

‘From Local to National and Back Again’

**Learning Exchanges Between
Community and Voluntary Sector
Health Organisations & Scottish
Government Civil Servants**



**one
scotland**
SCOTTISH GOVERNMENT

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Learning Exchanges between Community and Voluntary Sector Health Organisations & Scottish Government Civil Servants

Why we did it?

The Community Health Exchange (CHEX), Community Food and Health Scotland (CFHS) and Voluntary Health Scotland (VHS) in collaboration with Scottish Government (SG) Third Sector Unit sought to create opportunities for structured dialogue between community-led and voluntary health organisations and Scottish Government's officials. The focus on co-producing services within preventative health care and tackling health inequalities has helped to create a positive environment for the exchange of ideas and practice – which we were keen to exploit. The Learning Exchanges were to increase the understanding of each other's role and the potential for joint working on the planning and delivery of policies on health outcomes. This briefing summarises the process and activities together with the lessons to support national bodies and community-led health organisations in joint working on health outcomes. It provides insights into (a) the work and impact of community and voluntary health organisations (b) the role of civil servants in implementing national health and social care policies and (c) outlines a model to develop opportunities to enhance national and local collaborative working.

The Vision

In organising and facilitating the Learning Exchanges, our three health intermediaries and the Scottish Government wanted to achieve a number of outcomes:

- increased understanding about the roles of community-led and voluntary health organisations and Scottish Government
- increased understanding about the respective roles and remits within current health and social policies and other policy areas
- increased understanding about where a community-led and assets based approach may be relevant
- increased understanding about the challenges and barriers facing both community-led health and voluntary health organisations and Scottish Government departments
- the opportunity to identify commonalities in approach, common challenges and mutual solutions
- the opportunity to identify skills, knowledge and resources that can be shared between the organisations and Scottish Government departments
- the opportunity to reflect, analyse and pass on any learning from the Exchanges

The Planning

Two key events were planned to provide the organisations and civil servants with opportunities to develop formal and informal dialogue – visits to the organisations and a facilitated session at Scottish Government. We supported the four community-led and voluntary health organisations to come together to identify shared outcomes for the exchange programme. Opportunities were created to explore effective ways of sharing (a) how the organisations impact on local health outcomes (b) the role of civil servants in implementation of policies and (c) ideas and practice on affecting health outcomes. Much effort was placed by the organisations on communicating the value and assets contributed by the Sector in the implementation of health and social policies. Through a process of joint discussions and individual action planning an ambitious list of objectives was identified for meetings with the civil servant including:

- to increase knowledge of proven practice on tackling local health issues including: how organisations engage with communities, listen to their needs; develop interventions that meet expressed need and evidence impact.
- to demonstrate the time and resources needed for the sector to produce examples of experience and research evidence – e.g. full cost recovery programmes, Social Return on Investment monitoring and other research and evaluation models.
- to increase understanding of what happens to local information once fed into Scottish Government – how is it circulated? how is it used?
- to increase a network of contacts across Scottish Government and within the community-led and voluntary health sector

We facilitated the organisational aspects of agreeing suitable times for visits, matching civil servants with organisations, circulating useful information e.g. organisation's backgrounds, ambitions and services, civil servants portfolios, and provided the support role during visits and session at Scottish Government.

Preparation, delivery and evaluation of the Exchanges were undertaken between spring and autumn 2012.

The Visits

Broomhouse Health Strategy Group, Edinburgh

Broomhouse Health Strategy Group (BHSG) was set up by local residents in Broomhouse and North Sighthill areas of West Edinburgh in 1993. The Management Committee, volunteers and small staff team work to:

- Promote healthy lifestyles within the local community by providing access to affordable food and running a range of services to improve health and wellbeing
- Raise awareness of health issues through education and carry this out in partnership with the local community in a welcoming and inclusive approach



Civil Servants from the Food and Rural Communities, Maternal and Infant Nutrition, Local Government Outcomes and Partnerships and Third Sector Unit were invited to participate in a diverse programme of presentations, discussions and hands-on activity of cooking. BHSG's management members, volunteers, and staff provided a variety of inputs that highlighted the organisation's history, developments, challenges and successes.

The Exchange highlighted that while the central Food Co-op was integral to the Group's purpose, activities and impact were much deeper and wider with opportunities for volunteering, cookery classes, Free Home Delivery Service and Community Health Hub Drop-In Sessions. The lively discussions covered many topics from the challenges of securing on-going funding to working in local schools and links with other local organisations such the Community Council.



What the organisation said:

“It was an incredibly productive and worthwhile event for us as, and we hope for the Scottish Government participants too. It took time and funds to organise, as during the event we involved the whole range of people we work with – including staff, partner organisations, volunteers and most importantly clients for them to talk to. We made sure it was hands on, rather than just a day of sitting and talking. We got the civil servants to work with clients to help make their own lunch, in a relaxed and informal setting, giving them a chance to hear from the clients how we engage and impact on them and the local community.

We were fortunate to have had civil servants from four very relevant areas of policy making – they all work in areas very closely linked to our objectives. For us it has resulted in some excellent profile raising opportunities, through our ongoing contact with a number of the civil servants, and we are grateful to have been given the opportunity to make such valuable links.”

What the civil servants said:

“The visit was really illuminating and inspiring, so much so that when I talked to my colleagues about it, they were interested to involve the organisation in the launch of the proposed Community Empowerment and Renewal Bill.”

For more information visit: www.healthstrategygroup.org.uk

Carr Gomm, nation-wide

Carr Gomm, a not-for-profit company registered as a separate charity in Scotland in 2002. Over the years, it has grown from one member of staff working in one room to having over 600 workers and services with offices all across Scotland supporting more than 900 people. Focussing on person-centred approaches, Carr Gomm supports people to lead their lives safely and to do the things they want to do: in day-to-day living, in planning for the future and in realising their dreams. This is carried by providing support at home and through community development approaches to respond to needs identified by people themselves, particularly focusing on healthy eating, sport, gardening and drama.

An official from the Scottish Government's Joint Improvement Team joined Carr Gomm's 5 staff members including Chief Executive for an informal and extensive discussion on Carr Gomm's unique role in health care. The discussion extended into the challenges that currently face Third Sector organisations and also those that face funders and policy makers. The opportunity to share insights into services responsive to the expressed priorities of people with complex needs was welcomed by both the organisation and the civil servant.



What the organisation said:

“Felt that the questions asked by the civil servant were very astute and he was very interested in issues to do with our approach and service delivery models. This had had a very positive effect on how Carr Gomm are looking at and improving our evidence of impact and effectiveness.

A lot of time energy and effort was put into planning the visit – conversation and dialogue was really useful, only one civil servant visited and it might have been different again if more civil servants had participated.”

What the civil servant said:

“Interesting and useful experience from the perspective of hearing at first hand the challenges of the organisation and how national and local government can have both a positive and negative impact on the role they play in achieving national objectives.

The need for both funders and providers of services to fully understand the constraints as well as the opportunities both sides face in achieving the aim of delivering services for the public”.



For more information visit: www.carrgomm.org

Healthy Valleys, South Lanarkshire

Healthy Valleys, established as a Healthy Living Initiative in 2003 serves the rural area of South Lanarkshire. Its central purpose is to tackle health inequalities by promoting positive actions and improved wellbeing. It reaches out to and engages with communities most in need of support. Community-led processes of engagement with the wider community are prioritised together with methods of working and development of programmes in healthy eating, physical activity, infant and maternal health, young person's mental health and sexual health and adult mental and emotional well being. The initiative has developed a range of approaches to reach target groups by building on the strengths of volunteer involvement and working in partnership with other local groups and agencies.



Civil servants from the Food, Drink and Rural Communities Division and Third Sector Unit were invited to participate in a programme that reflected Healthy Valleys' breadth of work in supporting local people to act not only their own health issue, but also that of the wider community. In addition to showcasing their service delivery, the organisation created opportunities for discussions on the relationship between the Third Sector and Scottish Government. Healthy Valleys explained that priority health issues are identified through community-led consultations, which fully utilise links with local communities. Programmes of activities are developed from feedback and partnership working with other local agencies. Community engagement and local volunteer development are central pillars to their approach, which inform programmes from healthy eating and physical activity to infant and maternal health and young person's mental health.



What the organisation said:

“There is a need for Scottish Government and civil servants to foster a closer relationship with voluntary sector organisations and to have a clearer understanding about what is actually being delivered. Together with how they can better support local initiatives and gain a better understanding of how local issues relate to national policies”.

What the civil servants said:

“There is a need to spend several hours with an organisation to see what they do and to have enough time to discuss areas of success, difficulties (whether funding limitations or working with Local Authority) and get a proper understanding of the role of the organisation in the community it serves”.

For more information visit: www.healthyvalleys.org.uk

Lifelink, Glasgow & Surrounding Areas

Lifelink is the trading name for Royston Stress Centre Ltd, a Glasgow based charity which for the last 20 years has provided sustainable early intervention solutions to the growing problems of stress and mental health/distress, self harm and suicide facing both adults and young people. Employing over 60 staff and volunteers, the organisation worked with over 5500 people between 2010-11, delivering one to one, group work, training and broader population education programmes in communities and schools across and beyond Glasgow, and in HMP Barlinnie. Services include counselling, crisis and suicide/intervention casework, relaxation, emotional resilience, anger and conflict resolution, stress management, to name but a few. Having adopted a social enterprise approach in line with the changing emphasis on Scottish Government policy, Lifelink is well placed to contribute to cross cutting strategies related to health improvement, regeneration and employability in tackling health inequalities.



Civil servants from the Support and Wellbeing Unit, Learning Directorate and Third Sector Unit were invited to participate in a varied programme that outlined the organisation's history, structure, approach and fit with key policy areas. The visitors experienced a presentation on what makes Lifelink's services unique, how it complements mainstream services and its fit with other Third Sector organisations. Lifelink's films on its Adult and Youth Services together with personal accounts from young people on 'building emotional resilience' demonstrated the success of its service model, and highlighted the benefits for service users. Focus Groups involving adults and young people were facilitated to support the learning exchange and help identify mutual areas of learning and development.

What the Organisation said:

“It was a really positive experience overall and the first time we’ve had this type of opportunity to let that level of government know about what we are doing and how it fits with the government’s policy and desired outcomes for health. I think the civil servants were surprised at times by how professional, innovative and significant our contribution to health improvement is”.

What the Civil Servants said:

“Very positive indeed and very much appreciated all the hard work put into the day by staff and service users. Came away inspired by what I had seen and heard. Holistic and innovative approach (particularly the single session counselling model).

Ability to connect with people using the services, so that they feel valued and involved; well organised referral management, clear narrative about what the service offers and outcomes achieved”.



For more information visit: www.lifelink.org.uk

Dialogue Session at Scottish Government

Central to the Learning Exchanges was the two way hosting of visits by the organisations and by the civil servants. It was felt extremely important to build on the dialogue initiated through the visits with the follow up session at Scottish Government. This enabled the organisations further opportunities to develop their understanding about the implementation of government policies together with the roles and remits of civil servants from different Directorates. In addition to those civil servants who had participated in the visits, invites were circulated to members of the Cross Directorate Group serviced by the Third Sector Unit, resulting in 8 civil servants participating in the Session. The Session was a mixture of inputs from Scottish Government officials, in-depth dialogue in small group discussions and wider discussion involving the whole group. The key theme addressed was “Joint Collaboration - What added value does this form of relationship bring” to:

- Policy development
- Funding relationships
- Building relationships – jointly influencing decision making

Our roles extended into a facilitation of discussions which evoked a range of suggestions to improve communication and understanding between Scottish Government and organisations on the ground. In particular:

- Develop a strategy or plan to ensure that opportunities for dialogue between the Third Sector and Scottish Government are transparent and communicated to all relevant parties
- Ensure that opportunities for dialogue are extended to the many community-led health and voluntary organisations that operate throughout Scotland
- Build relationships through creative ways of sharing practice e.g. use proven methods such as ‘Story Dialogue’, showcasing events, tailored reports, roundtable discussions, networking events etc
- Ensure that community-led and voluntary sector health organisations exploit proactive opportunities to highlight outcomes from evaluations to national decision-makers
- Recognise and use processes that currently exist to strengthen engagement and influence policies. In particular the national working group looking at increasing engagement between NHS Boards and the Third Sector
- Community benefit clauses and web resources of helpful material



The Lessons

The Learning Exchanges have demonstrated that bringing the organisations and civil servants together increases understanding about respective roles, remits and responsibilities. We have tested out a model that has the potential to strengthen relationships and engagement. As this was first time we had embarked on this type of initiative, new ideas had to be explored, refined and reviewed. Unsurprisingly, some stages of the process worked well while others less so. In linking back to the 'Vision', the feedback collected from surveying all participants showed that we partly met all of the intended outcomes. It also showed however, we have some way to go to ensure that this type of Learning Exchange achieves significant outcomes for all parties and enhances collaborative working between community-led and voluntary health organisations and Scottish Government on health outcomes. The lessons and insights gained from the preparation, delivery and review are of particular value and include:

Commitment and willingness to participate

Commitment and willingness from all parties to participate are integral to the process. This needs to be acknowledged at the start of the process and consistently addressed throughout. No organisation or agency will prioritise commitment unless they are convinced of the relevance, value and benefits of contributing. Therefore, we need to clearly articulate and share the lessons from organising these Learning Exchanges.

Mutual advantage and agreed goals

Any collaborative process should enhance the role of individual contributors and bring added value to agreed goals and collective outcomes. While the Exchanges did succeed in achieving benefits and value for all, the feedback suggests that the experience and outcomes could have been maximised further by sharing a more even distribution of inputs and contributions. The organisations expressed a feeling of greater onus being placed on them to demonstrate their role and responsibilities rather than the civil servants. This is an area that the Intermediaries and Scottish Government in future Learning Exchanges would need to carefully address by improved communication and clarification of expectations and outcomes.

Communication and Expectations

Communication and understanding can be enhanced by co-producing a 'Working Agreement' that outlines agreed outcomes, processes, activities, resources etc. Although, a more formal approach and not wishing to become overly bureaucratic, it would enable all parties to have ownership of the process and introduce systems to review communication and progress at different stages. It would further help in the management of different expectations and provide a reference point for discussion around issues of dissention.

Resources and Support

While the Learning Exchanges were viewed as beneficial to all parties and built into the business plans of CHEX, CFHS and VHS they did create additional demands on the organisations and the civil servants. It is vital to recognise the time and commitment required for planning, delivery and reviewing the process. A clear assessment of resources should be made. Whether related to specific costs to support community members and service users to contribute e.g. child care and language translation or the contribution by staff and volunteers to provide support and expertise.

Assessment of experience and outcomes

The Learning Exchanges provided a base line of evidence that shows what structured dialogue between community and voluntary health organisations and civil servants can achieve and lead to building understanding of role and responsibilities and specific outcomes e.g. involvement of Broomhouse Health Strategy Group in the launch of Community Empowerment and Renewal Bill. Analysis of feedback both from the organisations and civil servants provide useful pointers to exploit the full potential of structured dialogue between national policy makers and local third sector organisations. Systematic evaluation of the nature/extent and potential of any future Learning Exchanges should provide the documentation and evidence of their full impact.

Future Plans

The Learning Exchanges have enabled us to convey the nature and extent of the community-led and voluntary health sector in implementing national policies - from a small community-led food organisation and Healthy Living Centre to a community-led mental health organisation and a large national voluntary organisation. The four organisations illustrate the diversity of the sector and are some of the many organisations across the country that complement and bring added value to mainstream services. We built on approaches and learning from previous study visit arrangements between community-led health organisations and policy makers^{1 2} and tested out a model of engagement with new partners in Scottish Government – a model that has been welcomed by all partners. It also brought into sharp focus the role of intermediaries in creating a bridge for awareness raising and dialogue between national policy makers and organisations at the front-line of delivering policies. More than ever, within the current priorities of preventative spend and co-producing services between public bodies and community-led and voluntary sector health organisations.

We intend to disseminate the outcomes from the Learning Exchanges through our respective networks seeking opportunities at events and featuring in briefings, e-bulletins and websites. The lessons will be highlighted and integrated into relevant national working groups, in particular in the current Scottish Government and Third Sector working group on strengthening the Third Sector's role on the planning and delivery of health services.

Importantly, we will explore the potential for further Learning Exchanges over 2013 to embed the lessons from this initial pilot and build on the mutual benefits that structured dialogue brings to community-led and voluntary sector health organisations and to civil servants.

¹ Northern Periphery Programme – Retail in Rural Regions Projects Final Report – Scotland (2011)

² Report of CHEX Study Tour of Commissioning Community-led health in Northern Ireland (2008)

Appendix – Role and Remit of Intermediaries

Community Health Exchange – CHEX

The Community Health Exchange (CHEX) is one of the leading agencies in Scotland that provides a resource to support community-led health approaches to health improvement and challenge health inequalities. Initiated in November 1999, we are part of the Scottish Community Development Centre (based in Glasgow).

CHEX advocates and practices a community development and assets based approach to support communities to improve their health and have a substantial impact on health inequalities. This approach recognises that all people, given the appropriate support, will act on health issues affecting not just themselves but their families and others in the wider community. Through developmental interventions people are supported to voice their needs and where appropriate take action themselves as the most positive way to change their situation and improve their health.

Community development strengthens communities, recognising that many groups are disenfranchised through the lack of opportunity to participate in decisions and processes which affect their lives. It helps people to learn from their own experience of tackling health problems and helps build networks of social support and action for change. The approach can both complement mainstream health improvement services and support those services to be more responsive to need. An assets based approach recognises the contributions individuals and communities bring to the achievement of positive life outcomes for all through working directly with communities on agreed activities.

The approach promotes distinctive characteristics;

- the needs, priorities and the agenda for change is led by the community and negotiated and agreed with other parties
- the focus is at community level, involving work with individuals as part of groups rather than only as patients or consumers
- it is targeted and inclusive, engaging with the most disadvantaged and focused on tackling inequalities
- it employs an empowerment approach to change – involving people in the process of their own development and supporting
- and enhancing the ability of participants to exercise influence over their individual, group or community circumstances
- it builds on partnership and collaboration – involving communities and agencies in developing new approaches to addressing
- community needs and issues, and building the capacity of service agencies to work in this way
- it is underpinned by a social model of health; recognising that health is multidimensional and complex
- it aims to improve the health of community members by addressing the risk conditions that inhibit wellbeing, rather than
- focusing solely on individual behavioural change

The CHEX target population is located in communities across Scotland and its primary constituency includes:

- Community-led Health Projects and their public sector partners (NHS, Local Authorities, Housing Associations etc.)
- Healthy Living Centres and their public sector partners
- Community Organisations with a health focus
- Community Health Networks
- Community Health Volunteers
- Community Health Workers
- Policy Makers in local and national agencies

For more information visit: www.scdc.org.uk / www.chex.org.uk

Voluntary Health Scotland (VHS)

Voluntary Health Scotland (VHS) is the national charity and intermediary organisation whose mission is to maximise the voluntary sector's contribution to building a healthier Scotland.

VHS is funded by the Scottish Government (Health and Social Care DG) and NHS Health Scotland to provide a strong voice for the voluntary health sector.

VHS's 366 members work to improve health and address inequalities in communities, support people affected by illness and disability, and enable the voice of individuals and communities to be heard by policy makers. Our membership's strength is its diversity, as it represents a very broad cross-section of national charities, local voluntary and community groups, and individuals working to improve Scotland's health and wellbeing.

Some VHS members focus very specifically on health, e.g. British Heart Foundation, Health in Mind and Pilton Community Health Project. Other members are part of VHS because creating a healthier Scotland is a key element of their work in areas such as homelessness, youth work and children's services, e.g. Edinburgh Cyrenians, Caledonia Youth and Play Scotland.

By joining VHS, organisations and individuals work together to:

- Build the capacity of the voluntary sector to impact on people's health and wellbeing
- Strengthen the voluntary health sector's voice in influencing policy and services
- Enable policy makers and service providers to better understand the needs of individuals and communities

For more information visit <http://www.vhscotland.org.uk>

Community Food and Health (Scotland)

CFHS is a health intermediary directly funded by the Chief Medical Officer, Public Health & Sport Directorate of the Scottish Government. Our aim is to ensure that everyone in Scotland has the opportunity, ability and confidence to access a healthy and acceptable diet for themselves, their families and their communities. We do this by supporting work within low-income communities that addresses health inequalities and the four main barriers to healthy and affordable food: availability, affordability, skills and culture.

Through our work we aim to support communities to:

- Identify barriers to a healthy balanced diet
- Develop local responses to addressing those barriers, and
- Highlight where actions at other levels or in other sectors are required.

We value the experience, understanding, skills and knowledge within Scotland's community food and health initiatives and their unique contribution to developing and delivering policy and practice at all levels.

For more information visit www.communityfoodandhealth.org.uk



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