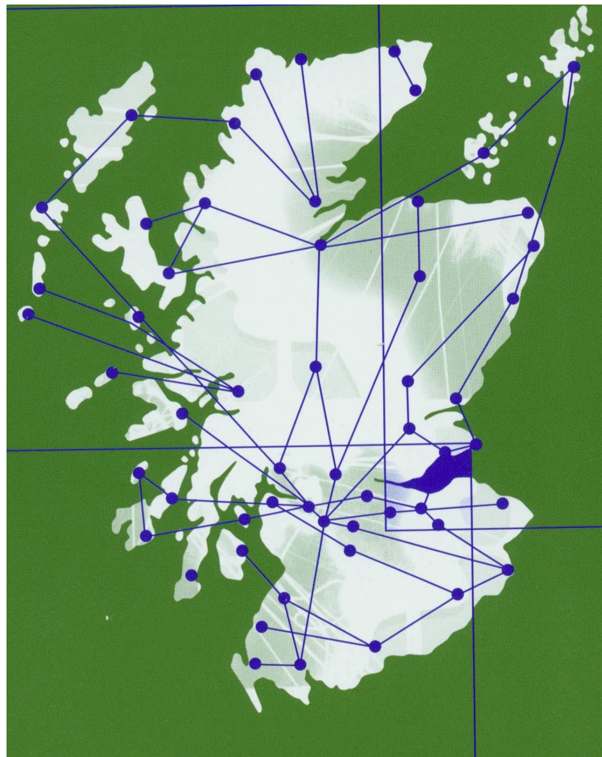
REPORT OF SEMINAR

On

'INFLUENCING HEALTH POLICY'

Friday 6th December 2002



Organised by

Stirling Community Care Forum
and
CHEX – Community Health Exchange

Background

The Scottish Executive in 1999 brought a renewed commitment to consulting community and voluntary organisations. Organisations were invited to respond to new health and social policies such as the Scottish Health Plan and the Social Justice Strategy. However, much of the consultation was still dependent on traditional methods of seeking written responses to policy documents. While creating opportunities for written comments does have its uses, it is extremely limiting in reaching a wide audience of diverse community and voluntary organisations. This type of communication tends not to encourage organisations to engage with the documents, follow through with a response, and seek further communication. It can often hinder the development of constructive dialogue between organisations and policy makers, and therefore limit the potential for organisations to influence ongoing decision-making and priorities.

Despite improvements in how documents are written, there are still major barriers in the way they are both presented and distributed for consultation. Therefore, there is an ongoing requirement for documents to be more accessible, written in language and in a style that is easily understood and encourages interaction with a wide range of audiences. Allied to this, is the need for sustained commitment, which goes further than written consultation, to developing ongoing dialogue between policy makers and community organisations in the shaping and implementation of policies.

Two years ago, the Health Education Board for Scotland (HEBS) in partnership with Community Health Exchange (CHEX) and Glasgow Healthy City Partnership (GHCP), set out to address the barriers in policy documents. With the publication of 'Understanding the Policy Maze – A Guide to Social and Health Policy in Scotland', there was an aim to provide a brief overview and analysis of policies, along with highlighting the implications for community health initiatives. It was also intended that organisations would, at a glance, be able to see the significance of policies for the work of their own organisation, and thereafter be able to use the document as a working tool in influencing the implementation of local policies.

The initial document and supplement were published in 2001, with the fully updated version being produced at the end of 2002. CHEX has been keen to use the document as a vehicle for raising awareness on how community and voluntary organisations can actively engage with health policies, and how they can become more equipped in influencing the implementation of policies in their own area. Currently, the Stirling Community Care Forum is also enthusiastic about encouraging their members to be more proactive in influencing policies, and it was decided that the two organisations would work together in the planning and organisation of the seminar.

This report outlines the issues and opportunities, highlighted by Community Forum members, and is intended primarily as a record of the inputs, discussion, and suggestions for future action.

THE SEMINAR

The seminar was aimed at members of the Community Care Forum. It was designed to raise awareness of key health and social policies, and address proactive ways of how the Forum could effectively influence policies at a national and local level. It was also designed to draw on the experiences of all those present, and to maximise the opportunity to build on these experiences for future consultation with policy makers. The expected outcomes were aimed at participants having:

- greater familiarity with the content and implementation of health policies
- an understanding of the significance of different health and social policies and how they impact on each other
- more influence in affecting health policies at a local and national level

Representatives from the Community Care Forum had selected to concentrate on three key policies - 'Towards a Healthier Scotland'; 'Social Justice Strategy'; and 'Scottish Health Plan'. The first would provide the background to the current Government's health priorities, the second would provide the 'big picture' of how social and health policies link into each other, and the third would show the shift in health priorities on working with community and voluntary organisations.

Representatives from CHEX were asked to give a brief input on each policy, highlighting the relevance to community health initiatives. This was to be followed by a specific question on how participants would want to influence ongoing implementation of the policy in the Stirling area - the questions were designed to trigger debate and provoke recommendations on further action. The final session was aimed at bringing together the recommendations and exploring how they could inform the Forum's future work programme.

Introduction

Sandra Gibb, Director of the Stirling Health and Wellbeing Alliance, in welcoming everyone to the seminar, explained the reasons behind the event and reinforced the need to demystify policy making and open up new opportunities for Forum Members to become influential in decision-making.

Janet Muir, Manager CHEX, outlined the background to the production of the 'Understanding the Police Maze – A Guide to Social and Health Policy in Scotland', and explained about its current distribution and usage in local communities.

Inputs

'Towards a Healthier Scotland'

David Allan, Training and Development Manager, CHEX, gave the first input on 'Towards a Healthier Scotland' and covered the following points:

- Working Together for a Healthier Scotland was the Scottish Office's consultation document on public health issued in February 1998. It contains short summaries of the main trends and inequalities in health and their causes, and is surprisingly easy to read. It states grand ambitions – from tackling social and economic inequalities to broad community involvement in key aspects of health policy. It sets out a 3-level approach to tackling health inequalities: Life Circumstances, Lifestyle Topics, and Health Topics and it sets the context for almost all aspects of community health work in Scotland

- The Green Paper attracted a lot of responses. The priorities were generally supported, but many emphasised the need to look at factors, such as poverty, that may have a cumulative affect on people over a lifetime. Many responses also stressed the importance of devising targets and indicators for community empowerment, and concern regarding the vagueness about community development. There was concern among voluntary sector respondents that the section on the voluntary sector was somewhat insubstantial and failed to acknowledge fully its contribution to improving health in Scotland

- The White Paper – Towards a Healthier Scotland (note that the 'working together' bit was dropped somewhere along the line!) was issued in February 1999 after a fairly long consultation period (almost a year)

- It is still the major current policy on tackling health inequalities and on health promotion, and it is based on the Green Paper and the responses to it

- It reinforced the view that tackling inequalities should be regarded as an overarching aim. It also added child health to the previous list of priority health topics

- The White Paper generally endorses the 3-level approach as set out in the Green Paper. It set out health headline targets (1995 –2010) for some of the priority health topics e.g. coronary heart disease (reduce premature mortality by 50%); cancer (reduce premature mortality by 20%); unwanted teenage pregnancy (reduce rate among 13-15 year olds by 20%); dental health (60% of 5 year olds should have no dental disease). It also set out second rank targets on lifestyle areas such as: diet (Scottish Diet Action Plan); smoking (reduce rate of smoking to 31%); alcohol misuse (reduce drinking by 12-15 year olds to 16%), etc. There were no targets set for life circumstances (or for reducing inequalities in any of the health topic areas)

- Although it did not legislate for Healthy Living Centres, it created openings and opportunities for the development of the programme in Scotland. It did, however, lead directly to the establishment of the Health Demonstration Projects – Have a Heart Paisley, Healthy Respect, Starting Well and the Cancer Challenge

- The White Paper (like the Green Paper before it) says little specifically about community health initiatives, although it does endorse a general approach to achieving strong, healthy and safe communities

- Arguably, the White Paper is generally supportive of community development, it does not focus exclusively on health topics and is very clear about the need for a broad response to health inequalities, but it has little to say about the role and value of community development as a part of the community health agenda in its own right

Participants were then asked to consider the question:

> *What can you do to make sure that health is promoted at community level, and that groups like your own are involved in the process?*

Comments & Suggestions

Participants suggested that they should be directly involved in organising awareness raising events to highlight the health benefits that the work of their own organisation had on policies currently being implemented.

Participants suggested that the Forum should be proactive in exploiting different opportunities to influence policies.

Participants suggested that the social model of health should be consistently advocated with special reference to prioritising resources for people with disabilities.

Organisations like the Health Council (HC) are in a strong position to provide an overview of diverse issues from HC members, and provide a voice for articulating issues and pressing for change with national and local policy-makers.

Umbrella organisations like the Council of Voluntary Service (CVS) are in a strong position to assist community and voluntary organisations engage with the policy arena.

Networking organisations like Stirling Health and Well-being Alliance (SHWA) are in a strong position to create opportunities for interested partners to work together and influence common goals.

Confusion arises when there is limited clarity about roles and responsibilities of different agencies in the care and well being of individuals.

Social Justice Strategy

Janet Muir gave the next input on the Social Justice Strategy emphasising the following points:

- The Social Justice Strategy had its roots in the Social Inclusion Strategy, introduced by the old Scottish Office in 1997

- Responses from the Social Inclusion Strategy consultation highlighted a need for increased community involvement, increased measures to address poverty and social exclusion, new approaches to the delivery of services for children and young people, and creation of meaningful jobs

- Specific responses on health reflected a need to address mental health and well-being, equal access to health care - especially for excluded groups - and early intervention in health care and health improvement

- The Scottish Social Inclusion Network was initiated with representation from public sector agencies and community and voluntary organisations

- The Social Strategy Inclusion was published in March 1999 along with a companion Document - 'Social Inclusion: Opening the Door to a Better Scotland'. The companion document was based on five key principles:

    * Integration – different agencies and services must work together as if they were one organisation, driven by the needs of clients
    * Prevention – this requires a focus on children and young people, on the early identification of potential problems, and on potential effective action
    * Understanding – of what works, based on research and evaluation
    * Inclusiveness – government and other public agencies need to increase their capacity to take a 'people-first' view of what people and communities needs, and to engage with community and voluntary groups in developing and taking action forward
    * Empowerment – the benefits of action to promote inclusion will only be sustainable if they enable individuals and communities to take up new opportunities, and to take control of their own situations

- Action Teams were set up consisting of members of the Scottish Social Inclusion Network and focused on:

    * Excluded young people
    * Inclusive Communities
    * Local Anti-Poverty Action
    * Making It Happen

- Following the establishment of the Scottish Executive, the new Minister for Communities, Wendy Alexander, initiated a Ministerial Task Force on Poverty and Social Inclusion

- Taking forward the strategy, the Scottish Executive introduced a document 'A Scotland where everyone matters'. It focused on causes as well as consequences, social justice rather than deprivation, and concentrated on both people and places in the fight against poverty

- The document was about turning strategy into action and outlined 10 long-term targets and 29 shorter-term milestones

  The targets are presented according to the different stages of people's lifecycle:

  * Children
  * Young People
  * Adults
  * Older People

  They also include approaches and topic areas such as:

  * Community Involvement
  * Housing
  * Drugs
  * Crime

- The long term targets are sometimes quite dramatically presented e.g. 'Defeat child poverty in Scotland within a generation'. Only one is specifically health focused – 'Increase the number of older people who enjoy active, independent, and healthy lives.'

- The milestones are given much more specific definitions. They cover a broad range of social, educational and economic factors, e.g. Young People: reductions in smoking by 12-15 year olds, teenage pregnancies among 13-15 yr olds and the rate of suicides among young people

- The targets and milestones were underpinned by principles of new directions in spending, joined up working, and community leadership. Concerns and criticisms included: Social Justice targets are only a presentational device to combat social exclusion; long-term targets are not very specific; some milestones only state the right direction to move in, but not how far; seven of the milestones were taken from the UK Government's similar document 'Opportunity for All: Tackling Poverty and Social Inclusion' and not set separately for Scotland; some were dependent on Westminster legislation; especially those linked to tax and welfare benefits

- Overall the Social Justice Strategy is made up of:

  * The broad analysis of problems and statements outlined in 'Social Inclusion: Opening the Door to a Better Scotland'
  * The wide range of existing policies reviewed in that document
  * The targets and milestones
  * Subsequent Initiatives and policies from across the whole of the Scottish Executive, summarised in the Annual Reports and 'Notes' from the Social Inclusion Committee
  * Recommendations from the Scottish Social Inclusion Network, which meets 3 – 4 times a year

- The Social Justice Strategy is intended to set the big picture. Community Health Initiatives should definitely be aware of its content and development, both to remind other agencies of its content and to guide the development of their own work programmes

- Monitoring progress towards most of the targets at local level is not easy since the specific definitions rely heavily on national statistical surveys which do not provide detailed local information

- Community Planning and Joint Health Improvement Plans are more likely to offer a better opportunity to influence what is happening at a local level

Participants were then asked to address the following question:

> *Through the implementation of the Social Justice Strategy, the Scottish Executive seeks to set the 'big picture' in addressing health inequalities, poverty and social exclusion. What do you think your organisation and the Stirling Community Care Forum can do to ensure the implementation of the Strategy is responsive to the needs of your communities?*

Comments & Suggestions

All national and local policy documents should be written in a style that is accessible to everyone, with plain English and no jargon.

There should be accessible information from national and local government on the services responsible for implementing priorities contained within different policies.

Community organisations need to be proactive in finding out who is responsible for decision-making in all policies.

Community organisations need to be proactive and consistent in raising and feeding in priorities identified within the course of their work practice.

The pooling of resources and avoidance of duplication of effort and services is necessary at all levels of partnership arrangements.

There is no one ideal way of addressing the range of problems. Processes and methods take many shapes, from formal participation in the Stirling Assembly to informal networking with local policy makers.

‘Our National Health – A Plan for Action, A Plan for Change’ & ‘Nursing for Health’

David and Janet then presented inputs on ‘Our National Health – A Plan for Action, A Plan for Change’ and ‘Nursing for Health’.

- ‘Our National Health – A Plan for Action, A Plan for Change’, also described as the Scottish Health Plan, contains a mixture of new announcements and reviews of previous announcements, but aims to present these within an overall perspective

- It covers a wide range of areas. Improving Health is given first place in the plan – there is no detailed change programme, but it does start to specify ways in which action can be taken to tackle health inequalities, and on how to work in partnership with communities, and which will be built into NHS management and planning. For example - each NHS Board will be required to identify the action it is taking to reduce inequalities; all NHS Boards and Trusts are required to work with Councils and other partners on a shared strategy (community planning) which should include improving the health of their communities.

- There were also a number of more specific initiatives announced including:

  * A Health Promoting Schools Unit
  * Increasing the funding for Scotland’s Health at Work Scheme
  * Increasing the funding for the Scottish Community Diet Project
  * Launching a Physical Activity Task Force
  * The establishment of the Health Improvement Fund to allow Health Boards to finance new initiatives in public health improvement

- There were more detailed programmes of change that were produced after ‘Our National Health’ and tried to ‘put the meat on the bones’ of what was outlined

- The first one was called ‘Rebuilding Our National Health Service’ and introduced some key changes including:

  * The creation of Unified Health Boards and the end (to all intents and purposes) of the internal market in the NHS
  * The replacement of Health Improvement Programmes and Trust Implementation Plans with one single Local Health Plan for the NHS

* A 3-year cycle of funding for NHS Boards allowing them to plan more strategically and for the longer term
* New national performance standards linked to the existing work of the Clinical Standards Board for Scotland, and an attempt to try and eliminate the so-called 'postcode lottery'

- The second major change programme was Patient Focus, Public Involvement which is covered in more detail in the next input

- The third major change programme (not produced yet) will give more detail of proposals to develop mechanisms within the NHS to support major service change and modernisation

'Nursing for Health'

- Nursing for Health is the review of the contribution of nurses, midwives and health visitors to improving the public's health in Scotland

- It concentrates on the public health roles of health visitors, school nurses, practice nurses, district nurses, midwives, community psychiatric nurses, community learning disability nurses, infection control nurses, and occupational health nurses

- These are the key points in relation to work with communities and with community projects and organisations

- With the change in focus in health improvement, from NHS Board-wide to LHCC-wide, the role of primary care nursing staff has gained extra significance, particularly for those local organisations that had already developed working relationships with local nursing staff as well as Health Promotion staff

- As previously indicated, the LHCC (Local Health Care Co-operative) has taken on an increasingly significant role in relation to health improvement and community development

- The new 'Public Health Co-ordinators' (which are now called Public Health Practitioners) have been appointed with 1 post per LHCC right across Scotland

- Additional funding has been made available for training packages for school nurses and health visitors

- In addition, there are new models for working with individual families and children which emphasise working and planning with them, rather than 'surveillance'. This should, in principle, offer many opportunities to collaborate with other local services and projects

Framework for Patient Focus: Public Involvement

- The framework for taking forward the Health Plan's Chapter Five 'Involving People' was announced at the end of 2001. While the recommendations primarily focused on the NHS's role in working with patients and the public, partnership working was 'top priority'. Therefore, there was a major objective to work in partnership with other sectors, including local authorities and community and voluntary sectors

- The framework recognises that some previous attempts on patient involvement have been 'patchy' and often failed to meet the expectations of both patients and health professionals

- The framework is divided into four broad areas –

  * Building Capacity
  * Patient Information
  * Involvement
  * Responsiveness

- Implementation of the framework cross-cuts several agendas including:

  * Health Improvement Agenda
  * Community Planning
  * Joint Futures
  * 21st Century Government
  * Active Citizenship

- Recognition that resources should be prioritised to ensure that the 'Patient Focus: Public Involvement' framework complements and reinforces other health related strategies coming out of national and local government, and also aimed at 'involving people'

- Recognition that no 'one size fits all' approach will do. Different methods are required to encourage and sustain involvement at different times

- Commitment to using agreed models e.g. 'Achieving Better Community Development' (ABCD) and 'Learning, Evaluation and Planning (LEAP), for evaluating and monitoring health impact from public and community involvement

Participants were then asked to address the following question:

> *Patient Focus: Public Involvement is aimed at developing positive partnership working between service providers and patients/communities/public. How would you wish to use the partnership arrangements to influence the health priorities of your organisation?*

Comments & Suggestions

Community and voluntary organisations need to be involved in partnership working from the start. Any potential partnership is weakened when public sector partners have already met, set the agenda, and community and voluntary sectors end up reacting to other agency's agendas.

The need for greater clarity and explicit communication on what potential impact the 'Patient Focus: Public Involvement Agenda' will have on community health.

The need for greater clarity about who to engage with, influence, and develop partnership working with.

The need for further training and development with health professionals on issues of power and inequality.

The need to develop processes for ongoing dialogue between community organisations and service providers and not be reliant on 'one/off' consultation events.

The need for engaging with the public to be automatically embedded within NHS ethos and culture.

The need to use the 'Patient Focus: Public Involvement' agenda to profile the health priorities of local communities and communities of interest.

The need to use existing structures effectively eg. Joint Health Improvement Plan and not invent new consultation structures just for the sake of it.

IDENTIFIED ISSUES

The discussion identified a number of key issues for the Forum to undertake action on including:

- Forum members are currently implementing work programmes and services on different aspects of the policy agenda. However, they tend not to consciously link their work to the policy agenda

- Forum members need to identify and arrange to meet with the Designated Director for Public Involvement within the Forth Valley Health Board

- Forum members are concerned about being able to interpret and distil policy documents for the purpose of their own organisation

- The nature and extent of evidence compiled and how organisations use this evidence is crucial to helping policy makers understand the health benefits derived from the work of community and voluntary organisations

- Working together, and effective partnership working, is a recurring theme, but there was recognition that Forum members need to concentrate on doing this well with each other as much as with partners in other sectors

- Engaging with existing structures such as community planning and Joint Health Improvement Plans is crucial. Devising different processes to enhance accountability and influence of all partners would be useful

- A range of methods is required, with recognition that no one size fits all. However, there was a call for consistency in promoting values on inclusion, equality, and non-discrimination

- Supporting and ensuring meaningful involvement in influencing policies was a recurring theme. The Forum needs to ensure meaningful participation and not tokenistic involvement of its members in the policy arena

NEXT STEPS

- Develop an effective framework for Forum members to network with each other and feed back information to their individual member organisations

- Devise a strategy to develop good practice in partnership working with public sector health agencies

- Devise useful ways of highlighting the experience, knowledge, and expertise of Forum members e.g. meetings with key policy makers, production of case studies, disseminating outcomes from monitoring and evaluation

- Identify and use the most effective ways of engaging with the existing structures e.g. community planning and Joint Health Improvement Plans, to influence health priorities

Participants List

Name	Organisation
Senga Awison	WRVS
Christine Bauer	Stirling & District Association for Mental Health
Fraser Boxall	Forth Valley Local Health Council
Maureen Broatch	Crossroads (Stirling) Care Attendant Scheme
Ian Brown	Forth Valley Local Health Council
Ross Curran	
Sandra Gibb	Stirling Health & Well-being Alliance
T Docherty	Dial a Journey
Duncan Hearsum	Dial a Journey
Shirley Liddell	
Rebecca Litts	Stirling Users Network
Janette McCormick	Stirling Health & Well-being Alliance
Mel McEwan	Forth Valley Macular Disease Support Group
Carol McMillan	Stirling Council Community Services
Campbell McQueen	Stirling & District Association for Mental Health
Sheila Maxwell	CVS Stirling
Wyn Merrells	Council on Disability
Cathy Mill	Stirling Health & Well-being Alliance
Jacqui Ogilvie	
Theresa Prescott	Crossroads (West Stirling)
Mary Prior	Stirling Council
Anne Rennie	Stirling Health & Well-being Alliance
Jenny Ross	
Sam Ross	Stirling Health & Well-being Alliance
Liz Rowlett	Stirling Health & Well-being Alliance
Lena Sibbald	Stirling Health & Well-being Alliance
Elizabeth Stewart	Town Break (Stirling) Group
Moira Taylor	Princess Royal Trust for Carers
Kathleen Welsh	Order of Malta Dial a Journey
Peter Williams	
Suzanne Wright	Stirling Health & Well-being Alliance