

Health Improvement Learning Zones Preliminary Findings Of Evaluation of Pilot Phase

Background

Delivery of health improvement and addressing health inequalities and life circumstances is a partnership activity across the Community Planning Partnership (CPP) function. Councils play a key role in providing a wide range of services that have an impact on health such as housing, social care and protection, education, leisure and recreation, transport and environmental management.

The Health Improvement Learning Zone (HILZ) initiative was developed in 2004 by COSLA to:

“Build health improvement capacity by enabling councils and Community Planning Partnerships to share promising health improvement practice amongst each other and with other planning partners in innovative ways”.

The project was open for participation by the council with their partners (internally across departments and externally across the CPP or across council boundaries). Applications were encouraged from, for example - Health Improvement Officers, Housing Departments, Environmental Health, Education, Social Work and Community Workers.

A multi-organisational advisory panel consisting of a spokesperson for Social Work; an academic; Chief Executive/SOLACE; Scottish Executive; NHS Health Scotland; CHEX; Harvey Stalker-Health Promotion Unit was set up to oversee the project.

The majority of funding for the initial phase of this scheme was made available by COSLA with contribution from Health Scotland. COSLA was responsible for the majority of the administrative work, co-ordination and allocation of funds to each individual project.

Applications

Councils were encouraged to apply for the status of HILZ by demonstrating existence of promising practice with health improvement that could be

shared more widely with others through the HILZ. The scheme aimed to encourage councils to share promising practice from the four pillars of “The Challenge” document (Improving Health in Scotland – The Challenge, 2003), and in addition the area of health inequalities, as follows:

- Improving the health of communities
- Improving health in the early years
- Improving health during teenage transition
- Improving health in the workforce
- Tackling health inequalities

The councils applied for the “Learning Zone” status and identify their contribution to health improvement; evidence to demonstrate success; partnership working; innovation; and modes adopted to share good practice with other councils and Community Planning Partners.

A total of eighteen applications were received from local authorities across Scotland and eleven councils were awarded HILZ status. The advisory panel was involved in choosing successful applications based on a seven self-assessment criteria framework for health improvement, from the COSLA 2002 framework “Local Authorities as Public Health Organisations”, which included the following criteria:

- Health improvement as part of the corporate culture
- Health improvement as the core function
- Building capacity
- Policy for health improvement
- Service delivery
- Critical review
- Developing partnerships

Successful candidates receiving funding for “Learning Zone” activity to be used towards arrangements for disseminating good practice and further development work towards producing case studies and additional resources.

Evaluation of the Pilot Phase

NHS Health Scotland through the new Local Government Health Improvement Programme volunteered themselves as the lead for evaluation of the pilot phase of the HILZs; as the aim of the new Programme is to provide support for health improvement delivery and further develop partnership working activities with COSLA and councils.

The aims of the evaluation were to assess:

1. The contribution of the HILZ scheme in developing health improvement capacity of councils and CPPs
2. The usefulness of the guidance materials for making applications and the framework for HILZs in generating and supporting successful and innovative ways of sharing promising practice locally.

The research methods were:

- Feedback questionnaire for HILZ participants
- Focus group discussions with HILZ leads to facilitate reflection and sharing of local experiences
- Follow up telephone interviews with members who were unable to make the focus group meeting
- Discussion with steering group members
- Discussion with COSLA staff

Key Preliminary Findings

A brief summary of key preliminary findings is as follows.

Discussions and feedback suggest that the HILZ scheme has helped in raising the profile of councils as organisations that contribute towards health improvement, the tackling of health inequalities and changing life circumstances. The evaluation phase has shown that the HILZ status and funding has helped “buy in” and recognition for health improvement from those who would not normally have viewed this as their role. It has also encouraged the involvement of partners through attendance at

events, networks and the development of the project.

“The aims of the “Learning Zone” project were to try out a method of exchanging best practice on Health Promoting Schools across West Central Scotland. There is little doubt that the project has been a great success, feedback has been excellent and it has given us an excellent basis for building on, including involving the National HPS unit who wish to look at lessons for the rest of Scotland”.

Working in partnership has provided scope for raising the awareness of the health improvement agenda across different council departments and sectors.

“Within housing the focus for health improvement seems to be focussed on homelessness, where the proportions of people are low. It’s to raise the profile of poor housing.”

Being involved in the HILZ process at the local level helped in generating a sense of ownership for health improvement.

“It raised the profile of health improvement and I think it’s also generated a greater sense of ownership of health improvement in that it’s not something that I do because I’m in a health improvement job or its something that public health does or something that social work does. My argument would be that in the council if anybody that is health improvement in terms of their outcomes it’s social work. Somebody like housing and planning have a lot more to offer to health improvement than something like a care giving service. So it’s getting that mindset changed”.

The HILZ status and process has assisted with the recognition and understanding of health improvement.

“Having this Health Improvement Zone status helped people recognise that they are doing health improvement anyway, and it raised the profile of health improvement, which is one of the key objectives.”

“I think it also means that where people were beginning to work with things like health improvement, we’ve been kind of been able to offer them a home.”

It also helped in building confidence amongst staff working in different areas of the council in their contribution towards promising health improvement practice.

There was a recognition that the involvement of partners in the HILZ projects worked as vehicles to build stronger partnerships between the council departments and the health sector. In one case raising the profile of fuel poverty amongst health staff and hospital settings developed stronger links between the two sectors leading to increased referrals to the housing sector to take actions and hence contribute towards overall health improvement.

Another response suggests a similar sentiment:

“Among the five people on that training course there was one person from the police, one from regeneration, one from health and one from community development. We used Health Impact Assessment as evidence that went into a planning process around the development of a ‘super pub’. The evidence from the Health Impact Assessment stopped this facility from being available (as it was counterproductive to health and well-being). It was very much verging on a residential area as well. The people who were trained (in HIA as part of the HILZ) contributed to that process.”

The process had led to overall health improvement outcomes.

The project promoted better understanding of the health improvement agenda and helped forge links with other strands of work that might have had an impact on health which had not been considered before.

“One of the pieces of work that has come about for 2007 is that we’re going to take a week now to make sure that health improvement targets show up in each of the health improvement plans. So that it becomes part of the core remit of every department. Which I don’t think we would have done had we not gone through this process.” (i.e. HILZs).

Building relationships across partners was emphasised as a key factor in supporting health improvement activities across partnerships. These partnerships were key in setting things in motion and have the capacity to be creative and develop new initiatives.

Generally traditional methods have been used for the dissemination of learning within the actual HILZ, using workshop sessions and information provision. It is beyond the scope of this evaluation to establish the degree of

learning and behaviour change experienced by the individual participants of each HILZ, however the evaluation discussions have revealed that the HILZs have certainly created an opportunity to share and learn. Reflections during the evaluation phase discussions suggest that there was evidence of enthusiasm, passion and drive to take things forward in participant’s day-to-day work.

“It gave us the opportunity to get together with people from Scotland just to share what people were doing that type of learning will go on.”

The barriers experienced by the staff involved in the development of the HILZ were also explored during the evaluation discussions. Sometimes limited contact with the partner agencies and often reliability on a single contact made it more difficult to progress the HILZ. In some cases a lack of understanding of the management structures within the partner organisations contributed to this. The challenge of shifting agendas and priorities was also mentioned as this could lead to shortages in committing staff resources to take forward the HILZ project.

Though there were existing partnerships and relationships with partners some felt that they had to work hard to establish new contacts in the health service but once these new contacts were established through the HILZ, this had a benefit to health improvement work on a wider basis and new relationships matured.

The involvement of the voluntary and the community sector varied from project to project. The evaluation phase has suggested that an emphasis should be encouraged in terms of the involvement of the community and voluntary sector in any plans for the continuation of HILZs. The National Standards for Community Engagement were felt as an approach for this, and connections made to the LEAP framework potentially. It was also suggested that it would be helpful to share key learning from the HILZs more widely and nationally across partnerships and organisations.

General Comments

Overall Lead Officers for HILZs felt that HILZ status had helped in providing a profile to their project and had assisted in achieving commitment from partners. Overall there was agreement that the guidance materials and the methods used for assessment were easy to use and accessible. In some cases the project was still developing and needed time to reach its dissemination stage and therefore had not

achieved its full potential within the suggested time scales.

Overall the evaluation phase has shown that HILZs have been welcomed as a successful initiative.

“The Health Improvement Zone has been minimum bureaucracy for maximum effect”

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a) Fuel Poverty Strategy – Angus Council

The “Learning Zone status provided scope for mobilising the Fuel Poverty Referral Network - a partnership made up of numerous organisations. The network arranged fuel poverty awareness training for front line health and social care professionals, so that these 'trusted intermediaries' could recognise the signs of fuel poverty, and have a single point of contact for finding help for householders. Clients could be referred to a specific council officer who gave specialist advice and sourced grants with the specific aim of removing the householder from fuel poverty. The content of training was based on the “National Heart Forum Fuel Poverty and Health Toolkit” and was provided to staff in the Community Hospitals of Angus, to deal with vulnerable client groups.

b) Promotion of physical activity – East Lothian Council

East Lothian Council and its Community Planning partners have developed broad and effective partnerships for promoting physical activity across a variety of settings.

East Lothian Council as the lead agency hosted a one-day conference on ‘Promoting Physical Activity – Moving from Vision to Practise’. This conference drew on the positive record and experience of partnerships, showcased success stories and best practice in East Lothian and provided an opportunity for other local authorities to disseminate positive examples of physical activity promotion. A conference report “Active People Active Communities” is available with detailed case studies.

c) Joint Health Improvement Plan – Fife Council

Fife Council has developed a monitoring and evaluation framework to feedback the impact of their health improvement work. The framework supports the monitoring and evaluation of health improvement work at all levels by tying it to strategy, action planning and implementation. It brings information back from strategic partners and local projects to a key group who maintain an overview of health improvement work in Fife and then link to JHIP actions. The framework is to be made available on the Fife Council website to support implementation of framework with other Chapters of the JHIP (i.e. Early Years and Childhood, Teenage transitions etc).

d) Health Promoting Schools Seminars – Glasgow City Council

This HILZ offered a series of three seminars for up to 120 managers/practitioners linked to health promoting school activity in the nine local authorities within Greater Glasgow, Lanarkshire, and Argyll and Clyde Health Board areas. The themes included - Sharing Good Practice; Linking National Strategy to the Health Promoting Schools Model; The Health Promoting School – How Well are we doing?: A good practice guide (Glasgow Healthy Schools) resulting from the “Learning Zone” events for Health Promoting Schools is available on CD.

e) Enhancement of Highland Health Promoting Schools Toolkit – Highland Council

The Highland Health Promoting Schools Toolkit is a compact and user-friendly audit and guidance tool for schools, developed by a working group made up of partners from Highland Council and Highland NHS Board. It supports school communities to achieve health-promoting status. The HILZ funding enabled the Toolkit to be reviewed and enhanced in light of publication “*The Health Promoting School*” (by HMIE) and the information coming from Highland Council’s (and NHS Highland’s) Quality Assurance Frameworks.

The development of the Toolkit involved working with partners from a wide range of agencies and partners. The success of the enhancement of the Toolkit was demonstrated by improved provision in Highland schools that measured against the criteria of “*The Health Promoting School*” and the Toolkit itself. The Toolkit would be made available on-line and in print form to other councils/Community Planning Partnerships. Nutritional advice sheets were also developed as additional components to the Toolkit.

f) Joint Health Improvement Plan – Moray Council

The HILZ project developed ‘locality health improvement profiles’ for the Moray area. This project goes beyond the requirement of producing a JHIP and provides an accurate local picture and clear evidence of local priorities. These profiles will be disseminated across Community Planning partners in Moray and around Scotland through existing networks and websites.

g) Joint Health Improvement Plan – North Lanarkshire Council

North Lanarkshire Council has developed an intensive partnership arrangement to develop and deliver their JHIP and the actions stemming from it. A report illustrating the process undertaken in developing the JHIP (and the impact upon the emerging partnerships of the operating environment, approach, tools and techniques e.g. the ‘story telling’ methodology now being used as a tool for gathering qualitative data) is available. A series of seminars are planned to share the learning with participants and practitioners.

h) DRIVESafe in Argyll and Bute – Argyll and Bute Council

Argyll and Bute Council through their HILZ status have developed a resource pack to address the high incidence of serious and fatal road traffic incidents in Argyll and Bute. The resource pack of materials is to be utilised by partners in addressing road safety issues, and includes a DVD and guidance materials for emergency services.

i) WHO Healthy City – Health Impact Assessment Training – Stirling Council

Stirling Council's approach to Urban Health and Impact Assessment have been recognised by WHO as good practice. Five members of staff from across Public Health, Local Authority Planning, the Voluntary Sector and Police attended an intensive five-day training programme on Health Impact Assessment, provided by the University of Liverpool. These trained people enabled the development of policies, strategies and action plans relating to all health determinants, with particular emphasis on Health Impact Assessments.

Reflections – “The Learning Zone status provided extra support in achieving health improvement outcomes, which might not have been possible or might have taken much longer to achieve.”

j) Health Impact Assessment – West Dunbartonshire Council

Health Impact Assessment is a key strategic tool for West Dunbartonshire. They have further developed this work (through HILZ status) with partners, and have developed a guidance document on how to carry out this process in councils; created a web page for learning; and shared the results of their reviews with the Health Improvement and Equalities Networks.

k) Joint Health Improvement Plan Training on food hygiene – West Lothian Council

The HILZ project provided support for free training on food hygiene to assist with food hygiene induction training of new food handlers, especially relating to ethnic minority workers involved in food preparation. In addition, three versions of the “Food Safety is Everybody’s Business” DVD have been translated in English, Urdu and Cantonese. A training pack accompanying the DVD is also available in three languages. The training pack has been disseminated to businesses, local authorities and to local high schools to assist home economics teachers present hygiene training to pupils. Plans to make this available to others throughout the UK are being considered.

For Further information on HILZs visit: www.healthscotland.com/localgovernment