



North West Wellbeing Portfolio

Legacy Paper... practical advice for providers and commissioners of wellbeing services

Policy To Practice – Bridging The Gap



This legacy paper was written in April 2011. The consultation period had closed on the Public Health White Paper – Healthy Lives, Healthy People. The Coalition government had introduced a ‘pause’ as legislation for Equity and Excellence: Liberating the NHS passes through parliament. Although many announcements had been made, none had yet made it into legislation. The aim of this legacy paper is to show that despite the uncertainty created by new policy and new legislation, it is possible to plan and develop projects and new ways of working.

Understanding how legislation develops

Central government controls what governmental and non-governmental bodies do by enacting legislation. This brings into law government policy and objectives. Since 1997 there have been 18 acts, bringing forward new legislation to change health provision in the UK (Note: this excludes legislation specific to Scotland, Wales and Northern Ireland). This is a lot of legislation and a lot of changes those delivering health have needed to deal with.

The first sign new policy is in development is a Green Paper. In general Green Papers present a range of views and perspectives of how policy and legislation could develop. They sketch out long term goals and present a wide range of views and are generally intended to provoke debate. They provide the first opportunity for government to consult on new ideas. In the case of the NHS reforms in 2010 and 2011 they did not produce a green paper.



However, a Green Paper is a not an essential part of any policy or legislative process. The first essential stage is developing a White Paper. This provides the government view of how a policy should develop. It provides an opportunity for the government to consult on their emerging policy. It often forms the basis of the bill that is presented to parliament, but it has no legislative power in its own right. So far the Coalition has produced two white papers relating to NHS reform:

- ♥ Equity and excellence: Liberating the NHS – Published in July 2010 - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353; and
- ♥ Healthy Lives, Healthy People – Published in November 2010 - <http://www.dh.gov.uk/en/PublicHealth/HealthyLivesHealthyPeople/index.htm>.

The government will set a period for consultation on the White Paper. Once the consultation period is ended, any necessary amendments are made and the Bill begins its passage through parliament. Once it has passed through both houses of parliament it becomes law.

The actual process is often much more complicated than this. Amendments will be made as the bill passes through parliament and it may be the legislation that emerges differs from what was originally proposed in the White Paper. A good example of this is the 2 month ‘pause’ facing Equity and Excellence: Liberating the NHS as it moves through parliament. This listening exercise could lead to substantial changes in what becomes law, compared to what was sketched out in the White Paper.

So to understand what government has decided you have to read the final Acts of Parliament, not just the White Papers they are based on.

ACTION:

To know exactly what government is directing you need to read the Act of Parliament as well as any Green or White Papers. These are available at www.legislation.gov.uk.

Gearing up for change

In any policy you can identify key emerging themes that are likely to be adopted, regardless of how the detail of the legislation develops.

A) Identifying themes

In the case of Healthy Lives, Healthy People it has the following key concepts:

- ♥ The promotion of localism;
- ♥ The emphasis on patient and public participation;
- ♥ The recognition of the importance of prevention and early intervention; and
- ♥ The focus on redressing health inequality.

ACTION:

When reviewing papers try to:

- Identify core themes;
- Look for similarities with existing provision;
- Identify your key partners; and
- Understand the jargon.

B) Considering similarities

However, even when the emerging policy involves a whole scale restructure there are parts that remain the same. Again in the case of Healthy Lives, Healthy People, the paper makes specific reference to the following parts that are a continuation of previous public health policy:

- ♥ There will be a Director of Public Health, jointly appointed by the Local Authority and Public Health Service;
- ♥ The split between commissioners and providers is continuing. Local authorities and GP consortia will commission rather than deliver services; and
- ♥ Health and Wellbeing boards will exist, ensuring local people have a voice in local services, similar to existing structures through Local Strategic Partnerships.

C) Relationship mapping

It is also important to consider who will hold the funding, or how funding is likely to be distributed. This is likely to involve new relationships and new structures to engage with. The following table is based on the Public Health White Paper, but could equally be applied when any new policy emerges.

Relationships	<p>What does this policy mean for my key relationships?</p> <p>Who do I need to speak to?</p> <p>Will they have more or less experience of the sector than I do (for example GPs moving into commissioning)?</p>
Competition	<p>Who are my main competitors likely to be?</p> <p>What will they offer that I can't?</p> <p>What is it about my service that is likely to mean I am successful in securing contracts?</p>
Sourcing	<p>What are the priorities of my local authority and ring fenced pot?</p> <p>Who is deciding on the priorities?</p> <p>How can I get involved in shaping those priorities?</p>

D) Understanding jargon

Finally it is worth spending some time to ensure you understand the jargon. Some terms have a meaning specific to the policy you are reading and may have a slightly different interpretation to their standard definition or how you understand them. Some key terms from this White Paper are illustrated below.

	Standard definition	Government use in the White Papers
Localism	Set of political philosophies that emphasise local decisions and delivery. Includes the promotion of a local culture and identity.	Devolved responsibilities, freedoms and funding. Does not necessarily mean the use of local providers.
Participation	Opportunity to exert influence and effect decisions.	Giving patients and public a 'voice.'
Inequalities	The distribution and quality of health and health care available to different populations.	Gap between the life expectancy of the wealthiest and poorest.



Identifying issues and opportunities

Through the exercise of understanding what is changing, you can begin to identify the opportunities and issues within the emerging policy, and more specifically how you can match up your work to the emerging priorities; or better still, shape those priorities. If we consider again the emerging themes from the Public Health White Paper, we can begin to map the issues and opportunities against them.

The issues and opportunities in the table below come from our consultation with projects funded through North West Wellbeing. They help show there are opportunities despite uncertainty about future policy.

	Issues	Opportunities
Localism	<p>Decisions on money will be made locally but funding may go to large regional or national organisations.</p> <p>Providers will need to change who they work with.</p> <p>As new structures emerge, the ability for existing providers to influence delivery becomes more difficult.</p>	<p>Money will be available.</p> <p>Possible links with larger organisations to be a local provider.</p> <p>Wealth of knowledge amongst local providers regarding local issues and needs.</p>
Participation	<p>Resistance to community based preventative work from some commissioners.</p> <p>If delivery is by national organisations it will be more difficult for local people to influence delivery.</p>	<p>Community based projects are already involved in the community and have mechanisms for engaging local people.</p> <p>Already using volunteers in service provision.</p>
Early intervention	<p>The involvement of more clinical staff may reduce the sense of priority given to preventative interventions.</p> <p>Measuring the quantity as well as quality of the intervention.</p> <p>Different perceptions of value and how to expect early interventions to be measured.</p>	<p>Experience of delivering services and how to get the right mix of interventions.</p> <p>With a clear evidence base you can demonstrate value.</p>
Inequalities	<p>New relationships will be needed with different partners.</p> <p>Non-local providers may have difficulty engaging those most in need.</p>	<p>Different kinds of organisations can provide health improvement provision.</p> <p>There is demand for community based work to help tackle health inequalities</p>



Fleshing out the issues and opportunities

Once a broad overview of the key issues and opportunities is arrived at, it is worthwhile considering what the issue is and how you as an organisation may be equipped to deal with it. We outline in detail some of the issues and opportunities facing projects in the NWWB portfolio as they respond to emerging themes from the White Paper.

- Volunteering

At the time of this paper, the government is emphasising a role for volunteers in helping community based projects deliver and grow. However experience from across the NWWB portfolio is that volunteers cost time and money.

Some specific issues identified by projects include:

- ♥ Volunteers came with hidden financial costs: insurance; payment for disclosure certificates; reimbursement of travelling expenses;
- ♥ Volunteers needed to be trained and supervised, which can take time away from project work;
- ♥ The consequences of poor training and supervision can be serious. Apart from obvious potential health and safety issues, one inappropriate action or comment from a volunteer reflected badly on the whole project;
- ♥ Retaining volunteers and ensuring continuity can be a challenge if they are using volunteering as a stepping stone to employment.

However, volunteers can have a great impact on the quality of the project and help an individual develop their own skills. Engaging volunteers may have its challenges attached but projects funded by the NWWB portfolio can use this experience to educate commissioners and design good quality engagement.

"Volunteers aren't free. We support them, train them, protect them, manage them."

"We have a good track record with volunteers. They run food co-ops and gyms for us... and we've invested time and effort supporting them. But it's not straightforward."

"They come sometimes because they have their own issues, sometimes that's why they've volunteered and that can take time to deal with."

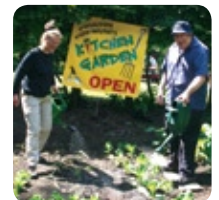
"You get cracking volunteers, but there's always that element of them, a percentage who come with their own problems, so you are not only managing that person, you are helping them."

- Valuing experience

Within public health there can be a lack of understanding about the value of community based health projects. Some public health deliverers and commissioners may not understand the importance of community based work for engaging and sustaining people's involvement in health projects. This is particularly true during periods of change when partners will change.

Projects in NWWB need to recognise the value of their work and promote their own experience to local and regional partners.

"I don't think there's enough recognition of brokers, those people in the middle who know the vulnerable and can reach them. They know the issues that the hard to reach are suffering from."



- Demonstrating value

Regardless of future direction it will be increasingly important for projects to demonstrate ‘what works’. In the White Paper it says:

Despite much activity at both national and local levels, further progress is needed to build and apply the evidence base for ‘what works’ and to ensure that resources are used most effectively and are linked to clear health outcomes. A culture of using the evidence to prioritise what we do and test out innovative ideas needs to be developed, while ensuring that new approaches are rigorously evaluated and that the learning is applied in practice.

Demonstrating value can appear a challenge for community based health projects. Much of the work can be long term and may prevent any ill-health rather than treat it. However, by collecting data because it is useful to you, not just for funders, will mean you can provide evidence of impact when needed.

“My frustration is that there’s no points for getting them there on that road. There’s no recognition of that. We need interim outcomes to demonstrate self-efficacy. That’s what part of the outcomes need to be so that we can demonstrate our value.”

- Building new relationships

Many policy changes are politically divisive, therefore care needs to be taken when talking in the ‘new’ political jargon. Building relationships and the terminology used may depend on the local political climate as well as the national one. Building relationships with all key partners, including Councillors where possible can help address this issue.

“Last summer a couple of councillors stepped down and the Council is Labour controlled again. Now I’ve got nothing against Labour, but Big Society is like a swear word in their minds so you can’t mention it if you’re trying to promote a service to them. Some funders might want to hear it, but not a Labour Council so I have to use the words very carefully.”

ACTION:

Review your own issues and opportunities coming out of the emerging policy. Do not assume you are alone, talk to colleagues and wider networks about what they see the issues are and how they are tackling them. A detailed understanding of local issues will put you in a position to influence commissioners or other funders.



Identifying actions

It is always important to consider whether there continues to be a need for the service or project you are providing. If the need you were originally set up to address has been met, then consider it a job well done! If however, you feel there is still a need for your project or organisation or role then it is important to act – consider ways you can gear yourself up to address the emerging policy themes.

We undertook a Scenario Planning Workshop with NWWB projects (for details of how to deliver one on your own see our accompanying legacy paper on running a scenario planning workshop.) This helps identify that no matter what the policy, issues or opportunities, there are some core actions you will always need to undertake as new policy and legislation emerges.

Proactive not reactive

At the heart of a good project and organisation is a strong anchor to what need it is addressing and what it hopes to achieve. These organisations may adapt to emerging policy but are not driven by it. This can take several forms including:

- ♥ Revisiting the rationale, business plan and need for the project and determining what will be delivered and how you will do it.
- ♥ Developing the offer/product you plan to deliver, including any materials that support delivery;
- ♥ Understanding how to 'copyright' and 'social franchise' what they offer;

"We were planning to adapt anyway so our direction's not been changed by policy proposals. We've been thinking about this for a while. We're not reactive, we've been proactive since the word go. We'll be looking at everything, private business, your Asda's and your Tesco's, whatever it takes to drive it forward."



Network

In our survey of projects funded through North West Wellbeing, 75% of respondents expected GP consortia to fund future projects, but nobody had a regular relationship with GP's. While this is expected given the time frame, it highlights the need to start building those relationships.

Networks can come from attending meetings, talking to people in coffee and lunch breaks, but also from giving people the opportunity to see the work you do. Specific actions could include:

- ♥ Holding an event to promote the work you do and inviting key partners to it;
- ♥ Use existing relationships to start or maintain local forums which include key partners and local people; and
- ♥ Mapping potential and existing partners, review the politics and how you might work with them in the future.

This is not going to be easy. There will be lots of people likely to want the same thing from a small group of people. There is no magic bullet other than patience and persistence, but you are not alone, others experience the same challenges. Projects in the NWWB portfolio have said:

- ♥ *"It's a very closed shop. Trying to get in to talk to people is not easy. We've had no immediate response though we have written to some but nothing yet... I don't think even they know what they're doing."*
- ♥ *"We're going to have to network really hard to make sure they know that we are delivering really well and that we can be flexible to meet their needs."*

- ♥ *"We need to be in the know beforehand, keep our eyes and ears open and we need to sing about what we can do and what we can deliver."*
- ♥ *"Whatever else happens you are going to spend a lot of time marketing yourself."*
- ♥ *"I'll be networking like mad. I've delegated all the work downwards so I can concentrate on renewing and strengthening contacts... and that means everyone is under pressure all the way down."*

Demonstrating outcomes

All projects and organisations, regardless of policy direction can pull together and review what they deliver. Projects need to think about the data they collect for funders, but also the data they need to demonstrate their value. These may or may not be the same thing. Investing time and resources in demonstrating what has worked well and pulling together the evidence base will be critical when engaging with clinical commissioners, who are more familiar with the certainty of scientific research concerning drugs and treatments.

Some specific actions this might involve include:

- ♥ Undertaking additional data collection to help build your evidence base;
- ♥ Bringing together your reports to funders to demonstrate your success; and
- ♥ Creating different reports and presentations for different audiences.

"We have to wake up and smell the coffee so to speak and understand why services and budgets are being slashed and cut. Why should I be paid or funded if I can't justify it? We need to sit down and ask what are we realistically doing? Is it really working? Is it worth us putting on another session? We can say a healthy eating course is worth it, but can we demonstrate it? We are going to have to demonstrate it and if we can then money should be made available but we should have to show it's worth the funding."



Implementing the actions

It is important to implement the actions you identify. It is a real struggle to balance priorities and fit all tasks into a single day. One of the single biggest problems with investing time in strategic thinking and development is that it yields no immediate rewards.

However, when responding to new policy you need to recognise the early adopters are those willing to invest time and take risks to align a project or service to the emerging policy, while keeping true to their original aims and objectives. This may not yield immediate results, but has the potential for greater long term rewards.

A challenging balancing act, but there are people across the NWWB portfolio achieving it. To get advice, guidance or support contact the portfolio at **info@healthylivingnorthwest.org.uk**.

Further information on the North West Wellbeing Portfolio can be found at www.healthylivingnorthwest.org.uk or by emailing info@healthylivingnorthwest.org.uk