A CHEX Briefing

Healthy Influences

Community-led Health Organisations' influence in health and social planning structures

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Summary

This briefing highlights the findings of research carried out with the CHEX network of Community-led health organisations on their perceived degree of influence in local planning structures. It was undertaken between 2011 and 2012.

Community-led health organisations work to tackle health inequalities at a local level. They are guided and managed by local people interested in improving local health outcomes either for a geographic area or for a community of interest. They build on the knowledge, skills and expertise of people within their community and offer opportunities for people individually and collectively to reach their potential through working towards positive change for the community of which they are a part.

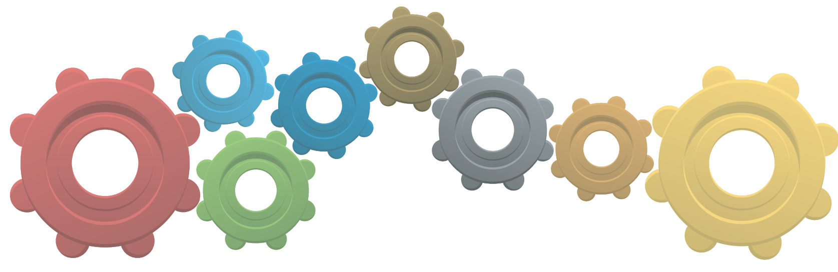
Community-led health organisations are a valuable partner and resource for local decision makers by providing insights and understanding of community priorities which can help to determine the most efficient and effective use of resources. Many Community-led health organisations undertake local action research to inform the work of their own organisation and that of partner agencies.

In this research Community-led health organisations have told us that they: support community representatives within community planning structures; contribute to consultation processes; create partnership and stakeholder groups at both local and national levels; liaise directly with policymakers and democratically elected representatives and are well placed to reach people who do not normally interact with more formal structures.

Some findings are positive and encouraging e.g. nearly a fifth of respondents report that Community Health Partnership (CHPs) appear to be responsive to local Community-led health organisations in terms of influencing decision making. Respondents also cite examples of good practice in which Community-led health organisations pro-actively undertake independent research to inform local consultation processes.

However, the research also reveals that many traditional barriers to involvement and influence remain in place. These include lack of information, decisions being made without consultation and experiencing partnership processes that do not support the inclusion of all partners. Addressing these barriers for greater healthy influence in the future therefore remains an on-going priority within local and national decision-making structures.

This investigation is an initial baseline study of how influential Community-led health organisations are in local decision making processes with the intention to return at future intervals to measure any discernible changes over time.



1. Purpose

This briefing highlights the levels of involvement and influence of Community-led health organisations on local planning structures related to health improvement and tackling health inequalities. Based on research with Community-led health organisations it outlines both the barriers that prevent positive engagement and the good practice that influences the delivery of holistic approaches to improving health outcomes. This briefing will be of interest to Community-led health organisations and public sector agencies seeking to plan and co-produce services with community organisations.

Community Health Exchange (CHEX) supports and promotes community development approaches to health improvement. We provide support to a network of Community-led health initiatives and their public sector partners who are tackling health inequalities in communities across Scotland.

CHEX began in 1999, it is part of the Scottish Community Development Centre and receives funding from NHS Health Scotland. The CHEX team has a variety of backgrounds in; Community-led health, youth and community work, housing, NHS, local authority and digital inclusion.

CHEX's parent organisation, the Scottish Community Development Centre (SCDC) is an independent charity recognised by the Scottish Government as the national lead body for community development. Its vision is for an active, inclusive and just Scotland where our communities are strong, equitable and sustainable, and its mission is supporting best practice in community development.

2. Context

Community-led health organisations focus on localities and groups which experience disadvantage with the specific aim of tackling health inequalities through the active involvement of communities. They are familiar with the processes of asset-based work and co-production, working to build social capital and community resilience in collaboration with other partner agencies for improved outcomes locally.

As we move towards the new Health and Social Care Partnerships[1], full implementation of Public Sector Reform[2] and potential legislation to support community empowerment[3], Community-led health organisations should be in a strong position to inform and participate in strategic planning. Shared planning and delivery of services for positive health outcomes is a common concept within local planning structures. Community Planning Partnerships (CPPs), Community Health Partnerships (CHPs) and Community Learning and Development Partnerships (CLDP) all advocate, to some degree, the necessity for public sector agencies to work with community and voluntary sector organisations in the strategic and operational delivery of services. While some Community-led health organisations do have a voice via the Third Sector Interface (TSI), they are seldom cited as key partner organisations within local planning structures. Until now they have been thought of as organisations to be commissioned to deliver services, invited into joint working arrangements

[1] *Integration of Adult Health and Social Care in Scotland: Consultation on Proposals, The Scottish Government, 2012,* http://www.scotland.gov.uk/Resource/0039/00392579.pdf

[2] *Renewing Scotland's Public Services: Priorities for reform in response to the Christie Commission, The Scottish Government, 2012,* http://www.scotland.gov.uk/Resource/Doc/358359/0121131.pdf

[3] *A consultation on the proposed Community Empowerment and Renewal Bill, The Scottish Government, 2012,* http://scotland.gov.uk/Publications/2012/06/7786

or approached to support consultations when the views of community groups are sought to inform local policies[4].

Given this context we felt the actual situation was worthy of further investigation, with a view to establishing: to what extent these experiences continue; what changes, if any, have taken place in the context of emerging policy; and to identify what further shifts are required to ensure the experience and expertise of Community-led health organisations are fully utilised within planning structures that are committed to preventative health care and co-producing services with community organisations.

3. Focus of the Investigation

We compiled evidence of the extent to which Community-led health organisations are involved and influential in planning and delivery structures (e.g. CHPs and CPPs etc.) at a local level across Scotland.

The key objectives of the investigation were to:

- assess the strengths and weaknesses of current involvement/influence on partnership outcomes
- identify the barriers to involvement and meaningful influence
- identify practice and models that are effective in building involvement and influence

4. Methods

An initial desk-based literature review of existing research together with a review of questions and research findings within the 'CHEX Strategic Review'[5] was undertaken to inform the questions asked of Community-led health organisations in the CHEX Network.

An electronic survey was sent to approximately 200 organisations on the CHEX database asking about their experience of engaging with local planning structures along with insights into any involvement in national structures. In total, 42 organisations responded to the whole questionnaire, however, numbers did vary for individual questions. The statistical analysis presented in this Briefing is derived from these responses and number of respondents for each question is noted.

Qualitative information was derived from open questions within the electronic survey and from in-depth semi-structured interviews with staff and board members from 7 Community-led health organisations. Those selected for interview were chosen to represent a cross section of urban and rural organisations, geographic spread across Scotland and to include 'equalities' groups, for example BME, LGBT and mental health organisations.

We intentionally approached only Community-led health organisations as we were primarily interested in the experiences of this sector. To further build the evidence base future research of the views of strategic planners from a range of stakeholders would be advantageous.

[4] *CHEX Strategic Review 2008, Lindsay, M., and Taylor, P., 2008,* http://www.chex.org.uk/media/resources/publications/who-we-are/strategic-review/CHEX%20Strategic%20Review%20full%20report%20May%202008.pdf
[5] *Ibid*

5. Findings

5.1 Nature & Extent of Influence

Table 1 shows the responses to our question designed to demonstrate how organisations assess their own influence on planning structures. More than a quarter of respondents felt that their organisation was 'very influential' at a local level and more than half felt it was 'influential to some degree' locally. Unsurprisingly perhaps, fewer respondents felt they were influential at a national level.

Table 1: How influential respondents feel at a local and national level

	Number of respondents	Not Influential at all	Influential to some degree	Very influential
Locally	40	7 (17.5%)	22 (55%)	11 (27.5%)
Nationally	39	16 (41%)	16 (41%)	7 (18%)

What the organisations said:

> *"The strength of this organisation in terms of influencing decisions comes from our strongly rooted network of community groups and the trust that people in those groups have in this organisation"*

> *"We attend national and local consultation events and have undertaken our own community health needs investigations and investigations on behalf of partner organisations"*

We wanted to probe further to find out about what strategic partnerships our respondents did engage with, along with the nature and extent of the engagement and potential influence. Therefore, we asked respondents to identify any of the decision making bodies with which they had some influence as well as describing their relationship with that body. **Table 2** records the responses. It demonstrates that respondents have a continuum of contact with a range of statutory and voluntary sector agencies. Nearly a fifth of respondents felt that Community Health Partnerships 'listen to us and act on it' and that nearly a quarter felt that they are, at least, listened to.

36.6% reported that the local voluntary sector 'Interface' organisation 'knows about us' and 34.1% reported that they are 'listened to' by the Interface. One respondent summarised some of the complex processes at play within these relationships in the following statement:

> *"The relationship between our sector and statutory bodies; we are stuck in a position of dependence. In the current climate of financial constraints the issue is even more difficult. The NHS and Local Authority are protecting their own jobs/services at the expense of the 3rd sector. Also the local 'single interface' organisation has to generate income to survive and therefore are competing against – rather than supporting – local 3rd sector organisations"*

43.9% of participants reported that they are known to their Community Council. In contrast, 53.7% and 39% of respondents had 'no contact' with their local Development Company[6] and regeneration partnership respectively. Nearly a fifth of respondents, 19.5%, reported 'no contact' with the Community Planning Partnership. In addition to local strategic structures, several respondents drew our attention to their connection to a range of other structures from Cross Party Parliamentary Groups to Carers Strategy Groups.

Table 2: Respondents' level of contact with different local agencies

Agency	No response	No Contact	They know about us	They listen to us	They listen to us and act on it
Community Planning Partnership	10%	19.5%	39.0%	17.0%	14.6%
Community Health Partnership	7.3%	12.0%	36.6%	24.4%	19.5%
Public Partnership Forum	17%	14.6%	36.6%	19.5%	12.0%
Community Learning and Development Partnership	10%	34.0%	29.3%	14.6%	12.0%
Regeneration Partnership	12%	39.0%	29.0%	7.3%	12.0%
Local Development Company	17%	53.7%	19.5%	4.8%	4.8%
Local Interface (CVS/ Volunteer Centre)	7.3%	4.8%	36.6%	34.1%	17.0%
Community Council	15%	24.4%	43.9%	14.6%	2.4%
Community Safety Partnership	17%	36.6%	31.7%	12.2%	2.4%
Drug & Alcohol Action Teams	12%	36.6%	29.3%	17.0%	4.8%
Housing Association	15%	31.7%	31.7%	14.6%	7.3%
Other	56%	7.3%	9.8%	9.8%	17.1%

Total number of respondents: 41

[6] *Development Companies are local, normally charitable, enterprises, working to improve and provide facilities for social welfare.*

What the organisations said:

"We are represented within community planning structures and have a representative group of local people, some of whom sit on our management group."

"Lack of interest from most of the listed structures in engaging with small local groups in this area"

Part of the investigation was to find out more about the type of engagement and possible influence that organisations felt they had within the strategic partnerships. **Table 3** highlights the type of activities organisations pursue to engage with strategic partnerships. The range includes: responding to public consultations, undertaking research, campaigning and supporting representation within decision-making structures.

Table 3: Percentage of respondents who have participated in different types of engagement

Type of Engagement	Percentage
We have provided written responses to public consultations	80.5%
We have attended public consultation events	80.5%
We have organised local surveys and other research	63.4%
We have influenced a representative within the decision-making structures	43.5%
We have campaigned and lobbied for change	41.5%
We have a representative seat within decision making structures	36.6%

Total number of respondents: 41

What the organisations said:

"Disabled people in the community are comfortable to speak with us….we are an independent trusted organisation for them, …… we often know about unmet need"

"We provide consultation info locally and where possible link our information with national providers"

5.2 Barriers to Influence

Recurring issues continue to affect the ability of Community-led health organisations to influence strategic decision-making. **Table 4** illustrates that these include examples of tokenism and a lack of understanding about roles, remits and methodologies used within Community-led health organisations.

The ‘CHEX Strategic Review’ in 2008[7] identified funding as a major obstacle to sustaining proven work practices and now, in an even more stringent financial environment, this remains a key obstacle. A ‘lack of capacity’ is a further major barrier to exerting influence at decision making levels and respondents cited the pressure on staff, resources and lack of funding as the determinants of their ‘capacity’ to be further involved.

Table 4: Barriers to influence

Barrier	Percentage
Lack of capacity within your organisation to be involved	74%
Lack of Information	48%
The times at which meetings/events were held meant we could not attend	26%
Short notice of meetings	18.5%
No re-imbursement of expenses	18.5%
Access issues relating to documents or venues	14.8%
No provision of childcare	14.8%
No provision for back up care for carers	11.1%
No translators either for non English speakers or users of BSL	11.1%

Total number of respondents: 27

What the organisations said:

“Still too often decisions are made and then we are asked to rubber stamp them - that’s being involved but you wouldn’t call it being influential”

“We participate but that’s not the only answer we do not feel like equal partners due to our small size and dependence on them for funding”

“We could be working with strategic bodies on a much more regular basis however we are NOT funded or supported to do this and it takes time, effort and money”

“Service decisions are not open and transparent”

“Generally we aren’t even consulted prior to decisions being made, so we’re not part of the decision making process. We are informed about decisions after the fact instead of being involved as front line staff.”

“We thought we were a valued partner in providing high quality services but it makes you question whether you are a partner or not. How are we viewed? Is our confidence in our service seen as arrogance? Is the voluntary sector not supposed to be confident about what we have to offer?”

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[7] *CHEX Strategic Review 2008, Lindsay, M., and Taylor, P., 2008,* http://www.chex.org.uk/media/resources/publications/who-we-are/strategic-review/CHEX%20Strategic%20Review%20full%20report%20May%202008.pdf

5.3 Community-led health organisations – what they offer

The CHEX Strategic Review in 2008 identified key attributes that Community-led health organisations offer the communities they serve and also their statutory partners:

- getting communities involved in tackling their health needs
- being user friendly, approachable and flexible
- building capacity and strengthening local leadership
- developing links across community networks
- using their knowledge and expertise of how people and communities function, how they develop and how they can change
- better placed for reaching priority groups
- working across community issues, not exclusively those seen as health issues

Our investigation shows that these abilities continue to be fundamental to the contribution of Community-led health organisations to tackling health inequalities.

What the organisations said:

"We have direct links with local families…..therefore we have accurate local knowledge plus good communication with the public. We are viewed as approachable, helpful and 'can do' people with ears close to the ground, so our assessments and judgements of local issues should be recognised and respected"

"A knowledge of the kinds of issues local people face. Especially those who do not engage with statutory services"

Furthermore, barriers to engaging and influencing have been faced and addressed by organisations we spoke to in many different ways. Suggested approaches to tackling these barriers included positioning within strategic forums and profiling work at a national level. Inclusive practice is another example where Community-led health organisations can lead the way as illustrated in the quote below.

What the organisations said:

"We have had some recent limited success of influencing the process for engaging in the implementation of mental health strategy i.e. how to make sure user reps and voluntary sector reps and participants are not excluded by meetings format, jargon and paperwork including having an induction and welcome for people new to the system."

5.4 Strengthening the influence

Many senior managers and members of boards of Community-led health organisations have learned over the years to take a mature and pragmatic approach to engaging constructively with the challenges they face and the sometimes negative experiences they have had, turning that learning to positive advantage.

What the organisations said:

"The single most important thing I have learned is that community organisations need to be able to let the past go and be willing to engage constructively with statutory partners - yes they

may have removed your contract for a particular piece of work - that doesn't mean that you can't discuss new areas of work with them".

"It can be an easy option to say we don't have capacity..... if you want to influence things then you need to invest time in it. There is a need to be visible to be recognised for what you can contribute".

The critical need to save money at a time when there is such a significant demographic shift in the age of the population as a consequence of people living longer is forcing radical redesign and planning by public sector agencies. There is now increasing acceptance that public sector agencies have to work differently in service delivery which forces a new relationship with Community-led health organisations and the wider Third Sector. In addition to the purchaser/provider relationship, public sector agencies now have a responsibility to work with Community-led health organisations as partners and co-producers. Our investigation identified a number of ways in which organisations are responding by taking steps to build relationships with public sector partners and increase their strategic influence as illustrated in the comments below.

What the organisations said:

"We support members who attend both local health board meetings and cross party action groups within the Scottish Parliament"

"We have created partnerships and stakeholder groups with local and national influence"

"We liaise with MSPs directly and indirectly, for example through writing briefings prior to debates. We have met ministers directly. We organise parliamentary receptions....."

6. Analysis

It is encouraging to see that many of the organisations taking part in this survey feel they have local influence. This investigation shows that important local statutory bodies such as Community Health Partnerships have listened to Community-led health organisations and acted as a result.

An equally positive finding is the high percentages of those involved in pro-actively responding to consultations and undertaking independent research. This indicates a strong degree of action directed at positive change on the behalf of Community-led health organisations. In addition, many of the organisations in our investigation serve the needs of people who traditionally do not access mainstream services. Therefore, such activity offers the opportunity for valuable insights in tackling health inequalities to be made available to statutory agencies.

Less encouraging is the lack of influence Community-led health organisations feel they have over Third Sector Interfaces, which is a surprise given the support and representative role of Interfaces in decision making structures. Similarly, there is a disappointing level of engagement with bodies involved in regeneration, such as Community Planning Partnerships and Regeneration Agencies. Successful regeneration is not solely reliant on changing only the physical environment but needs to include health and social considerations.

Barriers to engagement remain in place. Taking consideration of CHEX's previous research[8], our investigation reveals limited progress in the experience of organisations with regard to expectations of openness and accountability from strategic planners. The incidence of demonstrable power imbalances between public sector agencies and community organisations

[8] *CHEX Strategic Review 2008, Lindsay, M., and Taylor, P., 2008,* http://www.chex.org.uk/media/resources/publications/who-we-are/strategic-review/CHEX%20Strategic%20Review%20full%20report%20May%202008.pdf

remains, together with examples of poor organisational practice such as short notice of meetings and non-reimbursement of expenses – practice that conveys negative messages about engagement and does little to build relationships towards effective joint working or joined up approaches to service delivery.

Equalities legislation has undoubtedly had an impact in ensuring that those previously completely excluded from decision making now have rights to be included. However, a lack of inclusive practice, such as provision of interpreters or respite cover for carers, indicates that significant barriers still remain to be overcome.

The policy aspirations over recent years to encourage joined up decision-making and closer working arrangements with the Third Sector should bring improved partnership working. Significantly, in some areas real progress has been made as this abstract from an 'Equally Well' Test Site, in 2011, indicates:

> *"Stakeholders in the Test Sites were asked about the most significant changes that had taken place in their Test Site so far. The most common responses (40% of respondents) related to improved joint working and influence on local authority wide strategies and plans"*[9]

Our investigation however, indicates that radical shifts are still required in implementation of the policies to ensure the experience and expertise of Community-led health organisations are understood and fully utilised by public sector agencies.

But our investigation also revealed that organisations are limited by what they can do by themselves. If the policy aspirations of co-producing services and joined up working are to be met then the gates to strategic planning need to be opened up to Community-led health organisations in a range of different ways.

From a practice-base perspective we, in Community-led health, are in a strong position to assist all sectors in working well together. We have the tools, models and evidence base[10] to support the Community-led health sector; what is required is to share and implement these approaches systematically across all sectors.

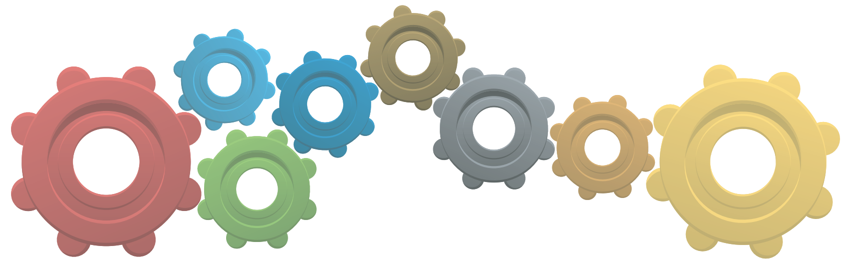
7. Conclusion

This investigation reveals that there are examples of good practice of how Community-led health organisations engage with and influence planning structures. But it also highlights the continuing barriers that prevent organisations evolving as more equal partners both in strategic decision making and in the delivery of services. Many of the issues are not new, such as the fragility of funding and the experience of power imbalances, but perhaps what is surprising is the lack of systematic progress across the country given the policy environment for community involvement. We saw from **Table 2** that many organisations still struggle to be listened to and collaborate at a strategic level with public sector agencies.

[9] *Equally Well Evaluation: Test Sites Evaluation, May 2011,*
http://www.healthscotland.com/understanding/evaluation/programme/EquallyWellEvaluation.aspx
[10] *E.g. material produced as part of the Meeting the Shared Challenge programme,*
http://www.scdc.org.uk/what/Community-ledhealth/

Encouragingly, positive practice is being developed at different levels and we know from CHEX seminars[11] that committed staff from statutory sector agencies are keen to change and work towards a much more collaborative relationship and partnership arrangement with Community-led health organisations. At these events, staff have acknowledged that statutory sector agencies need to be open and unafraid of new ways of working, but also stress that Community-led health organisations need to prioritise partnership working and make an effort to understand their partnership colleagues' perspectives.

The findings show that both Community-led health organisations and statutory sector partners need to set aside any previous negative experiences and move forward in constructive and inclusive partnership processes, recognising the contribution that each partner can make. Proven frameworks and tools exist to help evolve these processes[12]. The need for greater transparency and accountability in working with Community-led health organisations and the wider third sector could be enhanced by public sector agencies having to report directly on the nature and extent of their engagement demonstrating the mechanisms whereby they engage fully in joint working and collaborative planning in an open and transparent process. It is by embracing these challenges and overcoming them that statutory sector partners should welcome Community-led health organisations into planning and decision making structures to ensure that their 'healthy influence' is secured to the benefit of all.



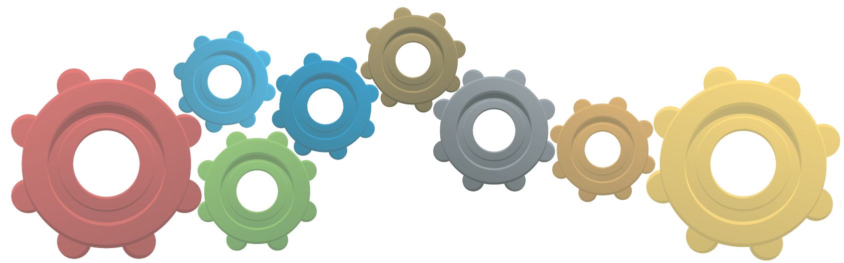
[11] *E.g. Knowing Me, Knowing You 3: How Do We Measure Up? CHEX, 2009,* http://www.chex.org.uk/media/resources/publications/CHEX-events/Knowing%20Me,%20Knowing%20You%203%20report.pdf *and Money Well Spent: Economic evidence in Community-led health, CHEX 2011,* http://www.chex.org.uk/media/resources/publications/CHEX-events/Money%20Well%20Spent%20Seminar%20October%202011%20Report..pdf

[12] *E.g. participatory outcome-focused planning tools such as SCDC's LEAP framework* http://www.scdc.org.uk/what/LEAP/

Appendix 1: Relevant CHEX resources

Currently, at a national level, Scottish Government, in collaboration with national health intermediaries, is working to urge and help the NHS to strengthen its engagement with the Third Sector. Community-led health organisations have contributed directly to this process via CHEX and it is hoped that, in the near future, more strategic planners within Health Boards will not only be aware of the value and benefits of Community-led health organisations, but will automatically want to work with them in strategic planning and delivery of health improvement work.

CHEX in collaboration with SCDC has recently produced a Learning Resource: Community-led Health for All[13]. In addition to illustrating examples of Community-led health organisations working with strategic partners, it outlines the key competency areas in which both strategic managers and operational staff should be proficient to deliver effective approaches in Community-led health. Although not primarily designed to strengthen the influence of Community-led health organisations, if all partners prioritised use of this resource to develop the appropriate competencies – constructive engagement and positive influence would flow from the newly forged relationships.



[13] *Community-led Health for All: Developing Good Practice, a Learning Resource, CHEX and SCDC 2012,*
http://www.chex.org.uk/media/resources/publications/Community-led%20for%20All%20final%20web.pdf

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