

## Learning Note 1:

# Service Redesign, Joined Up Working and Community Engagement

We have been working on behalf of NHS Health Scotland since February 2010 on the National Evaluation of the eight Equally Well Test Sites. Our work will continue until April 2011. By then, we will have prepared a full evaluation report.

The Test Sites were established in 2008 to reduce health inequalities by:

- improving local service design within existing resources; and
- collaborating between public sector agencies and others.

The aim is to learn lessons about how health inequalities can be reduced; better health and other outcomes can be achieved for service users; and greater efficiency in the use of public resources can be delivered. A full list of the sites and a brief description of their focus is included on the final page of this Note. In our work, we are picking up on the lessons being learned by the Test Sites:

- about what seems to work and what doesn't;
- about success factors and the barriers to progress; and
- about the changes that are happening in the test sites.

We will, from time to time, issue Learning Notes so that these lessons can be more widely shared. The Notes are written specifically for people directly involved in the Test Sites – whether they are coordinators; stakeholders; evaluators or active members of the community. However, they may also be of practical interest to managers in the public sector, to the Scottish Government and to agencies supporting transformational change in public services.

This first Learning Note concentrates on service re-design; joined up working; and community engagement in relation to solving complex social problems such as health inequalities. Changes to the underlying causes of problems of this kind cannot be delivered by any one organisation working on its own. Appropriate multi-disciplinary and multi-agency approaches are needed.

Later Learning Notes will consider mainstreaming; sustainability; and the links between local actions and national policies.

This Learning Note is based on in depth discussions with more than 50 people directly involved in the Test Sites; ongoing discussions with the local evaluators involved in each of the Test Sites; a half day workshop discussing the emerging lessons; and a general review of information prepared by the Test Sites.

## 1. Service Re-design

The Test Sites all have an ambition to improve services to meet the needs of service users. There were quite different views across the Test Sites about the term “service redesign”. Test sites sometimes meant different things by it, and some didn’t like the term at all. Some preferred “enhanced service”, “service improvement” or “service re-configuration”. Whatever it was called, it was seen to include:

- Involving new or different people (new teams, organisations, groups of practitioners or professionals groups) in tackling a health issue;
- Developing services which are more service user focused;
- Developing services which “look different” for service users;
- Analysing and reviewing existing approaches to delivery;
- Engaging service users in the review process; and
- Working differently or changing the way services work.

Examples of the types of service re-design achieved (or planned) include:

- Co-location of ante-natal classes and other children’s health services in the local school;
- Extra services in targeted areas (like oral health; teaching provision; free school meals);
- The preparation and delivery of joint materials (like the use of alcohol screening and brief interventions by a range of partners); joint training and Continuous Professional Development for a number of partners;
- The establishment of client pathways – to look at service provision from the service users’ perspective and not only from the service providers’ perspective;
- Establishing a single operational base for use by all service providers;
- Providing a single point of access to a range of services; and
- Direct community involvement in service design.

A number of factors that were likely to lead to successful service re-design were identified.

## Senior Commitment

Wide organisational and senior support is needed to make service redesign work among partners.

At the time of the ‘bids’ for Test Site status, each of the Test Sites demonstrated that there was real senior level (political and/or managerial) support for the approach. Where this has been maintained, it has been a real benefit to the Sites involved. It has retained a focus on the work; helped keep different partners bound in to the process; and provided ongoing encouragement. However, the initial senior commitment has in many cases not been sustained – and this has made service re-design much more difficult in these cases.

Importantly, the benefits of leadership do not only come from the top of an organisation. Committed individuals and people with exceptional relationship building skills at all levels can bring about imaginative service re-design among organisations. This is easier when people are working in organisations that are open to change and provide space for trying new approaches. This is not always the case.

In some cases the Test Site was seen to be the ‘baby’ of one organisation (or individual). This reduced the commitment of other organisations to bringing about change.

## Including service user perspective

“Silo thinking” is seen as a problem – with departments and organisations not thinking beyond their own immediate responsibilities. But service users are not particularly interested in the roles and responsibilities of different organisations – they want straightforward access to the services that they need. It is therefore important to consider service design from the perspective of the service user. Service users should be involved in the re-design process. Some service users have complex support needs, and engagement methods need to take this into account. From the Test Sites there are examples of practical changes that can improve services – like using joint visits (by staff from different organisations – or departments) or improving inter- agency referral processes.

## Having a culture that is open to change

Organisations will normally need to adapt to make real change possible, and this can be difficult. We heard of frustrations caused for the Test Sites by “gatekeepers” who want to protect the existing arrangements, and resist change. It was rare for the Test Sites to be operating in an environment where all organisations involved actively encouraged institutional change (to budgets, policies or ‘the way we do things’) on the basis of the emerging learning from the Test Sites.

## Learning from what has not worked well

Some things in the Test Sites have not worked as well as expected. This is an important part of the learning process. The reasons for this should be shared and considered, so that learning can happen.

Sustainable service improvements need organisations to change (and may mean that some organisations need to give up power). This has proved challenging because of the resistance to institutional change in many organisations.

## 2. Joined Up Working

Many people have spoken and written about partnership working and joined up working in Scotland. Where partnership working has taken place there have been questions about whether this has always been effective and added real value.

From the work that we have done so far it appears that there are a number of factors that can support successful joined up working:

### Shared Outcomes

Effective joined up working does require all those involved to have agreed outcomes for their work together. Many of the Test Sites could identify significant movement towards having more agreement on outcomes amongst partners – although most felt that there was still more to do. One person reflected this change when they said that they had (for the first time) a '*real notion of a shared enterprise*' amongst the partners.

We found that one of the most powerful building blocks in making progress was people really understanding the different roles and responsibilities of each partner organisation – and understanding the opportunities that they had and the constraints that they faced. This sounds simple – but was mentioned by many Test Sites as being crucial - and not present before the work of the Test Site. As people learned more detail about the roles and responsibilities of others, it became evident that there had been a great deal of misunderstanding about these in the past – based on assumptions rather than fact. It was felt that improved understanding would support the development of new initiatives and joint working in the future.

There was also evidence from some sites that partner organisations had very different approaches to planning, monitoring and evaluation. This made it more difficult to develop agreed shared outcomes.

Because most of the Test Sites have long term outcomes related to health inequality, measuring progress towards these can be difficult in the short term. It is therefore important to also have short term ‘project’ outcomes which set out the organisational (and other) changes that the Test Site is seeking to deliver during its life.

### Adding Real Value

Effective joint working takes time. It requires a commitment to build and develop relationships – both formal and informal. The costs of this are often not quantified. Given this input, it is important that joint approaches lead to improved services or organisational efficiencies (or both). We heard of the benefits of sharing data (and avoiding duplication in gathering, maintaining and analysing this data). We also heard of the real value in engaging partners who would not normally have considered that they had a role in tackling health inequalities. These included trading standards; planners; countryside rangers and housing associations. But we also heard concerns that some of the ‘joined up’ action plans that had been developed had really done no more than pull together the actions that partners were already committed to – with no evidence that any synergy had been created by working together (or by Test Site status) in these areas.

### Linking Strategy and Operations

Effective joined up working is helped by a clear link between the strategy and its delivery. This can be especially challenging when organisations have different priorities. We heard in some areas that *“people were working well together but services and organisations (as a whole) are not necessarily working differently yet”*. We also heard concerns that people working at a ‘delivery level’ were often limited by their own organisation’s priorities rather than being truly driven by joint plans or approaches. This could impact on the ability of local staff to work together effectively.

Joined up working is essential to reduce health inequalities. There is still work to do in creating effective joined up working and partnerships. Establishing clear ‘project’ outcomes for the Test Sites is an important step.

### 3. Community Engagement

There has been extensive work in some test sites to engage communities – both to gather their views and engage them in decision making. For example, in two areas the work of the Test Site has been heavily influenced by what they have learned from community engagement. This engagement was seen to bring new insights which would not have come from service providers only talking to each other.

There have been innovative approaches to community engagement. For example in one area a series of ‘civic conversations’ brought together local people and service providers.

Community (or service user) engagement is not a significant part of the work in many of the Test Sites. However, in all cases, there is recognition that community engagement is still important.

Some Test Sites planned community engagement activities from the beginning, while others have waited (sometimes deliberately). Most have reviewed existing evidence or research with the local community, rather than duplicate what has already been done.

Success factors for community engagement include:

#### **Agreeing the Scope of the Engagement**

It is essential that both the purpose and scope of the engagement is clearly set out and agreed. Without this, there is a danger that there will be frustrations for both the community and public agencies.

There is sometimes a tension between community needs and aspirations. This needs to be handled carefully. There will be different views within the community. However, this was used in one of the Test Sites as an opportunity to begin ‘difficult conversations’ with the local community about how tricky issues can be tackled in a better way.

We also heard of tensions between service providers and communities which related to disagreements about the extent of power, control and influence over budgets that the community could have.

It is usually helpful to engage the community in a targeted, in-depth way on key issues or challenges – rather than attempt to undertake community engagement that covers everything.

## Building Capacity

This takes time – identifying the existing strengths and skills in the community and working with communities to build them. It can be challenging to reach beyond community activists and the most powerful. In one test site this has been overcome by taking a ‘community development approach’. This has involved knocking on doors, gathering the views of a wide range of community members through survey work, and using innovative approaches like scrap books. Photographs and visual approaches were also used very successfully in one of the other Test Sites – and this can be important given the lack of confidence in literacy for many people.

There is also a need to make sure that all people in communities can become engaged – and specific steps may need to be taken to engage particular groups in the community like young people or people from minority ethnic communities. Some Test Sites have also found that it is difficult to get community activists to move from ‘objection’ to ‘participation’.

Capacity building is equally required for service providers to develop their skills of communication (especially listening), empathy and flexible responses. These are always required in effective community engagement

## Providing Feedback

It is essential to make sure that there is regular effective communication with communities. Any break in the communication can lead to a suspicion that people’s views are not being taken seriously. It is important to provide feedback even when there is a decision not to proceed with a service change – or where the decision is different from what the community wanted.

It is also important to be clear that action (not just discussion) will be what makes a difference. So it is important to realise when further engagement on a particular topic is not needed. Early wins (changes suggested during the community engagement and put into practice) are hugely important in demonstrating that the process is worthwhile. It can motivate those already involved and also encourage others to become involved.

Community engagement takes time. It should involve identifying and building on existing strengths and skills in the community (and other partners). Its scope needs to be clear. And there is a need to provide regular feedback.

## 4. What might this all mean for the Test Sites?

As a result of our work to date, we think that the Test Sites might each reflect on some of the issues arising. These might include:

- Is there still senior commitment to the Test Site? If not, can this be re-introduced?
- Is everyone involved in the Test Site clear about the outcomes that the Test Site is intended to deliver? If not, is there a need either to refresh this or to resolve any divergent views?
- Is the Test Site considering services from the perspective of service users? And are service users involved in service re-design?
- Are the Test Sites operating in an environment where changes that bring about improved services are welcomed? If not, is there anything that you can do to remove any of the barriers to change? Is this an area where senior commitment could help?
- Are you able to demonstrate that joint work is leading to improved services and efficiencies?
- Have you considered whether communities are sufficiently engaged in your work?
- If you are engaging communities, are you and the community clear about the scope of the engagement? Are you using methods of engagement that encourage a wide involvement? And are you feeding back to communities what has happened as a result of their engagement?

### **What might this mean for others who are tackling similar complex issues?**

- Are there any lessons from this early stage of the work in the Test Sites that have relevance to what you are doing?
- Are there ways that lessons from different approaches to tackling complex issues can be shared better in Scotland?

### **What might this mean for the Scottish Government?**

- How can the (broad) lessons from the Test Sites be built into future policy development?
- How can you help create an environment in which organisational barriers to change are removed?
- How can people be encouraged to share what has not gone as well as expected, so that the lessons from this can inform future work?

## 5. Background information

The Test Sites were established in October 2008. Each test site is a collaboration between local public services, aimed ultimately at reducing inequalities in the health and wellbeing of people who need most or all of those services.

The eight Test Sites are:

- **Whitecrook, West Dunbartonshire** - targeting the high prevalence of smoking in the area
- **East and Mid Lothian** - looking at health inequalities in early years in Prestonpans, Musselburgh East and Tranent
- **Govanhill, Glasgow** - looking at community regeneration and development
- **Blairgowrie** - looking at delivering health inequality sensitive services in a rural setting for people with multiple and complex needs
- **Lanarkshire** - focusing on sustained employment and barriers to people finding employment
- **Templehall, Fife** - focusing on anti-social behaviour in relation to alcohol and underage drinking
- **Stobswell, Dundee** - focusing on methods of improving wellbeing
- **Glasgow City** - looking at integrating health into current and future city planning

If you are interested in joined up working or community engagement, you may be interested in looking at [Scottish Government Joined Up Working How To Guide](#) or [Scottish Government Community Engagement How to Guide](#) – although the sites have not been maintained recently.

For work on community engagement, the [National Standards of Community Engagement](#) should be used.

For more on adding value through partnership see ‘Achieving Outcomes through Collaborative Gain’ in this [library](#).

We welcome feedback on the purpose, style and content of this Learning Note – to [andrew.fyfe@odsconsulting.co.uk](mailto:andrew.fyfe@odsconsulting.co.uk) .