference to the people receiving them.





THE WIDER CONTEXT

The encouragement of community engagement is a feature in many other areas of policy, such as housing, planning and the environment. Some policies require the NHS to work in partnership with other bodies, including community groups. Other policies may offer ways of helping to build up the capacity of community and voluntary organisations to work more effectively.

Many of these come together in the system of community planning, which is now required by law. Community planning partnerships bring together the great variety of different agencies and sectors that can influence the future of an area and its people in a partnership to develop, implement and review a community plan.

Community planning is not necessarily a new 'bottom-up' approach to making policy, though many people hope that it can encourage that. Much of the policy discussed is at a rather abstract 'strategic' level. But it should begin a process that leads to the progressive strengthening of community well-being and future community involvement.

Community planning should also provide the forum to oversee and integrate several other important plans and partnerships, including:

- o Joint health improvement plans – these set out the approach of all agencies to the health improvement aspects of the community plan. NHS boards' own local health plans should incorporate action points from all the local JHIPs.
- o Community learning and development strategies – these are expected to cover the contribution to building the strength of community groups and to community-based lifelong learning that all agencies can make, not just the obvious specialist ones. They should be a source of support for NHS activities and should also reflect the contribution NHS staff themselves can make.
- o Regeneration strategies – following on from and perhaps broadening the work of the old social inclusion partnerships. These should closely involve people in disadvantaged areas and groups and show how both local resources and special grants will be used to improve their opportunities.

NHS GUIDANCE

This briefing complements the guidance for NHS Scotland, *Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services*. The guidance applies to both engagement in the day to day work of health practitioners, and to plans for significant service change.

Very briefly, the guidance gives advice on six aspects:

- o getting started: working out the basic reasons for and approach to involving the public
- o planning: deciding who should take part and making the practical arrangements
- o practical methods of informing and engaging the public, with examples and advice on how to choose between them

- o feedback: emphasising the importance of planning for and providing information on what the results of involvement have been
- o evaluating: the need to assess the process of informing and engaging the public and discover what worked well and what did not
- o significant service change: the specific requirements when consultation on such change is planned.

This briefing also complements the Scottish Executive Health Department advice note, *Community Health Partnerships: Involving People*, issued in December 2004. Whilst stating similar key principles, that note concentrates largely upon the membership and role of public partnership forums.

Community engagement is

a process that involves purposeful dialogue between public agencies and communities aimed at improving understanding between them and taking more effective action to achieve beneficial change.

This is recognised as important in many different areas of work. But it is also realised that the rhetoric frequently fails to match the reality.

THE NATIONAL STANDARDS FOR COMMUNITY ENGAGEMENT

The National Standards were published in 2005. They are intended to improve community engagement by describing high-quality but achievable goals that can be applied across the full range of public activity.

Community engagement is *‘a process that involves purposeful dialogue between public agencies and communities aimed at improving understanding between them and taking more effective action to achieve beneficial change’*. This is recognised as important in many different areas of work. But it is also realised that the rhetoric frequently fails to match the reality.

The **Standards** are ‘national’ for several reasons:

- o They were commissioned by the Scottish Executive and Communities Scotland. However, those bodies did not write them. The Scottish Community Development Centre brought together over 500 representatives from community groups and public bodies who devised and agreed the **Standards**.
- o People from all over Scotland were involved in this process, and six pilot areas then tested out various ways of putting the **Standards** to practical use.
- o They are intended to apply both to overall community planning and to working in health, housing, education, planning, community learning, environmental improvement, social care and other policy areas.
- o They have now been endorsed by other national organisations such as Health Scotland, the Scottish Health Council, the Confederation of Scottish Local Authorities (COSLA) and the Scottish Council for Voluntary Organisations (SCVO).

WHAT DO THEY SAY?

The 10 Standards and a brief description of each are shown below. Much more explanation and guidance is easily available.

The **Standards** exist to show that, although community involvement is a complicated and difficult task, it can be done better and

to help everyone involved achieve better results. But it needs clear planning of what to do and how to do it, building up the skills and knowledge of all involved, and a commitment to treating people equally and recognising the diversity that exists within any community.

WHAT ARE THEY FOR?

First of all, what are they not for?

- o They are not a new exercise in national target setting, forcing everyone to behave in the same way regardless of circumstances.
- o They are not an award or a public relations exercise. It is the people involved who decide whether they are meeting the **Standards**, not an external agency.
- o They are intended neither to set a basic minimum of acceptable behaviour, nor to promise things that no-one could deliver, but to give people aims that they can realistically work towards.

Five main types of use have already been tried in practice:

- o **planning:** helping people to think constructively in advance about how they are going to achieve community engagement
- o **assessment:** giving everyone involved a common basis for thinking and discussing about whether the process is working or not
- o **monitoring:** agreeing action to improve things and gathering evidence to see whether this happens
- o **evaluation:** systematically reviewing the whole process and feeding the results back into future planning
- o **ground rules:** helping all participants to agree how they should behave and be treated.

NATIONAL STANDARDS FOR COMMUNITY ENGAGEMENT: THE MAIN POINTS

1. Involvement	We will identify and involve the people and organisations who have an interest in the focus of the engagement.
2. Support	We will identify and overcome any barriers to involvement.
3. Planning	We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.
4. Methods	We will agree and use methods of engagement that are fit for purpose.
5. Working together	We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.
6. Sharing information	We will ensure that necessary information is communicated between the participants.
7. Working with others	We will work effectively with others with an interest in the engagement.
8. Improvement	We will actively develop the skills, knowledge and confidence of all the participants.
9. Feedback	We will feed back the results of the engagement to the wider community and agencies affected.
10. Monitoring and evaluation	We will monitor and evaluate whether the engagement achieves its purposes and meets the national Standards for community engagement.

HOW DO WE KNOW WHEN WE ARE ACHIEVING THE STANDARDS?

These are not national targets, with a precise definition of what level people must achieve decided upon centrally. People should discuss with each other their own ideas of what is achievable. However, each standard is explained by a few 'indicators', which describe a high quality of community engagement.

These are intended to be things about which evidence can be collected – not always by counting numbers, but by keeping a record of what is being done and how it works. These are just a few examples. People who wish to use the **Standards** should consult the full list.

NATIONAL STANDARDS FOR COMMUNITY ENGAGEMENT: SOME OF THE INDICATORS

1. Involvement	Agencies and community groups actively promote the involvement of people from groups that are affected but not yet organised to participate.
2. Support	Community and agency representatives have access to the equipment they need (for example computers, a telephone, photocopying).
3. Planning	Intended results, which are specific, measurable and realistic, are agreed and recorded.
4. Methods	Methods are chosen to enable diverse views to be expressed, and to help resolve any conflicts of interest.
5. Working together	The participants behave openly and honestly – there are no hidden agendas, but participants also respect confidentiality.
6. Sharing information	Information is made available in time to enable people to fully take part and consult others.
7. Working with others	The participants in the engagement identify other structures, organisations and activities that are relevant to their work.
8. Improvement	Each party identifies its own learning and development needs and together the participants regularly review their capacity to play their roles.
9. Feedback	Explanations about why decisions and actions have been taken are shared along with details of any future activity.
10. Monitoring and evaluation	Progress is evaluated against the intended results and other changes identified by the participants.

Reference materials giving much more detailed guides for people who wish to work on a particular standard are also available, and so are illustrations from the pilot studies of the **Standards** being used in practice.

WHAT IS NEW IN THIS FOR THE NHS?

The NHS guidance deals both with engaging people in everyday service delivery and with organising major, one-off consultation exercises on significant service change. Both need clear aims, proper plans and choice of methods, feedback and evaluation. The Standards are a day to day guide, spelling out good practice in all of these areas, and also to success in long-term work in partnerships including community representatives.

Of course there are particular difficulties involved in consultations on major service changes. They may involve:

- high levels of involvement by politicians and the media
- great interest from sections of the community who are not normally engaged in health issues
- apparently simple issues ('should the hospital be here or there?') with complex ramifications.

The **Standards** do not specifically deal with these matters. But part of the recipe for dealing with them successfully is to aim for the best possible approach to:

- involving existing groups in discussing the issues facing services on a continuing basis, so that initial options appraisals have a basis of previous engagement to build upon
- planning the process thoroughly in advance, for example so that important groups of people affected do not feel that they have been left out
- choosing methods that allow the fullest possible exchange of information and views (for example, are public meetings or surveys really adequate?)
- communicating and feeding back what is happening at each stage
- evaluating the process and trying to do it better next time – not reinventing the wheel on each occasion.

The **Standards** and the indicators that describe them can be used as a guide to best practice in all of these things.

But perhaps the most challenging thing about the **Standards** is that they make it clear that community engagement is not just something that can be switched on and off for one-off consultation exercises. The **Standards** are designed to cover many other situations, especially the development of long-term working relationships between public bodies and community groups. For this, some of the **Standards** that are perhaps less closely related to the NHS guidance are particularly important:

- the 'working together' standard emphasises the need to build agreed, open procedures, clarifying roles and setting up sustainable arrangements for community engagement
- the 'sharing information' standard emphasises that information should be accessible and shared, and rules for anything that is confidential must be clear
- the 'working with others' standard reminds us that there are many existing structures and organisations around and that we must work with them to make community engagement normal practice
- the 'improvement' standard commits everyone to identify their learning and development needs, take action to meet them and share skills and experiences.

In other words, community engagement is not about a series of one-off exercises, however well planned, but requires:

- working to establish long-term communication processes, building upon and improving existing ones where possible
- building up the skills and capacity of everyone involved
- co-operating with other partners so that our efforts assist each other
- starting with the community as it is, involving existing groups as well as trying to create new ones.

If these foundations are built, then a better basis should exist for future large-scale consultations.



WHO CAN USE THE STANDARDS?

Potentially almost anyone who works with the public or makes decisions that affect them can use the Standards, including the people with leading roles in voluntary and community groups themselves.

Note that after looking at all the Standards, people might want to concentrate in the first instance on making progress towards meeting just a few of them. Here are firstly some possible everyday health care situations – imaginary, but based upon other experiences – in which the Standards might be used to improve the way people work. Then we look at two actual case studies of ways in which people are already using the Standards in practice to develop new ways of involving people in health.

- o A health board wants to offer specialist clinics aimed at young people, but first it wants to find out what ways, times and places of doing this would get the best response. The people involved look through the Standards together and see a particular need to identify the young people they should be reaching (involvement standard), work out ways of communicating that will appeal to young people (methods) and spend some time helping the groups involved to build up the confidence to take part (improvement).
- o A healthy living centre wants to find out more about the needs of elderly people and work jointly with health services to find ways of meeting them. It decides that people will need extra help to get involved in the consultation (support standard) and that it needs to improve its links with local services in order to get results (working with others).
- o A community health partnership wants to overhaul its whole approach to engagement with local communities. This has previously relied on using different contacts that individual staff have made. It decides to concentrate on getting a shared understanding of the groups and resources that exist in the local community and ensuring that everyone knows who to contact when (planning standard), giving a commitment to getting back to people after consulting them (feedback) and taking time to think about whether engagement has achieved its purpose (monitoring and evaluation).
- o A nurse is representing local health services on a partnership with voluntary and community groups and council services to plan community care services. Everyone finds the meetings endlessly frustrating. S/he suggests that they use the Standards to help them decide where things could be improved. They decide that their priorities are to agree clearer procedures for who does what (working together standard) and making sure everyone gets the right information, in a form that they can understand (sharing information).

CASE STUDIES

USING THE STANDARDS IN A COMMUNITY PLANNING PARTNERSHIP – INTEGRATING APPROACHES TO ENGAGEMENT IN NORTH LANARKSHIRE

The North Lanarkshire Partnership and all its partners have adopted the Standards as representing their own objectives. The partnership is now developing new mechanisms to allow communities to be involved in the community planning process.

The key decision has been that there will be no separate public partnership forum (PPF) working with North Lanarkshire's community health partnership. Instead the partnership will build on the council's previous support for community forums. These will now work directly with, and send representatives to, six new area partnerships. Their areas also correspond to the localities recognised by the community health partnership.

The community forums will play the role of PPFs and potentially deal with issues affecting all community planning partners. Instead of PPFs focusing only on NHS primary care services, it is argued that they will be able to look at the health impact of leisure, environmental, safety and other services.

To work towards this, the partnership has held eight events each aimed at different groups of partners, including:

- o board members
- o community forum members
- o police and fire services
- o health staff, across a range including primary and acute services, community pharmacy, etc.
- o members of local area community planning teams from several agencies
- o staff of voluntary and community organisations and community learning services
- o mixed groups of council, NHS and Scottish Enterprise staff.

In these sessions, people have been introduced to the Standards and assisted to use them to assess current performance in community engagement and to identify priority areas for action. Health workers in particular are reported to have held thoughtful, self-critical and productive discussions.

Both the council and the NHS have allocated staff time to help to develop the forums. Partners have also committed themselves to co-ordinating their consultation processes using a common database.

USING THE STANDARDS IN A COMMUNITY HEALTH PARTNERSHIP – BUILDING A PUBLIC PARTNERSHIP FORUM IN INVERCLYDE

In Inverclyde NHS, public health staff had been working with a group of people for the past year in preparation for setting up a public partnership forum (PPF) to work with the local community health partnership. The majority were representatives from community and voluntary organisations, joined by people from various council services and sections of the NHS.

The lead officer involved heard about the **Standards** at a subgroup of the local community planning partnership set up to discuss community engagement in the area. She thought that they could help them to create the PPF and to set the basis for monitoring its future performance. So she asked for part of the national support programme for the **Standards** to be devoted to a half day event specifically for the potential PPF members.

They used small group exercises, and looked especially at the implications of the:

- o planning standard, reviewing what stage they were at in agreeing the purposes, scope and timescale for the PPF and the actions that would need to be taken to establish it

- o involvement standard, to check whether they had identified and involved the people and organisations who would have an interest in the PPF
- o support standard, asking ‘Have we ensured that each representative has the support they need to participate and that there are no barriers in place?’
- o working together standard to help them to assess what procedures they needed to put in place to work together effectively and efficiently.

The day ended with a list of required actions in place. Looking at the involvement standard helped people to see that they needed to do more to involve young people. They do not expect to have them sitting on a working group, but plan to go to them instead, linking with groups involved in the Inverclyde Youth Strategy.

The working together standard helped them to realise that they needed to be clearer about why each member was round the table and how each of them would communicate with their own colleagues. They also decided to draw up a partnership agreement specifying how things would work.

They now hope to arrange for more sessions for the group to work together using the **Standards**.

WHAT CAN I DO NEXT?

- o **Get hold of the Standards pack or look it up on Communities Scotland's website.**
- o Raise with your team, group or partnership the idea of using the Standards to understand and improve your own approach to community engagement.
- o Make sure that people agree to using the Standards and that someone has clear responsibility for putting this into practice.
- o Choose which Standards or aspects of your work to concentrate upon – don't try to do everything at once.
- o Find out what support might be available from your health board, local community learning and development workers or community planning partnership.
- o Use your imagination and don't be afraid – there are no forms to fill in!

SOURCES OF INFORMATION AND ADVICE

National Standards for Community Engagement (Communities Scotland 2005)
www.communitiescotland.gov.uk/stellent/groups/public/documents/webpages/lccs_008411.pdf

National Standards support materials
www.communitiescotland.gov.uk/stellent/groups/public/documents/webpages/cs_006607.hcsp

Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services – Guidance for the Scottish Executive Health Department and NHS Scotland (March, 2006)

Community Engagement 'How to...' Guide (Communities Scotland)
www.communitiescotland.gov.uk/stellent/groups/public/documents/webpages/scrcs_006693.hcsp

Community Health Partnerships: Involving People (Advice notes, Scottish Executive Health Department, December, 2004)
www.sehd.scot.nhs.uk/chp/Pages/advicenotes.htm

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For CPD learning opportunities on 'Patient Focus and Public Involvement' contact:

Mary Boyle and Helen Mackinnon
NHS Education for Scotland (NES)
2nd Floor, Hanover Buildings
66 Rose Street
Edinburgh EH2 2NN
Phone: 0131 225 4365

For support on the community development approach to tackling health inequalities contact:

Community Health Exchange (CHEX)
Suite 305 Baltic Chambers
50 Wellington Street
Glasgow G2 6HJ
Phone: 0141 248 1990
www.chex.org.uk

