

## Question 4

4) How do we really involve communities in partnerships and enable community empowerment?

In the engagement responses it was thought that the community empowerment agenda provides an important driver for improving community planning and thus strengthening partnerships.

Respondents were positive about the 'direction of travel' which had been identified by the Christie Commission (and others) which focused on building community empowerment and strengthening assets based approaches. (Analysis of responses)

At local levels Public Health should seek to foster a cohesive collaborative approach with partners across the public sector and the whole of the community to achieve its objectives. (Other public sector respondent, 114)

The current direction for supporting community empowerment and co-production is positive. More needs to be done in enabling public sector organisations and staff to work in this way. (NHS Board, 85 and others)

The forthcoming Community Empowerment Bill offer opportunities to put empowered communities at the centre of planning, but again this requires local political will and strong, informed and empowered leadership from within the public and voluntary sectors. It will also require the public sector to hand over power to other players, including communities themselves. (Third sector, 7)

But, in my opinion, a better understanding is required nationally about how public service authorities and communities might be better able to work together in the context of public health as a result of the Bill, including consideration of the potential for service participation requests or asset transfer requests to promote or improve public health. (Local authority, 111)

## Dundee Engagement Discussions/Answers to question 4

| Name of facilitator | Question 4. How do we really involve communities in partnerships and enable community empowerment?   |
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| Roy Stewart         | <p><u>Localities</u></p> <ul style="list-style-type: none"> <li>• Social Media (survey monkey)</li> <li>• Co-production – assets and community capacity, public and public buildings – volunteers – existing resources that do the ‘engagement and consultation’</li> <li>• Population profile</li> <li>• Wide spectrum of PH</li> <li>• Multi agency working</li> <li>• Tayphin – share the learning</li> <li>• Wider PH function (strategic)</li> <li>• Monetary funding from government – funding streams</li> <li>• Integration agenda (what about children/families)</li> <li>• Problems – people come along</li> <li>• Access</li> <li>• Intergenerational role model – how do we interest productivity?</li> </ul>  |
| Margaret Hannah     | <ul style="list-style-type: none"> <li>• Who and what is a community?</li> <li>• How do we empower at national, regional and local level) – Who are the ‘we’?</li> <li>• Often use proxies for community participation</li> <li>• Good example from engagement with people – Coeliac Disease, long term condition, control in their hands to change things, default way of working is co-production</li> <li>• Also working well in primary care e.g. Forfar ‘Nura Model’</li> <li>• GP practices ‘open but full – need to re-design with communities – engage widely, not just disgruntled ones. Key is to go to community, not expecting them to come to the practice</li> <li>• Meet at times and places where people are, but don’t keep going back to same people – consultation fatigue</li> <li>• Key to go back to people you consult with and show you’ve listened by actions</li> <li>• Invest in community development for community development</li> </ul> |
| Jim Cannon          | <p><u>Spectrum of communities</u></p> <p>Geographic – Communities of interest</p> <p><u>Plan</u></p> <p>Scope:</p> <ul style="list-style-type: none"> <li>• Ability to identify inequalities – intelligence, monitoring, whole system</li> <li>• Need local knowledge</li> </ul>   |

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|   | <ul style="list-style-type: none"> <li>• Link in other agencies/functions</li> <li>• PH always going to communities</li> <li>• Social marketing to 'advertise' PH role</li> <li>• True co-production should begin in community questions</li> <li>• Manage expectation</li> <li>• Engage school children/school community – getting in early</li> <li>• Use specific initiatives as platform towards wider engagement</li> <li>• Training for NHS staff in ability to communicate effectively (active listening)</li> <li>• Simple small steps – prepared to plan long game</li> <li>• Use existing structures e.g. community council, third sector</li> <li>• Easier to engage</li> </ul>  |
| ? | <p><u>Community Empowerment</u></p> <p>Define communities – spectrum of communities</p> <p>1 – Geographic</p> <ul style="list-style-type: none"> <li>• Need local knowledge</li> <li>• Engagement – how to encourage the community to initiate engagement? E.g. pop up tent in Brechin to get idea of their priorities and project ideas re PH, example community engagement and about local Blairgowrie Community Hospital</li> <li>• Engagement currently one way – there a skill in talking to and actively listening to people in local communities – also important to feed back about what can't be achieved or delivered – employ assets already there, e.g. community councils, third sector – new assets, CPP</li> <li>• National standards for engagement</li> </ul> <p>2 – Communities of interest</p> <ul style="list-style-type: none"> <li>• E.g. see hear initiative – visual and hearing impairment community initiative</li> <li>• Cancer care – engage with children and schools, often a community facility, will result in engagement with parents and carers</li> </ul> <p>'Do small things well that make a difference'</p> <p><u>Public Health Outcomes</u></p> <p>High level/aspirational</p> <ul style="list-style-type: none"> <li>• Good life experience</li> <li>• Employment with living wage</li> </ul> |

- Health equity in 20 years

Scottish Government National Outcomes

- How many or health and use for a starter for top down
- Also need to engage with local communities for bottom up informed outcomes
- Changing the present culture of change, playing the 'long game' to make significant change
- Example from Young Scot – 'Building the Boat' arising from the desire of young people to steer the boat, not just row the boat

## Edinburgh Engagement Discussions/Answers to question 4

| Name of facilitator | Question 4. How do we really involve communities in partnerships and enable community empowerment?   |
|---------------------|--|
| A Paterson          | <p>What is the community?<br/>           How do people feed into CP?</p> <ul style="list-style-type: none"> <li>• Looking at new methods – citizens panels</li> <li>• Different life stages, cycle of policy formulations, lived experience, go to relevant group/org.</li> <li>• Communities may want things we don't</li> <li>• Depends on questions asked and language used</li> </ul> <p>Process of involvement as important as aim of involvement?<br/>           Outcomes: Should be about wellbeing/control? What is more important?<br/>           How engaged is the community?</p> <ul style="list-style-type: none"> <li>• Community should have the right to know all info. Question of equity/transparency</li> </ul> <p>Involvement, asset – based.<br/>           Family nurse based partnerships.<br/>           Learn from other approaches.<br/>           Inviting practitioners and third sector who are engaged with communities in partnerships. Engage through pre-existing efforts.</p> <ul style="list-style-type: none"> <li>• Connect between approaches, e.g. learnpro, self-directed support.</li> <li>• CPP – image, role, responsibility, awareness, statutory duty to involve. Some CPPs align well with PH. Structure exists but need to get right</li> </ul> |
| Phil White          | <ul style="list-style-type: none"> <li>• Clarity of role of Public Health needed – does public health have skills in Community Development or Youth work or do they work with people trained in the above</li> <li>• How do we liberate a greater workforce to have involvement at local level?</li> <li>• Question of 'visibility' of Public Health staff – sometimes playing vital role yet very invisible and under radar</li> <li>• Place of being 'advocate' for HI and inequalities work</li> <li>• Issues and limitations associated with ring-fenced public health resources</li> <li>• Definition re 'community'? What level is it@ Is it geographical and/or thematic?</li> </ul>  |

## Glasgow Engagement Discussions/Answers to question 4

| Name of facilitator | Question 4.  |
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| J Lamb              | <p>Multi-layered, leadership at all levels</p> <p>Culture – courage – not to be afraid of letting go / not being afraid of getting it wrong</p> <p>Are services/service structure set up for engagement? How does your service need to change?</p> <p>Involve local communities by engaging something that interests them, that may not be your interest. Use of language.</p> <p>Manage expectation, pick some easy wins to help people see the value.</p> <p>Common understanding of communities engagement and partnership</p> <p>Reaching those who aren't usual influencers</p> <p>Read across with existing legislation and policy. National standards for community engagement.</p> <p>In environment of reduced funds how do we involve community in solutions with reduced resources.</p> <p>Focus on what can change.</p> <p>Combining data/ lived experience / leadership to decide on difficult allocations</p> <p>Challenge of elected members v local wider communities</p> <p>Engagement with local influencers</p> <p>Short termism – requires resource to support</p>   |
| Fiona McKay         | <p>Sharing power – not handing over power</p> <p>Community development – expertise needed – community learning and developing</p> <p>Third sector interface – variable in how well they work</p> <p>Often consider it as one of 'range of resources' rather than 'what would it take to release the potential that is here'</p> <p>Political – community empowerment ? – transfer of assets – challenging commercial interests</p> <p>Communities – not just geographic</p> <p>Local authorities – not 'local' artificial boundaries</p> <p>Local groups – identify priorities</p> <p>Role for public health – helping them identify what they could do to address that eg traffic calming</p> <p>Strengthening role of community council and residents groups – build on referendum energy</p> <p>Role of PH – bridging – listening to communities – advocacy – challenging</p> <p>To what extent do we let go of the goal of average health improvement in order to focus on inequality and variation in outcome</p> <p>If divert funding from smoking cessation to debt resolution – harder to show clear outcomes</p> <p>Local management – previous structures short term funding (less than 5 years) but were more local</p> |
| Karen McGuigan      | <p>Fine what people are interested in or passionate about and harness that energy.</p> <p>Identify the organisations/groups that people trust and work well with</p> <p>Long term planning and commitment is required – 20 years at least!!</p> <p>A good example is a learning community based around a local high school –</p>   |

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|                  | <p>enables co-ordination of activity and a two-way flow of information.<br/> The challenge is getting to people who don't normally engage.<br/> The strength of the third sector is key.<br/> Align funding streams – between LAs, health and third sector.<br/> Short term funding is not helpful – it should be a long-term commitment to public health.</p>   |
| Michelle Gillies | <p>Definition of community, what does empowerment mean, who decides (Predetermined agenda with silo funding – ‘do to...’<br/> Helping communities articulate their issues –<br/> Lack of visibility of PH within communities<br/> Limited resource specialist PH – where can we add value<br/> Linking (eg alcohol – HI Primary care, 3<sup>rd</sup> , LA, CPP)/ Mapping/ Knowledge (HNA, evaluation)/influence advocacy</p> <p>Value of established links/partnerships- connecting with the wider PH workforce – recognition of PH activities eg umbrella<br/> At board level perhaps a disconnect between PH and HI and Primary Care<br/> Local service delivery – engagement works well in small defined projects<br/> Youth workers, young single mums, targeted approach<br/> ALISS – example from Craigmiller<br/> Sign posting to resource<br/> Asset mapping e-resources<br/> “Tokenistic” involvement of ‘lay’ groups</p> <ul style="list-style-type: none"> <li>- Not socially excluded but the loudest voice</li> <li>- PH role providing info and helping articulate issues</li> <li>- Widen health inequalities</li> </ul> <p>NUKA project – Alaska – imbalance of power<br/> Academia – community engagement on setting the agenda</p> |

## Inverness Engagement Discussions/Answers to question 4

| Name of facilitator | Question 4. How do we really involve communities in partnerships and enable community empowerment?   |
|---------------------|--|
| Joanne Larson       | <p><b><u>Pro-active Approach – HOW?</u></b></p> <ul style="list-style-type: none"> <li>• Build confidence</li> <li>• Equipping staff</li> <li>• ↑ Knowledge</li> <li>• Media               <ul style="list-style-type: none"> <li>○ TV</li> <li>○ Social media</li> <li>○ Radio</li> <li>○ Papers</li> </ul> </li> <li>• Sharing resources</li> <li>• Inform communities – ‘being on the ground’</li> <li>• Informed consultations</li> <li>• NEED for a VISION – sharing stories</li> <li>• Roadshows</li> <li>• Presenting opportunities &amp; identify responsibilities – across communities.</li> </ul> <p style="text-align: center;">↓</p> <p>Who does this?</p> <ul style="list-style-type: none"> <li>○ NES</li> <li>○ CPP</li> <li>○ Health Scotland</li> </ul> <p><b><u>No wrong door</u></b></p> <ul style="list-style-type: none"> <li>• TRAINING &amp; develop               <ul style="list-style-type: none"> <li>○ To help develop confidence for staff to work in co-production</li> </ul> </li> <li>• CONFIDENCE               <ul style="list-style-type: none"> <li>○ Build confidence for true ‘community voice’</li> </ul> </li> <li>• METHODS OF ENGAGEMENT               <ul style="list-style-type: none"> <li>○ MINORITY                   <ul style="list-style-type: none"> <li>▪ Groups – travelling community</li> <li>▪ ‘communities of interest’</li> </ul> </li> </ul> </li> <li>• Draw on common interests               <ul style="list-style-type: none"> <li>○ Stakeholders – invest</li> </ul> </li> <li>• LEADERSHIP/EMPOWER               <ul style="list-style-type: none"> <li>○ Leadership to help empower support capacity</li> <li>○</li> </ul> </li> </ul> |

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|            | <ul style="list-style-type: none"> <li>• Listening -WHO? <ul style="list-style-type: none"> <li>○ How do we hear everyone?</li> <li>○ Communication channels</li> <li>○ Ease of access – accessibility</li> <li>○ Equipping community</li> <li>○ Transparency/↑ understanding in community</li> </ul> </li> <li>• WHY? <ul style="list-style-type: none"> <li>○ Engage?</li> <li>○ Evidence</li> </ul> </li> <li>• HOW? <ul style="list-style-type: none"> <li>○ How do we maintain trust in ‘professionals’ → sharing responsibilities</li> </ul> </li> </ul>  |
| Alan Yates | <p>Key issues:</p> <p>Positive</p> <ul style="list-style-type: none"> <li>• Felt CPP are very positive for community engagement – particularly where themed groups – allows communities to relate to issues</li> <li>• Health/Social integration meetings provide good way into communities and wider issues can then be picked up under CPP</li> <li>• There is key role for PH to promote empowerment of communities given impact on well-being</li> <li>• Participatory budget schemes may again be useful way to get interest of communities</li> </ul> <p>Difficulties/Barriers</p> <ul style="list-style-type: none"> <li>• engaging general (healthy) population with some issues</li> <li>• getting voice of target audience rather than the interested few who may have own agenda – felt 3rd sector very useful here</li> <li>• Engaging takes significant time commitment from professionals. Particularly when measures/targets may focus on short-term issues. Need to promote value in long term intervention</li> </ul> <p>General discussion:</p> <ul style="list-style-type: none"> <li>• Communication – need good flow local/regional/national on initiatives that work</li> <li>• PH must engage with social media</li> <li>• Ideally need to identify opportunities to provide support/infrastructure to assist community engagement e.g. in Shetland meetings held on integration at local areas with involvement of 3rd sector and partners also touch on CPP agenda – this can pull in wider issues.</li> <li>• Key role for PH to push community empowerment – all agreed but</li> </ul> |

noted may not be view of agencies/individuals outwith PH

- Must avoid duplication by having key focus at local CPP
- Need to have clinical buy-in at local level
- Noted PH doesn't use medical model – looks at wider issues impact on health. E.g. in Western Isles health inequality group asked wider groups (e.g. economic group) to pick up on HI related issues. This lead to participatory budget project on community transport
- Noted difficulties with measuring success with preventative projects
- Frustration at taking forward good practice already identified e.g. through equally well – for example trying to get partner agencies to release relatively small amounts of money
- Targets/measures – needs to be strong PH leadership to ensure these are appropriate and fit with government policy. Can be useful e.g. statutory PIs have recognition at senior management level for environmental health but the PIs should tie in with national priorities.
- Problems with national procurement leading to difficulties with local initiatives
- Community empowerment bill – need to get message to public and allow 'stronger voice'
- Noted previous work e.g. western isles 1990 'health needs assessment' had engagement with local mother and toddlers that lead to community groups still going
- ScotPHN – noted there can be instances where degree of duplication is necessary e.g. national policy with local guidance but need to have flexibility on timing – may have different work tempos at local/regional/national levels
- Noted audit Scotland (2013) report identified difficulties with having appropriate measures for 3rd sector for evidence of impact/prevention. 'stich in time' (?)