



'Community Planning, Community Engagement and Health'

**Report of the CHEX National Seminar  
on Community Planning**



**Held on Wednesday 25<sup>th</sup> June 2003  
in the UPDATE Centre, Edinburgh**

## **Introduction/Background**

This is the report of the seminar 'Community Planning, Community Engagement and Health' held on Wednesday 25<sup>th</sup> June 2003 in the UPDATE Centre, Edinburgh. It is intended to give an overview and summary of the various inputs as well as a reflection of the discussions and creative thinking that took place in the workshops.

This seminar (and the re-run in October) form part of a process of enquiry and learning that CHEX has been involved in for nearly two years now. In November 2001 an initial practice seminar was held which indicated a very low level of awareness of community planning amongst community health organisations in Scotland. Subsequently, in the middle part of 2002, CHEX conducted an enquiry with a variety of community health organisations which not only served to confirm this but also indicated a fairly high level of interest in the whole community planning process and how to engage with it. As a result of this and on-going feedback from the sector it was decided to organise a national seminar which would not only allow community health initiatives and partner organisations to explore the implications of community planning for their work but also to devise strategies for beginning to engage more effectively with the whole process. There has been a high level of interest in this seminar from a wide range of organisations in the community, voluntary and statutory sectors and particularly the NHS. So much so that at a fairly early stage it was decided to run it again later in the year. This second seminar will be held on 28<sup>th</sup> October and is already over-subscribed. As is highlighted in the Actions section at the end of this report we don't envisage this being the end of the process. CHEX not only intends to progress issues with key stakeholders but also to continue to provide opportunities for community health organisations to make an input and learn more about engaging with Community Planning.

## **Aims/Methods**

The aims of the seminar were:

- To enable participants to develop their knowledge and understanding of Community Planning
- To help participants explore the Community Planning process from a range of perspectives

The methods used in the seminar included:

- Keynote inputs on the Local Government Act/overview of Community Planning and the Joint Health Improvement Plans
- Workshop inputs from community projects on the experience of Community Planning so far
- Workshop discussion on participants' starting points for engagement with Community Planning
- Participatory Appraisal exercises looking at issues/opportunities and potential outcomes of Community Planning

## **Keynote Speakers**

### **Karen Jackson**

#### **Team Leader, Community Planning Team, Local Government Constitution and Governance Division, Scottish Executive**

(see Appendix 1 for Karen's slides)

Karen gave a broad ranging overview of Community Planning which included the context, the legislation, and the implementation.

#### **The Context**

Community Planning is part of the effort to improve public services. It has 4 key principles – it is based on needs, it's about devolving decision-making, it's about national standards, and it's about addressing poor practice. It was also stressed that it's been around for some time with the Pathfinder Pilots starting in 1998.

#### **The Legislation**

It is enshrined in the Local Government in Scotland Act 2003 which defines community planning as “a process... whereby services in the area of a local authority are planned and provided after consultation and (on-going) co-operation ... with all public bodies and with community bodies ...”. It has 3 main parts: the duties on Local Authorities, other agencies, and Ministers; engaging the community; and other provisions which include reporting, Ministerial intervention powers, incorporation and guidance.

#### **Implementation**

High level commitment continues with a Community Planning Implementation Group whose remit is to maintain progress, raise the profile, provide guidance and promote good practice. There is a great deal of variation across Scotland in terms of implementation but the challenges faced are fairly similar. However, the benefits for individuals and communities should outweigh the problems which makes it all the more important to learn from the experience so far and move on – as is happening in the original pilot areas of Perth & Kinross, South Lanarkshire, Edinburgh, Highland and Stirling.

### **John Howie**

#### **Public Health Development Officer, Stirling Community Planning Partnership**

(see Appendix 2 for John's slides)

John gave a very detailed presentation on Community Planning at a local level concentrating on the development of the Joint Health Improvement Plan and covering the origins of Joint Health Improvement Plans, the development of Joint Health Improvement Planning in Stirling, and a focused example of Joint Health Improvement Planning and Physical Activity.

#### **The Origins**

Community Planning can be traced back to Labour policy statements in 1995 but Joint Health Improvement Plans were first mentioned in the White Paper 'Rebuilding our NHS – a Plan for Action, a Plan for Change' (2000). More recently it has been specifically mentioned in 'Improving Health in Scotland – The Challenge' (2003). Joint Health Improvement Planning views health as being influenced by 3 key sets of determinants: socio-economic/environmental factors, sex/age/genetic factors, and individual responses to these factors.

### Joint Health Improvement Planning in Stirling

Stirling covers a wide geographical area from Tyndrum to Stirling itself. It is a relatively affluent area overall but there are major inequalities faced by the poorer areas. The first Community Plan was produced in 1999 and the first stand alone Joint Health Improvement Plan will be produced in August 2003. There are a large range of organisations involved in contributing to the agenda – including the Council, Scottish Enterprise, Voluntary Organisations, Community Councils (responsible for developing local community plans), the Police, the Fire Service and many more. In terms of infrastructure there is a Health and Well-Being Functional Group responsible for Joint Health Improvement Planning and which has split health improvement into a number of population and topic areas such as physical activity, food, health inequalities, older people, children, etc. There is a lot of inter-connection with these areas and a lot of the work is about managing overlapping agendas and ensuring clear aims and objectives are set at an early stage.

#### Physical Activity

This was given as an example of Joint Health Improvement Planning in practice. Key objective areas were set for this topic and early practical outputs that have been achieved have included a Partnership response to the Physical Activity Task Force Consultation, the Play @ Home Scheme and a Paths to Health application.

#### Summary/Conclusion

The Joint Health Improvement Plan is the result of a process and not just a collection of plans. There will exist variations in how areas implement Community Planning – Stirling is just one approach. 'Get involved' – if you're not already a formal partner find out how you and/or your organisation can become one.

### **Workshop Presentations**

#### **Christine Hamilton – Community Planning in West Lothian**

Christine spoke from a community perspective about the experience of the Community Planning process in West Lothian. There has been a mixed experience to date with local groups feeling that the approach has been somewhat tokenistic and that some opportunities have been missed to make it a really inclusive process. Christine outlined the main lessons that the local communities would like to highlight to Community Planning Partners everywhere.

- Community representation/involvement needs to be worked at – the experts on community issues are the people that stay there who need to be supported to bring these issues (and ideas) forward on an equal basis with other community planning partners. A 'tick-box' approach should be avoided – this does nothing to involve or empower people.
- Support to community groups needs to be real and sustained – the example was given where groups are supported to submit funding bids but very little support to manage the money if the bid is successful.
- There is a disparity between the theory of empowerment (it sounds good for agencies to say they're doing it) and the reality of empowered communities then coming up against obstacles put up by the self-same agencies.

- Community members are not apathetic – they just don't always have the time to become involved. They also put a lot of emotional investment into their involvement and this should be recognised.

It's not all negative! There are real ideas and enthusiasm out there – things like Citizens Panels, the Villages Strategy and tapping into existing structures like Community Councils can all work if approached in the right way

Christine's input stimulated a full and interesting discussion which included the following points:

- Community involvement should be embedded and not an add-on
- Development and support to community involvement should operate in parallel to the development of community planning
- There should be a recognition that community health initiatives are the experts on community involvement
- There are some real fears from community reps about getting into a long, tiring, and challenging process
- Medical Model barriers still prevail!
- In some areas people have not been made aware of their right to participate in the Community Planning process

In summary, in many areas Community Planning Partners still need to learn lessons from the communities that they are meant to be working with. There is still a real will at community level to become involved but this needs to be engaged with in a respectful and empowering fashion.



**The morning workshops in full flow**

### **Sheila McMahon – Dundee Healthy Living Initiative**

Sheila's story of the Healthy Living Initiative's engagement with the Community Planning process provides a valuable insight into the cultural and organisational complexities that face community health initiatives in their quest to become fully involved and influential within Community Planning Partnerships.

The Dundee Healthy Living Initiative's work is based on the experience and expertise of community development initiatives in tackling health inequalities at a local level. A key aim of the Healthy Living Initiative is to support local people in participating in health issues that are important to them and reflecting these back to policy-makers and decision-makers. The Healthy Living Initiative focuses on building capacity that equips people to become active in health activities and

influence the Community Planning Partnership on healthy outcomes that are responsive to local needs.

Dundee has a history of community development in health however there are still lots of obstacles to achieving effective partnership working. In integrating the strategic development and operational delivery on crosscutting issues such as health, the community planning structure is complex and not one for the faint-hearted! The Healthy Living Initiative makes representation on a myriad of different structures and planning groups while sub groups on specific health topics feed into the Joint Health Improvement Plan amongst other things. Written and verbal communication needs to be good and Sheila emphasised the need for community health initiatives to build strong relationships with service providers to help establish the trust and confidence that keeps all partners on board.

Sheila, in the main, is optimistic about the opportunities that Community Planning presents to community health initiatives. She finished with the strong message that community health initiatives mustn't wait to be invited to be involved – they must be rattling doors, shouting loudly about what they can offer and demonstrating their strong position of delivering unique services, and effectively involving local people in ways that achieve healthy outcomes for themselves, the wider community and the Community Planning Partnerships.

### **Building Healthy Communities – North and West Dumfries**

Sheila Campbell and the group from Building Healthy Communities gave a positive story of how local people have been involved in community planning. The moral of the story really was that community planning is heavily dependent on the foundations of partnership and participation that precede it. Community capacity building is a gradual bottom-up process that depends on local people having their own immediate needs met before demands are made of them by organisations.

The stories emphasised how people were motivated to get involved in some of the community needs assessment and participatory appraisal work going on in Dumfries and Galloway. They were attracted initially by social opportunities, the opportunity to find out more about their community, and the chance to learn new skills. People were initially a little mistrustful of statutory agencies but when they got to know the people behind the 'scary titles' and discovered that their voices were listened to and respected, their confidence and self-esteem soared. People were also encouraged by seeing visible changes to the issues they had identified.

It was acknowledged however that these foundations are not present in all areas and that consequently the response and approach to Community Planning is patchy and fragmented. Other issues which can crop up are things such as incompatibility of scale. 'Community', as a concept implying real human connection does not translate well to the scale at which most Community Planning is being implemented. Often the community and voluntary sector are only allowed one or two places at the table which makes the notion of real representation and participation virtually unworkable. The message coming from the Dumfries and Galloway experience is that, for Community Planning to work, it needs to have echoes at a very local level and a community infrastructure that is genuinely capable of reaching those 'hard to reach' nooks and crannies of 'human-scale' community.

## **Participatory Appraisal Session**

### **Input by Christine Caldwell, East End Health Action**

Christine gave a short input on Participatory Appraisal which has been used in both Greater Easterhouse and the East End of Glasgow to inform the development of health strategies within the Social Inclusion Partnership area. Participatory Appraisal is a process (not just a set of tools and techniques) which can:

- Inform decision-making
- Influence decision-makers
- Involve all stakeholders in decision-making
- Increase participation in decision-making structures

The underlying principles of Participatory Appraisal are:

- The need to recognise and work with the knowledge and experience of local people
- The need for local people to have more say and control in the development process
- The need to understand the context for different groups and the constraints on people
- Rapid progressive learning

What does Participatory Appraisal actually do?

- It uses visual methods (e.g. diagramming, matrixes, talking walls, mapping) that assist /aid analysis and discussion
- People can represent their own realities in their own terms
- Transparency – everyone can see what is being recorded
- Ownership – it is open and easier for people to feel in control
- Accessibility to all

Christine finished by emphasising that Participatory Appraisal is not a magic wand that will instantly produce 'community empowerment'. As with any other community development approach, it is *how* it used that is important and if used well can have a profound impact.

*[There is an evaluation report of the Participatory Appraisal work in Greater Easterhouse/East End available either from East End Health Action (0141 550 7332/ [eeha@eepl.freeserve.co.uk](mailto:eeha@eepl.freeserve.co.uk) ) or it can be downloaded from the Oxfam website ([www.oxfam.org.uk](http://www.oxfam.org.uk))]*

### **Small Group Participatory Appraisal session**

The afternoon session of the seminar was designed to allow participants to look at where they wanted to get to with Community Planning and how they would get there. To assist people to do this small groups used a couple of Participatory Appraisal techniques (the tree exercise, responsibility matrix). The following section gives a summary/analysis of the work in this session.

## **Tree Exercise – where do we want to get to with Community Planning?**

The participants were asked to identify roots (starting points), trunks (processes) and fruits (outcomes) for their engagement with Community Planning (see Appendix 3)

### Roots – Starting Points

These fell into three broad categories – organisations, structures/legislation, and the context /conditions for community planning:

- *Organisations:*  
*Community Groups, Voluntary Organisations, Community Projects, Councils, Social Inclusion Partnerships, LHCCs, Community Planning Forums, etc.*
- *Structures/Legislation:*  
*NHS Planning Processes, Performance Assessment Frameworks, The Local Government Act, Community Planning Guidelines, Local Community Plans, Joint Health Improvement Plans, etc.*
- *Context/Conditions*  
*Recognition of differences in culture, recognition of different ways of engaging with communities, different starting levels of awareness, recognition that Community Planning happens at a variety of different levels*

### Trunks – Processes

These tended to fall into two main areas – informal processes, practical actions and more formal structures as follows:

- *Informal Processes:*  
*Networking, stories, conversations, sharing local success stories, listening to and affirming, speaking out, knowledge building, etc.*
- *Practical Actions:*  
*Seminars like this one!, participatory appraisal, training, addressing barriers, addressing conflict/resistance, community conferences, etc.*
- *More Formal Structures*  
*JHIP Consultations, Regional Partnerships, Local Area Partnerships, themed challenge groups, etc.*

### Fruits – Outcomes

There was a massive amount of responses in this category which broadly came into 4 categories – empowerment/involvement, partnership working, services/ service development, change/influence. A summary of the responses is as follows:

- *Empowerment/Involvement*  
*Real involvement, wider and more meaningful participation, genuine community voice, local people's real involvement at strategic level, communities of interest recognised/involved, active communities, enthusiasm and interest, acknowledgement of the work/skills of local people, trust/belief/mutual respect/understanding*
- *Partnership working*  
*Joined-up/merged processes, more partnership working, communities as active partners, common aims/goals and long-term visioning, added value from partnership working identified*

- *Services and Service Development*  
*People feel they own their own services, small-scale, informal, locally-based services that are responsive to local need, good communication between agencies and community*
- *Change and Influence*  
*Qualitative evaluation recognised and qualitative indicators developed, measuring of health improvement and reduction in inequalities, flexible agenda with built-in feedback loops, positive feedback about change, community sees change that they've influenced, clear route for local community planning to influence policy, Community Planning partners clearly accountable*

And finally a plea from the heart which probably fits into all the categories:

- *Common sense prevails!*



### Participatory Appraisal in action

#### Responsibility Matrix – How are we going to get there?

The participants were then asked to identify what actions would be needed (and by whom) to achieve the outcomes that had been identified in the tree exercise. These were split into 3 main areas as follows:

- By Us (by the community and/or community level projects/workers)
- With Us (actions taken in partnership with communities)
- For Us (actions taken by authorities/agencies that would benefit communities)

#### By Us

- *Find out what's happening and keep ourselves informed*
- *Show interest, have confidence and make a positive commitment to the process*
- *Tell our stories (be open so that people ask us for our stories) and promote awareness of our unique contribution*
- *Use each other for exchange of information*
- *Be more inquiring, campaign and make demands, agitate for access to the JHIP and the process as a whole*
- *Start with small, achievable goals*
- *Develop/promote creative methods of consultation – make it fun!*

### With Us

- *Create opportunities for decision-makers to meet with other partners/agencies/community*
- *Propagate e-bulletins in NHS and Councils*
- *Share information*
- *Raise awareness and develop understanding of Community Planning*
- *Widen out involvement*
- *Honestly acknowledge problems, develop trust*
- *Concentrate on developing good relationships across different sectors*
- *Solve access problems*
- *Develop shared, clear, concrete aims and objectives*
- *Stop using acronyms (now!)*
- *Identify training, support and capacity-building needs in communities and agencies*
- *Develop different, more accessible formats for information – keep it clear, simple and to the point*
- *Stop re-organising (now!)*
- *Get local people involved at a strategic level*
- *Work through existing networks and alliances*

### For Us

- *Find out what works and get the information out*
- *Include social model of health as core in all health professionals training*
- *Iron out mixed messages and be very clear when working with the media*
- *Review evaluation models and introduce more participatory methods*
- *Change management structures to adapt to new working practices*
- *Have less focus on national targets and more focus on local needs and issues*
- *More opportunities for national level decision-makers to listen directly to local people/communities*
- *Pass plain English criteria and cut through the abundance of rhetoric*
- *Build better mechanisms for public accountability*

### **Summary/Conclusions**

Community Planning is a huge topic to cover and over the course of the seminar the participants themselves produced a massive amount of ideas/views/issues which relate to the debate. The following is an attempt to give a brief summary of the main conclusions:

- There is a huge variety of experience in terms of engagement with community planning ranging from the very positive to the very negative.
- There is an increasing recognition (by all sectors) of the importance of Community Planning in terms of health improvement and community health development.
- There appears to be a real willingness to engage with the process coming from community projects and organisations.
- Genuine support for people to engage with the process appears to be patchy across the country with some areas having a real commitment to it and others merely paying lip-service to it.
- There is a need for more opportunities for communities to share their experiences and expertise with each other and with policy/decision-makers.

## **Actions**

Following on from this seminar CHEX have made a commitment to do various things:

1. Produce the report of this seminar and disseminate it to all participants, relevant sections within the Scottish Executive and all Community Planning Partnerships.
2. Deliver the re-run of this seminar on 28<sup>th</sup> October and produce/ disseminate the report from it.
3. Investigate interest from key stakeholders (such as the Scottish Executive and Community Planning Partnerships) in responding to the major issues that have arisen from both seminars.
4. Support any on-going dialogue/action that may arise from this.

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John Casey	-	East End Health Action
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Christine Hamilton	-	Polbeth, West Lothian
Sheila McMahon	-	Dundee Healthy Living Initiative
Sheila Campbell	-	Building Healthy Communities
Maggie Horan	-	Building Healthy Communities
Veronica Hunter	-	Building Healthy Communities
Paul McGregor	-	Building Healthy Communities
Carolyn Watson	-	Building Healthy Communities

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## List of Participants

Veronica Anderson	Magic Wand Community Health Project, Barrhead
Stuart Anderson	Thistle Foundation, Edinburgh
Fiona Bradley	Perth & Kinross Council
John Brown	NHS Health Scotland
Davy Cairns	Forth Valley Primary Care NHS Trust
Wendi Cuffe	Building Healthy Communities, Stranraer
Jim Cunningham	Cambuslang Health and Food Project
Linda Davidson	Greater Glasgow Primary Care NHS Trust
Mary Douglas	North Edinburgh LHCC
Zoe Dunhill	Lothian University Hospitals NHS Trust
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Gillie Feron	Cambuslang Health and Food Project
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Bill Hannah	Drumchapel LHCC, Glasgow
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Georgie Milliken	Diabetes UK
Ginnie Moreton	Lothian NHS Board
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