

GLASGOW CITY TEST SITE SUMMARY AND KEY EVALUATION FINDINGS:

A summary of the test site approach, research methodology and key findings identified through internal and external evaluations of test site work

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Evaluating Phase I of the Glasgow Equally Well Test Site

Context

'Equally Well' is a report of the Scottish Government's Taskforce on Health Inequalities which called for the creation of test sites to explore innovative ways of working. The Glasgow test site is trialling an approach to reducing health inequalities and tackling obesity by incorporating health into planning policy and practice.

The Glasgow City test site proposal was built largely on the success of a Health Impact Assessment of a Local Development Strategy (a partnership effort developed and facilitated by Glasgow Centre for Population Health and Glasgow City Council) and subsequent work by planners to engage communities in the east end of Glasgow. Stakeholders within the test site seeking to integrate planning and health are Glasgow City Council, the Glasgow Centre for Population Health and NHS Greater Glasgow and Clyde. Service re-design and sustainability are both considered to be critical elements to a multi dimensional approach which is attempting to address a number of complex issues. This is reflected in the test sites objectives.

Test site objectives:

1. Develop good practice in incorporating health within the planning process.
2. Incorporate lessons learnt from existing work in the sector, particularly by using experience and materials generated through the East End Local Development Strategy (EELDS) work.
3. Provide new and innovative means for planners, public health, other sectors, and local communities to engage with each other.
4. Offer new ways of shaping the health impact of private sector investment in buildings and land.
5. Assess the impact of such changes on the health wellbeing of local populations, with a key focus on inequalities.

Test site summary and background

The Test Site focuses on 7 projects across the city. A large proportion of the work is based around the development of applicable toolkits/best practice guides for Planners and related professionals. This work focuses heavily on the role of place-making as a means of addressing health inequalities, with the toolkits/best practice guides being developed to assist in area based approaches to neighbourhood development. While these have yet to be tested, it is anticipated that they will find a common language between related professions, clearly demonstrating how the Planning system can address health inequalities.

Community engagement forms another significant component of the test site's work. The idea that planners and local people can sit together as equal partners in the decision making process has been central to the approach. This is intended to encourage greater levels of public participation and ensure that local people are given a platform to express their views. To date, the work has involved 15 local people selecting a number of place-making themes that they consider to be most relevant within their community. These themes have

been further explored using a variety of methods to engage with the diverse group of participants. This has included scrapbooks, drawings, talking walls, photographs and jigsaw sheets to connect all the interlinking themes. These participatory methods take account of any inequalities which may arise in relation to literacy issues and language barriers. Following this work, the group received a personal invitation from the Chief Medical Officer for Scotland to explore the concept of local people regarding themselves as “positive assets”. In response, the group held workshops to discuss the “assets in their community” and to develop an assets map which focused on places, events and local services which were identified as being contributing factors to their overall health and wellbeing.

The Test Site’s work, although not restricted to certain localities, has focused on communities in the east end of the city. Many communities within these neighbourhoods encounter a unique set of health circumstances relative to other parts of Glasgow. Indeed, the male life expectancy for people living in the Calton community is currently lower than any other part of the UK. The development of a masterplan, a local action plan and a street audit are all examples of planning practice that have been explored in east end neighbourhoods. Research designed to explore these processes has been carried out to provide the following:

- An improved understanding of the key issues in some of the most deprived areas of Glasgow.
- To gauge the level of understanding of health and wellbeing amongst the various different stakeholders involved in the planning process.
- To gain an understanding of whether or not local people’s opinions and ideas are in keeping with what the various different stakeholders are trying to achieve.
- Findings on whether or not previously untested planning techniques are well received by local people in these areas.

In addition to the above, the test site is attempting to establish a more joined up approach to addressing health inequalities. Planners and Health professionals have been encouraged to consider the possibilities for joint working, with the test site facilitating opportunities for this to happen. The delivery of a series of capacity building workshops designed around the idea of partnership working and the integration of the disciplines was well attended by both Planners and Health workers. The series featured expert speakers and facilitators, site visits, tools and best practice examples, all with an emphasis on discussion and interaction.

Although driven by a set of principles and agreed projects as identified in the business plan, partners have adopted a flexible approach towards development. Some projects have been driven by the wishes of local people and through emerging opportunities to influence planning practice.

The monitoring and evaluation process

An evaluation framework was developed at the inception of the project to ensure that the test site worked towards reaching long term goals. The intended outcomes for the project were established at the outset, although it was recognised that they could not be achieved within the timescales for delivery set by the Scottish Government. A logic model was developed to demonstrate how the work undertaken would move along a pathway towards achieving long term outcomes. The evaluation has been carried out in respect of the short term outcomes, actions and outputs that demonstrate progress in moving towards these long term goals.

The evaluation framework was based on eight research questions developed and agreed in September 2009 (see appendix). These research questions draw on the work proposed in the original business plan for the test site and are 'how' questions about partnership, engagement, communication, and ways of working. An agreed way of working established in late 2009 led to the development of a business plan and a logic model (pathway to outcomes) for each of the seven individual projects within the test site. Part of the research involved the identification of indicators that form a baseline for measuring long term outcomes. This will allow a monitoring process to take place over time, ensuring that the approach is sustainable and responsive to both successful and unsuccessful test site interventions.

A completed evaluation report for phase one of the test site was submitted to the Scottish Government in Spring 2011. It is intended that the key learning from this period will be used to guide work that is carried out in a second phase of work. A revised monitoring and evaluation framework will continue to measure the test sites progress towards achieving long term outcomes, although the way in which they are delivered should be influenced positively by the insights from the phase one evaluation. The evaluation sought to provide the following information for test site members and a wider audience:

- A more comprehensive understanding of the complex issues that exist in some of the most deprived areas of Glasgow.
- Local data around the links between the physical environment and health that could be monitored over a prolonged period of time – beyond the timescales of the test site.
- Specific examples of 'what works' when attempting to carry out or implement innovative or untested approaches towards work.
- Evidence of how the partnership between agencies has developed.
- Evidence of how successful the test site has been at working towards pre-determined long term goals.
- Evidence of outputs and research findings from the test site that could be used to influence policy or practice at the local or national level.

- Evidence on ‘what works’ for other organisations/groups planning to attempt similar approaches in the future.
- A full evaluation report sent to the Scottish Government (as requested).

If widely disseminated, the learning from the evaluation could influence planning practice and the way in which organisations work together in the future. This could lead to improved efficiency and greater professional outputs – a key consideration in times of public sector streamlining.

Description of methods

A mixed methods approach using predominantly qualitative research techniques was considered to be the most appropriate way of providing a comprehensive account of personal experiences and opinions. It has allowed the monitoring and evaluation team to investigate key responses or data in greater detail than would be possible through quantitative research. The following methods were used to monitor and evaluate progress and to provide key insights into the links between planning and health:

- Interviews with test site members and champions.
- Interviews with stakeholders involved in planning processes explored by the test site.
- Document analysis.
- Anecdotal feedback.
- Participatory appraisal.

Interviews with test site members and senior champions

Interviews with test site members and senior champions were carried out by an external research agency to provide a degree of objectivity to the overall evaluation. Some of the issues covered by the interviews were deemed to be sensitive or potentially controversial. The decision for this work to be carried out externally was on the basis that it would encourage interviewees to express themselves more honestly than would be possible had these interviews been conducted by members of the monitoring and evaluation team. Interviews sought to find out:

- How has the work of the test site been influenced by previous learning?
- How has the partnership between agencies developed? What have been the barriers to successful partnership working? What have been the facilitators?
- How effective have the means of community engagement been? What have been the barriers and facilitators?

- Has the HSN model (*A best practice guide/toolkit being developed by test site members*) been an effective way to integrate health into planning? How has it been used? What are the barriers and facilitators?
- How has health been incorporated into planning policy and practice?
- How effectively has the test site addressed inequalities in health in terms of the two key outcomes of improving mental health and tackling obesity?

Interviews with key stakeholders

Several interviews took place with key stakeholders involved in Planning processes in the east end of Glasgow to gain a broad spectrum of opinion. Interviewees came from a variety of professional backgrounds, including Planners, Community representatives, Architects, Developers, Elected Members, Engineers and Consultants. The interviews provided useful insights into the following:

- The level of understanding of health and wellbeing from various different stakeholders involved in the planning process.
- The extent to which health is considered relevant with mainstream planning practice.
- Key issues in some of the most deprived areas of Glasgow.
- Local people's opinions and ideas and whether or not they fit with stakeholders aspirations for the area.

The interviews established that while most stakeholders had a reasonable level of understanding of the health and well-being issues in the east end of Glasgow, very few steps had been taken to monitor the impacts these projects on health and wellbeing. Health and well-being was often referred to as being an implicit consideration within the process, perhaps an assumed outcome of a related intervention, policy or development. One example of progress in this respect has been demonstrated through the Dalmarnock masterplan process. The incorporation of health considerations into the project brief has, at the very least, made stakeholders aware of the potential health impacts of some of the proposed changes to the area.

Document analysis

Document analysis was carried out throughout the course of the test site to provide a record of how different working practices developed over time. This involved an extended monitoring process which considered the development of a meeting structure and the way in which decisions were reached between the partner organisations. Documentation from various different meetings was gathered over time to provide information that could be used to answer the following questions:

- Who attended the meetings? Which organisations did they represent? Did this change over time? How did the meeting structure develop?
- How frequently were meetings held? Did this change over time?
- Did individuals take on certain roles / identities?
- What were the main themes / issues?
- Were decisions made? How was this done? What were the outcomes?
- Is there evidence of the development of a partnership?

Anecdotal feedback

Unforeseen difficulties around the organisation of the community group led the test site to consider alternative research methods to those that were originally agreed. Anecdotal feedback, although widely acknowledged as being less scientifically reliable than other forms of qualitative research has provided useful insights into whether or not consultation exercises have been well received by local people. A focus for the phase two evaluation will be to conduct informal focus group discussions with community members to gain a more reliable and objective account of this work.

Participatory appraisal

Participatory appraisal was considered to be an appropriate approach to the evaluation due to the emphasis that it places on community input. Members of the community that had taken part in a street audit were invited to circle words on a sheet of paper that summed up how they felt immediately after the process was completed. Their feelings were presented in a tabular form within the evaluation report, with an analysis of the varying responses provided to set the context and to explain any possible reasons for the findings. Responses indicate that there is a prevailing feeling of despondency amongst those that participated. It is hoped that future responses may yield more positive results as a result of the consultation exercises and physical improvements initiated by the test site.

Achievements

The considerable challenge of working successfully in partnership can be attributed to traditions of working in silos, institutional challenges of working across bureaucracies with different structures and reporting mechanisms, and increasing economic uncertainty. Despite this, the test site has delivered outputs that are moving towards reaching long term goals of reducing health inequalities and tackling obesity. Changes to the way in which planning practice is carried out may lead to a cultural shift towards an increased emphasis on health within planning. Toolkits are currently being developed with considerable input from local Planners. Completing these pieces of work will allow the test site to integrate health principles into mainstream planning practice, clearly demonstrating that the partners have considered the long term sustainability of its outputs.

Capacity building workshops designed to encourage Planners and Health professionals to work more collaboratively have been successful in raising awareness of the connections that exist between the currently disparate disciplines. Further work is required to ensure that this momentum is maintained.

Influencing planning policy may be possible if the test site is able to demonstrate that bringing a health dimension to planning practice has been successful. The evaluation has highlighted a number of outputs that have been realised since the test site was established. These outputs provide valuable insights into the established links between planning and health at an operational level, how easily professionals working in planning or health are able to work collaboratively, as well as insights into how to work effectively in partnership across organisations. Some examples of success include:

- Effective partnership working across the test site that has led to the delivery of outputs.
- Research outputs that have influenced test site work as well as wider stakeholders.
- Evidence of planning practice incorporating health and wellbeing principles.
- Capacity building workshops - effective at bringing together planners and health professionals.

The evaluation has recognised that certain projects or approaches to work have not proved successful. In attempting to implement changes to working culture and the way in which services are delivered, the test site has encountered a number of challenges. These challenges are recognised as being as important as highlighting any examples or good practice. Consideration for these challenges has led to the establishment of a series of recommendations which test site members have been asked to consider in phase two.

Recommendations

The purpose of any evaluation is to provide information that will assist with future work. Outlining achievements form part of an evaluation, although identifying lessons to take forward may be more valuable to those continuing the work of the project or others seeking to attempt a similar project. The following recommendations are intended to assist partners in delivering the key objectives for future work:

- Several projects need to be developed further to allow them to be tested and later embedded within mainstream services.
- The test site should consider possibilities to make further connections at the local level to raise awareness of the work it is carrying out.

- Test site members should collectively decide upon how to capture the work completed by the end of phase two through written outputs.
- While positive anecdotes regarding community engagement are encouraging, further evaluation of the benefits to community members is needed.
- Delivering physical improvement projects in Calton may help to bring about improved relations and renewed confidence in planning services from local residents.
- The test site has reached the stage where community engagement techniques need to be rolled out in other areas of the city.
- Further capacity building opportunities need to be identified and delivered to build on the success of previous workshop events.
- Further work is required to encourage people living in the east end of Glasgow to engage with service providers to consider health issues that could be addressed through planning practice.
- Work proposals for phase two should be considered in relation to their potential to address health inequalities, with future evaluations considering the extent to which projects demonstrate progress in moving towards improved population health and a reduction in health inequalities in Glasgow.
- Test site members should capitalise on opportunities for local connections to be made with other organisations, statutory agencies, the voluntary sector and CHPs/CHCPs where possible.

Ways of working

As a means of delivering or addressing the recommendations listed above, further recommendations around 'ways of working' are provided below. These are intended to encourage partners to consider how their working practice might have contributed towards achieving intended outcomes. Test site members should therefore give thought to the following recommendations:

- Collectively prioritising certain types of work and identifying how they will be developed and disseminated.
- Clearly defining roles and responsibilities and communicating more effectively to deliver the agreed aims and objectives.
- Considering evaluation when key project development decisions are taken to provide clarity on what each project is trying to achieve, how this can be measured and to reinforce how a particular project is contributing towards wider outcomes and outputs.

- Ensuring that the project partners work together more closely to develop project outputs in partnership rather than separately.
- Adjusting the existing meeting structure to allow for information exchange and collective decision making to take place more freely.

Conclusion

Important lessons have been learned from the phase one evaluation around partnership working and the potential barriers to this operating successfully. Lessons from this evaluation are intended to inform others that are attempting to develop a partnership around the delivery of projects relating to health and planning. Influencing health inequalities through changes to the delivery of planning practice requires a long term approach. The delivery of outputs that can deliver changes to working practice can be considered as a stage on the journey towards reaching an ultimate goal. A great deal of progress can be made at the start of any project to clear the pathway for successful partnership working as the project develops. Simple steps to identify clear roles, responsibilities and a structured work program might reduce the likelihood of encountering difficulties in working in partnership at a later date. Shared ownership, having common goals and working collectively will deliver improved outcomes and outputs.

The preparation of a business plan, a pathway to outcomes document, and an evaluation framework are all outputs that have allowed this project to deliver some key outputs. Completing the planning/place-making toolkits that are currently being prepared are outputs that have the potential to have a lasting legacy on planning practice in Glasgow and beyond. Work around community engagement has involved innovative and untested techniques that appear to have been well received by local people involved. A comprehensive evaluation of this work may be useful to gauge local people's opinions and to influence future work. In addition, outputs such as the capacity building workshops may go some way to changing working cultures amongst planners and health professionals. Delivering further outputs before the end of phase two will ensure that the test site has put the necessary structures in place for changes in working practice to be possible.

Appendix: Evaluation Plan

Research Questions	Main Sources of Data	Proposed method	When	By whom
1. How has the work of the Test Site been influenced by previous learning e.g. using LDS and exposure to HIA?	<ul style="list-style-type: none"> Core Team 	<ul style="list-style-type: none"> Interviews 	Nov/Dec 2010	External (Progressive)
2. How has the partnership between agencies developed? What have been the barriers to successful partnership working? What have been the facilitators?	<ul style="list-style-type: none"> Columba 1400 reports Documents Glossaries Core Team 	<ul style="list-style-type: none"> Document analysis Interviews 	Sept 2010/ March 2011 Nov/Dec 2010	Internal External (Progressive)
3. How effective have the means of community engagement been? What have been the barriers and facilitators?	<ul style="list-style-type: none"> Core Team 	<ul style="list-style-type: none"> Interviews 	Nov/Dec 2010	External (Progressive)
4. How has health been taken into account in private and public developments throughout the period of this Test Site project?	<ul style="list-style-type: none"> Dalmarnock documents Dalmarnock experience Calton experience 	<ul style="list-style-type: none"> Document analysis Interviews 	Dec 2009 Jan & May 2010 Jan 2011	Internal Internal

<p>5. Has the HSN model been an effective way to integrate health into planning? How has it been used? What are the barriers and facilitators?</p>	<ul style="list-style-type: none"> • Core Team 	<ul style="list-style-type: none"> ◆ Interviews 	<p>Nov/Dec 2010</p>	<p>External (Progressive)</p>
<p>6. What have been the advantages and disadvantages of being involved in the Test Site work for members of the community?</p>	<ul style="list-style-type: none"> • Community representatives • Elected members • Community Planning Partnerships 	<ul style="list-style-type: none"> ◆ Participatory appraisal ◆ Focus groups ◆ Interviews 	<p>Summer 2010</p>	<p>Internal</p>
<p>7. How have we communicated our work at local, national and international levels?</p>	<ul style="list-style-type: none"> • Communication database which includes details of: <ul style="list-style-type: none"> ○ Seminars ○ Conferences ○ Uptake of training programme ○ Communication with SG ○ Websites ○ Conferences ○ Placemaking slides 	<ul style="list-style-type: none"> ◆ Analysis of Communication Database ◆ Interviews 	<p>Nov/Dec 2010</p>	<p>Internal External (Progressive)</p>
<p>8. How has health been incorporated into planning policy and practice?</p>	<ul style="list-style-type: none"> • All sources of data 	<ul style="list-style-type: none"> ◆ Draw together analysis conducted both internally and externally into a final report 	<p>By March 2011</p>	<p>Internal External (Progressive)</p>