‘Knowing Me, Knowing You’
Round Table Discussion Report

Albany Centre, Glasgow
15th January 2009
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**Acknowledgements** – CHEX would like to thank Penny Richardson from the PROP Stress Centre and Bob Purdon from Gorbals Healthy Living Network for their assistance in the planning of this event.
1. BACKGROUND

The cultures of public sector agencies and community-led health initiatives (CHIs) reflect different characteristics in their means of communication, decision-making, processes, resourcing, background of staff and governance. Perceptions of each other are often informed from historical and current experience, myth, other people’s experiences, personal interactions and stereotyping. This influences - not always in the most productive way - how each engages and interacts with the other.

In health improvement and tackling health inequalities, there is a strong political imperative to ensure that the unique contributions of each sector are interconnected to consolidate existing services and support collaborative approaches, which help initiate new solutions to health inequalities. Inherent in the dynamic between sectors is the need to establish positive relationships and robust processes of communication and accountability to work together effectively. However, because of the funding relationship, developing and cementing these relationships continues to be a significant challenge. In the main, public sector agencies hold the funding and CHIs either make grant applications or negotiate for contracts. A further factor is that national government is actively encouraging the development of social enterprises and is seeking to promote income generation aimed at creating increased self-reliance within the Voluntary and Community Sector (VCS).

Currently, the national policy arena strongly recognises the contribution of VCS organisations to tackling health inequalities and calls for the sector’s involvement at every level. There is an expectation that VCS organisations will participate in not only the delivery of services, but also in shaping policies. VCS organisations have risen to the challenge of resourcing involvement in all these areas through a number of avenues including grants, contracts and developing as social enterprises. However, this challenge consistently affects the relationship between VCS and public sector agencies and the ability of the VCS to secure the resourcing appropriate to ensure full and meaningful participation.

2. POLICY STATEMENTS & DECISION-MAKING STRUCTURES

The implementation of policies from ‘Better Health: Better Care’ and ‘Equally Well’ emphasise the ‘mutual’ NHS embracing all public sector agencies and the voluntary and community sector. The shaping of new decision-making structures from the national Concordat to Single Outcome Agreements urge joined-up thinking and collaborative working between services and between sectors.

“The value added contribution of Scotland’s network of voluntary and community organisations is already significant but more must be done to foster this important partnership”


‘Equally Well’ stresses the need for change, innovation and leadership. Intrinsic to the voluntary and community sector is its ability to change, respond to expressed local needs, external influences and pioneer new ways of working. Given the opportunity and the resources, new ideas flow and new solutions are found. CHIs have consistently shown that, by working with communities themselves, they access local knowledge, skills and contacts. This results in new developments, responsive to community identified need, including facilities and services as diverse as local health forums, community gardens, sexual health services for young people and outreach support for vulnerable families. (‘Healthy Communities: A Shared Challenge’ 2006)
But how best to sustain the organisations that harness and develop these community attributes and assets? Too often, the reliance has been on individual relationships resulting in the immediate loss of relationships when people move on to new jobs. Without established, structural processes, routes of communication have to be reinvented and relationships have to be rebuilt.

3. CHEX’s EXPERIENCE

CHEX’s experience to date is that both CHIs and public sector agencies welcome opportunities to understand each other’s respective roles and through that understanding to develop new systems and processes to build respect and enhance decision-making in the delivery of a joint agenda. This, in turn, not only improves decision-making on funding to community health organisations but develops effective partnership working between each sector. However, the strength of these processes varies enormously across the country and there is an ongoing need to promote and ultimately embed good practice which establishes the processes and avoids dependency on individual ‘one-off’ relationships.

CHEX’s involvement in the ‘Healthy Communities: Meeting the Shared Challenge’ national capacity building programme for community-led health (2008-2009) is contributing to opportunities for developing dialogue between community health organisations and public sector agencies. It is intended that the outcomes from the Round Table discussion reported here will feed into the Programme’s activities and also shape further CHEX events, including our national conference in the autumn. It is hoped that, by the end of 2009, the evidence gathered from all this work will help to establish agreed ways of working across the country which reflect best practice. Inherent within this will be respectful relationships together with robust, transparent decision-making processes between community-led health organisations and public sector agencies.

4. PLANNING & PARTICIPANTS

Following a consultation meeting with CHEX Network members, members of the Network were invited to identify their key issues via a brief questionnaire. Responses to the questionnaire shaped the priorities for Discussion.

CHIs were invited to bring both staff and board members to this event and there was a positive response from across the country. Public sector representatives with a commissioning role were individually approached, all were enthusiastic and on the day there was representation from local authorities, the NHS and Community Planning Partnership. The Discussion Group was completed by representatives from two national intermediary organisations that have strategic roles in building partnership working between public sector agencies and voluntary and community organisations (see participants list, Appendix A).
The intended outcomes of the event were:

- Participants have an understanding of each other’s culture
- Participants have an understanding of the different tensions that exist within each other’s organisation/agency
- Participants have an understanding of various solutions that would help address these tensions

The agenda for discussion was designed to provide:

- Opportunity to discuss what you think are the problems and solutions to building awareness about each other’s cultures
- Insight into the problems and suggestions on how best to address them
- What priority actions our respective agencies can take, we can take as individual workers and CHEX can take as a national intermediary body
- Some fun and light relief, peppered with biscuits and coffee/tea
- Informal networking opportunity

5. THE DISCUSSION IN PROGRESS

The Discussion started off with a commitment to the following ground rules:

- Commitment to clear communication with each other
- Mutual respect for each other’s contribution
- Commitment to making the morning worthwhile and meaningful with suggestions on building relationships between community health initiatives & commissioning agencies and strengthening decision-making processes.

Prior to the full discussion, participants broke into four groups to consider key areas that had been identified in response to the questionnaires. These were issues pertaining to:

- Relationships
- Communication
- Financial Decision-making
- Strategic and joined-up working

Participants talked through what they saw as the main problems and where possible identified potential solutions. ‘Solution Cards’ were brought together on a wall chart, grouped into headings – evidence, solutions and holistic approach - and these informed the basis of the ensuing Round Table discussion.

6. PROBLEMS & SOLUTIONS

a) Relationships

The building of relationships between sectors is a challenging and time consuming business, but can reap extensive dividends in helping sectors to collaborate and understand each other. Strong, trusting relationships often lead to joint working and effective solutions which could seldom be arrived at by any one organisation, agency or sector. Strong relationships help to cut through bureaucratic barriers, get things done more effectively and efficiently and influence strategic and operational decision-making.
However, participants reported significant problems with building relationships. In particular the reliance on having a strong relationship with one individual in a public sector agency and vice versa. The evidence shows that, once key individuals move on (either in a public sector agency or CHIs), there is often no requirement in place to support new individuals or structural process to ensure that relationships between the public sector agency and CHIs will continue to develop.

Participants suggested that each sector should be proactive in contacting and developing relationships with appropriate people agencies/organisations. CHIs should especially target engagement with key people in Health Boards, Community Health Partnerships and Local Authorities. Public sector agencies should be proactive about talking with a range of people in CHIs – Board members, staff and volunteers. There should be a concerted effort to move away from reliance on personal relationships and concentrate on building inter-organisational relationships together with developing systems of mutual accountability.

“Commitment to building partnership working should be inherent in the relationship between statutory services and CHIs”
- Community-led Health Sector Representative

Different levels and type of contact are required. While e-mail correspondence and phone calls are fine up to a point, face to face contact is invaluable and every effort should be made to try and arrange meetings either for information sharing or decision-making.

Secondments and job swaps were also cited as an effective way of breaking down barriers; helping sectors to understand about the cultural differences and the commonalities of agendas, together with highlighting budgetary constraints and demanding workloads in all sectors.

b) Communication

Although a somewhat self evident statement, good communication is integral to the mutual understanding between the sectors. Changes in local NHS services, especially the introduction of the Community Health Partnerships in 2006, resulted in different systems of communication and decision-making, including changing staff roles and reporting structures. CHIs reported the frustration resulting from limited information that was circulated about staff changes which left CHIs in a state of limbo regarding vital decision-making. Although it was felt that communication has improved, communication between the sectors can still be sporadic and not particularly open or transparent.

“Large statutory organisations find it difficult to relate to numerous small organisations”.
- Statutory Sector Agency Representative

Participants highlighted the need for improvement in what is actually communicated; emphasising a real need to communicate further evidence to public sector agencies about the benefits of community-led health.

“There is a need for greater emphasis to show that community-led health is about prevention and promote the evidence base which reflects this.”
- Community-led health Sector Representative

Communication needs to help explain different roles but also needs to help each sector think more creatively, both individually and together.

“There is a need for generic roles to think out the box and not get boxed into linear ways of working.”
- Statutory Sector Agency Representative
Participants suggested that communication channels could be improved with capacity building to improve skills within and between sectors. There was particular emphasis for small community groups to receive support and resources. Capacity building should help to share good practice in a meaningful way with time taken to help develop and embed proven ideas. Positive reference to ‘Meeting the Shared Challenge’ Programme was made in helping with capacity building of both sectors.

Significant emphasis was placed on the need for improved communication between commissioners on establishing strategic approaches to funding community health organisations. There was a feeling that statutory sector agencies should establish more processes for communicating with CHIs. In particular, about their priorities, reasons why goal posts have shifted and what has influenced the resultant decision-making.

There was a general feeling that it should be easier for CHIs to access information and advice on commissioning processes, legal matters, Terms and Conditions on contracts and Service Level Agreements. Intermediary organisations should be in a strong position to help with this and Glasgow Council for Voluntary Sector’s initiative ‘Healthy Organisations’ was cited as a good example which had helped Glasgow VCS organisations.

c) Financial Influences and decision-making

The discussion on funding veered between the potential impact of the ‘credit crunch’ and stringent funding arrangements between National and Local Governments to the purchase/provider relationship that currently exists between public sector agencies and VCS organisations.

“There needs to be a shift in perception within statutory sector that the voluntary sector can just be given ‘wee dollops’ of money from time to time to becoming a ‘key partner’ and a strategic decision maker”
- Statutory Sector Agency Representative

Statutory sector representatives stressed the difficulty in gaining an overall understanding of the funding that is allocated to CHIs. The diverse funding base of grants/contracts from statutory agencies and charitable trusts can be confusing. This can often lead to a lack of awareness regarding the implications and impact on organisations when they lose specific sources of funding.

“We don’t always understand the significance of the loss of one source of funding to a community health project.”
- Statutory Sector Agency Representative

“Different sources of funding should be co-ordinated at a strategic level that could perhaps be overseen by Community Planning Partnerships”
- Community-led health and Statutory Sector Representatives
“Although there is growing evidence based on community-led health that shows impact and value from community development approaches to health improvement, that evidence base needs to be further strengthened e.g. case studies, evaluations, to convince funders of the real value from these approaches to health improvement and health inequalities.”
- National Intermediary Representative

The knowledge base of CHIs on the year to year planning cycle of NHS Boards and Community Health Partnerships could be greatly enhanced. Too often, CHIs approach public sector agencies at times when budgets are already allocated and with no additional provision for community-led health.

“It’s not only the voluntary sector that has year to year funding: NHS has to plan and budget on a yearly basis.”
- Statutory Sector Representative

Negotiations regarding funding and budgets need to be undertaken in an environment which is more open and transparent. Processes need to be established with clearly defined stages that are not negotiable and vulnerable to changing priorities of the funding agency. There was also a feeling that decision-making could be much more effective and efficient.

“Negotiating and agreeing budgets should be open and transparent with ongoing dialogue”
- Community-led health Sector Representative

“Submission and negotiation around funding needs to be a lot more efficient with continual need for good evidence.”
- Statutory Sector Agency Representative

Although commissioning is a relatively new process for CHIs, there are some helpful documents that have been produced, which both demystify the process and highlight good practice both by commissioning agencies and by community and voluntary sector agencies.

“The Audit Commission has produced a useful document on intelligent commissioning” (‘Hearts and minds: commissioning from the voluntary sector’)
- National Intermediary Representative

Accountability and following the ‘public pound’ was seen as essential and ‘Best Value’ and Health Improvement Performance Management systems should be strengthened to clearly show processes and outcomes from negotiations and decision-making.

“Bureaucrats and professionals get too bogged down in defending their own budgets. There is a perception sometimes that public sector agencies cream off budgets to support infrastructures with very little money actually reaching health improvement in communities.”
- Community-led Health Sector Representative

The current economic climate affecting the country was uppermost in people’s minds and, on several occasions, CHIs were cited as having a crucial role in helping communities to cope with the effects of the depression. Allied to this is the funding allocation to Local Authorities through the ‘Concordat’ (formal arrangement with national government).

“Massive tide of cuts in Local Authorities is on its way and gloomy future of downsizing services. Voluntary Sector really needs to gear itself up for this and start to be more proactive with highlighting the role/effectiveness of credit unions etc.”
- Public Sector Agency Representative
The assumption that community-led health saves the public sector money was raised on a number of occasions, but this needs to be systemically tested out through more robust evaluation.

“Community and voluntary organisations save the public sector money. Their flexibility and ability to engage with traditionally excluded groups help greatly with targeting of services and prevention of ill health; yet even small amounts of money are hard to come by.”
- Community-led Health Sector Representative

d) Strategic Decision-making and Joined-Up Working

A strong feeling of frustration from both sectors was expressed that we have been here many times before; emphasising the need for improved strategic decision-making joined-up working and learning lessons effectively. Despite the apparent willingness of all sectors for CHIs and the wider VCS to be key partners in influencing and implementing decisions; there remains significant fragmentation in how the sectors relate to and work with each other. No doubt this is influenced by the purchaser/provider funding relationship but the evidence shows (report of the ‘Community-Led Supporting And Developing Healthy Communities Task Group’ NHS Health Scotland December 2006) that, when CHIs are fully recognised for their unique and complementary contribution to tackling health inequalities, then initiatives are taken seriously and a more equal partnership is established.

Further frustration was expressed in the apparent inability to learn lessons from previous decision-making. Not for the first time in the discussion there was a feeling of continuing to reinvent the wheel with a failure to build on and embed good practice.

“There are real issues about reinventing the wheel – how can we ensure that we learn lessons, act on the lessons and improve things”
- Statutory Sector Agency Representative

There was also recognition that positive change had taken place in certain areas, especially where strategic decision-making forums had been formed and where statutory and voluntary and community sectors have worked well together to share practice and influence policy.

“The Health Inequalities Standing Group in Edinburgh has had an impact in having the right people to develop relationships and enable joined up thinking and working.”
- Community-led Health Sector Representative

There was a re-emphasising of the need for commissioning bodies to be better co-ordinated and joined-up in strategic decision-making.

“Commissioning bodies have to get better organised – more joined up/co-ordinated and better management of projects and funding”
- Statutory Sector Agency Representative
Fragmented processes, lack of co-ordination and weak partnership working was also cited regarding CHIs and the wider VCS. Emphasising a feeling that they often fail to marshal their extensive expertise in developing joined up responses to health improvement.

“The voluntary sector also needs to be more joined-up. Often projects can end up fighting for limited funding and there are significant problems with organisations merging.”
- Community-led Health Sector Representative

There were strong feelings that mutual agendas and consequently mutual advantage needs to be exploited on a consistent basis.

“Exploit motivating factors more for working well together – e.g. demonstrating mutual benefit from unique contributions and show joined up strategies and activities that impact on health inequalities.”
- Community-led Health Sector Representative

“What sectors have in common is their commitment and need to impact on health inequalities. However, there is a lack of consensus about the best way of doing this.”
- Public Sector Agency Representative

There was consensus about bringing CHIs together from across the country to share practice, celebrate proven methods of working and ongoing sustainability.

“We need to bring CHIs back together again in a national event to celebrate and share their work.”
- Community-led Health Sector Representative

7. CONCLUSION & NEXT STEPS

The event itself brought together a rich mix of people from across all sectors involved in community led health and provided them with the opportunity, in a supportive environment, to undertake reflective practice. For many the opportunity to step back and consider practice in collaboration with partnership organisations is rare and was expressly welcomed by participants.

“…time and space to discuss and expand thinking”
- Participant

As a national event, people welcomed the opportunity to meet with those working in other geographical areas and share practice between and across sectors.

“Sharing experiences” “Gaining different perspectives” “Useful networking”
- Participants

It was clear from the level of debate, conversation, and evaluation sheets, that people had found this event useful and informative (17 participants signed up to continue involvement on this work in the future).

People also expressed the view that they didn’t want to lose momentum and that another event in the near future would be desirable. So, ‘Knowing Me Knowing You, Part 2’ is planned for 19th March 2009.
a) More co-ordination in planning needed

Both commissioners and participants from voluntary and community sector organisations highlighted the lack of co-ordination in planning. Despite supportive policy and structures that should ensure this, there clearly remains much to be done in the actual application of real community planning.

b) Voluntary and Community Sector needs to be more influential in planning priorities

The mismatch between policy, and practice was also noted in connection with the ability of the voluntary and community sector to influence planning priorities and resource allocation. The National Standards of Community Engagement, Local Compacts and legislation making it a statutory requirement to involve both the public and voluntary sector organisations in Community Planning ought to ensure that the voice of local people and organisations are influential in planning. In practice, it was felt that the existing mechanisms rarely allow this to happen in meaningful ways.

Factors contributing to this were identified as the timing of key events e.g. Budget setting. This appeared to mean that, when VCS organisations are looking to statutory partners for financial support, decisions have already been made that constrain budgets and make it difficult to allocate money to these organisations.

c) The significance of funding from the statutory sector

In the course of this event, several commissioners commented on their lack of awareness of the whole picture of funding structures which control the lives of the small voluntary sector organisations delivering community led health in their localities.

“We don’t always understand the significance of the loss of one source of funding to a community health project.”
- Statutory Sector Agency Representative

This leads to the situation when withdrawal of what appears to be a ‘small sum of money’ can lead to the potential demise of a whole organisation. A commissioner’s lack of understanding of the interdependency of different funding streams for a small organisation or the crucial timing of decision making (e.g. not knowing if you have core funding from statutory partners before a grant-making board decides on a grant for a discrete piece of work) can inadvertently de-rail organisations.

d) Transparency of decision making processes

A lack of collective understanding is hardly surprising when there is no uniform ‘commissioning process’ across Scotland, not even in adjacent Community Health Partnerships or Community Planning structures. This leads to confusion and suspicion about how resources are received by one organisation and withheld from another.
How a ‘successful’ organisation is monitored and evaluated is also variable and makes open scrutiny difficult, again feeding suspicion of apparently ‘hidden’ processes.

Participants at this event were keen to build upon what had been discussed and the ‘solutions’ derived in the course of the seminar. It was felt that specific examples of where relationships between the sectors were well supported or had improved perhaps through constructive strategic structures locally would offer the opportunity for more focused analysis of these issues.

For this reason, CHEX has responded by planning ‘case study’ format for the follow up seminar on 19th March 2008, ‘Knowing Me, Knowing You Part 2’.

8. CONNECTIONS TO OTHER WORK

This work builds on and connects to the following:

- the work CHEX has undertaken around supporting Community Health Initiatives in their quest for sustainability and long term funding. The CHEX ‘Routes to Sustainability’ pack can be downloaded at http://www.chex.org.uk/uploads/routes_to_sustainability_briefing.pdf
- previous CHEX national Round Table discussions between Healthy Living Centres and their stakeholders
- the knowledge gained from the CHEX Study Tour, with members of the CHEX network and commissioners, to Northern Ireland in September 2008
- the National Capacity Building Support Programme to which CHEX contributes, ‘Healthy Communities: Meeting the Shared Challenge’
- the work being undertaken on ‘Economic Evidence of Community-led Health’ lead by NHS Health Scotland and guided by a Reference Group comprising CHEX, Community Food and Health Scotland, Healthy Living Centre, Health Economists from Glasgow University, Local Authority Health Improvement Officer and Big Lottery.

Visit the CHEX website at www.chex.org.uk for updates on all of the above.

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### Appendix A: List of Participants

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Appendix B: ‘Solutions’ derived from small group work on the day.

Evidence

- Improve flow of information between sectors – looking at resourcing and skills available.
- Encourage grass roots communications skills
- Need to convince commissioners that making a difference – show evidence
- Get better at promoting mutual benefit
- Sharing good practice, services being delivered and impact of changes on communities

Decision-making structures

- Commissioning bodies to be better organised - more joined up/ co-ordinated and better management of projects and funding
- Improved communication between commissioners
- Budgets are open and transparent - need to have dialogue about budget setting

Solutions…Relationships – Process – Structures

- Move away from relationships based on personal relationships and towards process based relationships
- Back to Basics i.e. building relationships with a wider range of NHS/ Local Authority Managers etc, not just a few individuals
- Commissioners and statutory funders more open with voluntary sector – link to S.O.A.
- Good community representation and properly supported
- Strong representative organisations for the voluntary sector covering appropriate areas
- Address anxieties associated with constant change e.g. Structures, staff, procedures, pots of funding
- Develop and strengthen voluntary sector via SCVO, Councils for Voluntary Services, CHEX
- Clarity in relationships, policies and procedures which leads to accountability at all levels
- Strengthen local community health networks - include statutory sector representations and resource these so that they are able to function effectively
- Access to good legal advice e.g. SLA, terms and conditions of contract, being a charity & lobbying
- Secondments, job swaps, allow each other to share experiences and understand that there are differing models of delivery which can be more or less effective for differing people
- Voluntary sector also needs to be more joined-up (projects can end up fighting for limited funding)
- Learn from Healthy Organisation Programme in Glasgow re: finances, influencing decisions

Holistic Approach

- Take a more holistic approach to tackling issues (in deprived communities there is rarely only one problem or one solution)
Appendix C: Evaluation of Event

In relation to the outcomes for the day the respondents rated the event outcomes as follows.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Yes</th>
<th>No</th>
<th>Partly</th>
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<tbody>
<tr>
<td>Participants have an understanding of each other’s culture</td>
<td>10%</td>
<td>80%</td>
<td></td>
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<tr>
<td>Participants have an understanding of the different tensions that exist within each other’s organisation/agency</td>
<td>30%</td>
<td>60%</td>
<td></td>
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<tr>
<td>Participants have a understanding of various solutions that would help to address these tensions</td>
<td>10%</td>
<td>10%</td>
<td>70%</td>
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One participant thought that the third outcome for the day was perhaps somewhat ambitious. “Not sure that there are any ‘solutions’ – maybe better to accept tensions and accept that gaining better understanding is probably best we can achieve”

When asked “What was the most useful part of the discussion and why?”
A sample of responses included
- “Group discussions and the plenary Recognition of practical examples”
- “Gaining different perspectives”
- “Developing solutions: small group time and space to discuss and expand thinking”
- “Sharing of experiences”
- “Realising that all organisations are under the same constraints”
- “Useful to see the ‘mapping’ of issues”
- “Helpful to prioritise where we feel progress can be made”
- “Useful networking at lunch etc”

In response to “What was the least useful part of the discussion and why?” although the vast majority left this section blank a sample of responses included
- “All useful – although some of the issues are sadly all too familiar. Difficult to avoid this”
- “All discussions were useful”
- “In our small group we struggled to come up with concrete tangible actions re how to address problems – sadly people always have more to say when identifying what’s wrong rather than coming up with practical steps to take things forward”

Responding to “How do you think the discussion could have been improved to meet you expectations of the session?”
A sample of responses included
- “Funding issues were a big part of the final discussion which is inevitable and sometimes has to be got out of the way before reaching other practical solutions”
- “It is hard to control discussions when so much happening around financial cuts”
- “Some people are not understanding the bigger picture”
- “I don’t like the idea of projects working alone because of competition surrounding funding”
- “I think the pre-questionnaire was a good starting point and the issues raised today should be used to inform further discussions”
- “Ticking the ‘partly’ box above (outcomes for the event) is reflective of the complexity of the issues”
- “More information about projects represented displays/handouts”
- “A case study may have been useful to concentrate all of us on the issues”
- “For some, the day was the opportunity to express their concerns…I would have preferred to take that as given and focus more on practical steps”