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Neighbourhood health forums: local democracy at work

People in the North Staffordshire district in the United Kingdom have planned and implemented a community service project designed to increase local participation in health matters. Neighbourhood Forums meet to examine local needs and make decisions involving available resources and services. Self-observation by the Forums has revealed a potential for initiating positive change. Such interventions are applicable in other communities worldwide.

Health care delivery in the United Kingdom has been criticized as being patriarchal and having a narrow agenda (1). Budget and policy decisions are made by male professionals, emphasizing hospital-based treatment and services, while scant attention is paid to developing preventive and community-oriented services (2).

In addition to the relatively low status and funding of community health services, there is currently a growing debate about their purpose. This debate is underpinned by changing perceptions of health and health work, and changes in the roles and relationships of health workers, both with each other and with clients.

In the United Kingdom the debate has been thrown into sharp focus by the National Health Service reforms and concomitant changes in general practitioners’ contracts. Another driving force for change has been the World Health Organization’s Health-for-All movement, with its aim of reducing inequities in health experiences and expectations by the year 2000. The UK government is a signatory to the European Health for All 2000 charter and its targets (3).

Both the UK and WHO reforms require changes in delivery of health care services. This article describes one of a number of research projects aimed at “tipping the balance” towards primary health care. The project is a seven-country initiative, funded by the European Economic Commission, supporting participative change at the local level (4). It is based on the health-for-all philosophy and has three components:

- decentralization
- re-education
- facilitation.

These three components all involve reorientation to primary health care. Such is

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the backdrop against which the North Staffordshire Neighbourhood Forum Initiative was developed.

**The Forum initiative: prioritization and planning**

North Staffordshire is the largest district in the West Midlands Regional Health Authority and the sixth largest in England. Recent epidemiological work revealed significant health problems and inequality in the life experiences of the population (5). The Forums were instigated by the local Community Health Unit with an idea to:

- give members of the community an opportunity to influence local health service decisions;
- reorient local health services towards the expressed needs of the community;
- increase partnership in local health-related planning, delivery, and assessment.

It was understood that the Forums would be of little importance if they were not matched by inter- and intra-organizational changes and support mechanisms (6).

Structures for dialogue and action were required. These needed to be both formal and informal. Specific initiatives included:

- decentralization of the management structure and budgetary control;
- development of an “open” management style supported by a management development programme;
- building and developing links with voluntary and non-profitmaking organizations, and positively identifying areas of joint activity;
- production of a joint newsletter for community health staff, social services, dentists, pharmacists, opticians, housing and environmental staff, and voluntary organizations;
- development of a local radio “soap opera” to highlight local social and health issues and promote healthy living. The idea is to approach issues through entertainment and portrayal of real-life events. This idea has been used successfully elsewhere.

**Who is the community?**

One task the Forum planners had was to define “community”. Many writers contend there is no such thing, believing it to be a convenient figment in the heads of politicians, planners and practitioners—conceptually neat, but nonexistent in real life. For the purposes of the Forums, a community is viewed as an entity comprising a rich diversity of groups and interests. What is common to these groups is geographical location—they live in neighbourhoods. These neighbourhoods can be identified by both physical characteristics (for example, the numbers, type and condition of public buildings) and by their general ethos or spirit (“run down” or buzzing with activity). A neighbourhood can be defined as a limited area identified by the people living there on the basis of common residence, common interest, and mutual benefits and obligations. The value of using neighbourhoods as discrete units for analysis and service delivery was recognized.

**Composition**

Prior to setting up the Forums, much thought was given to their composition. The difficulty of getting representative local
participation was recognized at the outset; the strategy chosen was to identify existing networks using a multiplicity of contacts. This proved very successful in obtaining a diverse range of group contacts, from adolescents to the elderly. The most useful contact proved to be the local Council for Voluntary Services, which provided information on a wide range of networks.

In addition to canvassing people through known networks and personally inviting them to attend a Forum meeting, the organizers advertised the date and time of each meeting in highly frequented public places (e.g., post offices), together with an invitation for anyone interested to attend. The intention was to attract community members who were not directly in receipt of a health-related service, but who might nevertheless want to participate in decisions about their local health care.

Methods for evaluating impact

The following instruments were used to measure views and degrees of participation at the Forums:

- a checklist used during the actual meetings by a nonparticipating observer;
- an interview schedule used for individual, face-to-face interviews with participants.

The sample was 49 interviewees (an approximate one-in-four survey) and 15 observations of Forum meetings. Both types of data were drawn from all six Forums in the study. The characteristics of the sample group were as follows: the majority were female (32) and in the 40–65 age group (30). There were few people over 65 (retirement age) (5). Attendees were mostly professionals (health service 13, other public sector 23). Of the health service professionals, the majority were nurses. Public sector representation included teachers (5), youth workers (4), and police (3).

Views on the Forum from participants

According to the sample response, the purpose of the Forums was perceived to be: improving the service coordination (26), improving communications (17), meeting community needs (18), and enabling the community to help itself (12).

The question was asked, “What kind of people come to these Forums?” Responses indicated that membership was predominantly professional (49); also mentioned were voluntary sector workers (19), local councillors (16), lay people (14) and clergy (14).

The preponderance of professionals was occasionally remarked upon by interviewees. It should be noted that some Forums were just beginning and, since they were instigated by the Community Health Unit, staff presence was necessary to support group cohesion, development and

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ultimately, self-management. It is also worth noting that there was strong representation from other professional groups; this was highly valued and seen as the precursor of an extensive public sector network, making public services more efficient and more
effective in identifying and responding to community needs.

When asked which other groups should attend Forums, the respondents mentioned local residents (26) and particularly young people (6), young newlyweds (3) and the elderly (1). Other suggestions included local shopkeepers/chemists/publicans (7), police (6), local industries (3), and family doctors (3). Some people, when asked, stated that no-one else was needed, as the community was already well represented.

Here are some representative opinions on Forum participation:

“The Neighbourhood Forum acts as a sounding board of local opinion to feed back to the health authority views about the health service and makes suggestions for improvements.”

“A lot seem to be educated people with responsible jobs like health service workers, community (government) workers, head teachers, police, social workers. Myself and other people like me come, but sometimes we find it is a bit above us — however, you do need people in authority as they can get things done.” (Cleaning lady)

“Whilst we are interested in the service of the individual client in the community, if each meeting included all members of the public then there is the risk that the Forums would degenerate into a talking shop for individual complaints, whereas, in my view, the Forum is to act as a sounding board of local opinion to feed back to the health authority views about the health service and to make suggestions for improvements.” (Clergyman)

Community participation in decisions was believed to have occurred by sixteen respondents. A further fourteen felt that there was potential for it to occur, but the Forums were only just developing. When asked to explain their responses, sixteen cited new services that had developed as a direct result of the Forums, and ten offered the opinion that management of local resources had been improved.

A few people believed that although the Forums allowed the community a say in local health-related matters, some of the issues raised were beyond their powers. For example, a need was identified for adequate street lighting to reduce the incidence of both accidents and crime.

Views on Forum attendance were positive. Over half of those interviewed (30) said they had learned more about community health needs and services as a result of attending Forums. Of this group, most (20) spoke of learning about extra resources available to improve the health of the community, and, in addition, learning more about different workers’ roles and functions. Ten stated that they now realized the community was very diverse, and they appreciated more the problems of others.

Seven remarked that there was a lot of previously untapped motivation and goodwill to draw upon.

Networking was mentioned as a particularly useful result. Half of those interviewed (25) said they had made new contacts as a result of attending meetings, and a further six said they valued the opportunity to meet contacts face to face.

Views on the Forums as an intervention were positive. From the 21 taking the opportunity to add unsolicited comments at the end of the interview, 17 were positive (ranging from “good idea” to “brilliant idea”).
Here are some representative samples from the interviews:

"I have a positive feeling about the meetings but — their success depends on a lot of things. I think the Forums need a higher profile, with the support of the right people with the power to get things done." (Local councillor)

"A local handicapped group needing premises has discovered facilities available in a local school at a favourable cost, of which they were previously unaware — improved communication brought the need and the facility together.” (Teacher)

"Mothers attending the health centre complained that their pushchairs parked outside were being stolen. A system has now evolved of marking the pushchairs and of locking them. This was pioneered by the Police Crime Prevention member of the Forum and is now likely to be used elsewhere.” (Clergyman)

Of exceptional merit was a new system of collaborative “respite” care for people with elderly dependants, to relieve them of the burden of continuous caring and to provide psychological and practical support.

Findings were that, in general:

— interest was shown for all points of view;
— group members were supportive and helpful;
— group members were interested in the meetings;
— group members were committed and in agreement on the meetings’ shared objectives.

The following comments were selected from group observers’ reports.

"Seventeen people attended and all participated in the discussion. Discussion was animated and there was a measure of agreement on the issues which were important. However, many held back from taking concrete action and the chair had to work hard to get a subgroup appointed to carry matters forward.”

"The group appears to have gelled well. Members work together in a constructive and businesslike atmosphere.”

"Very well-organized group. Although some members offer more in the way of input to the meetings, there is a feeling that these people are expressing sentiments mirrored by others within the group, therefore maintaining cohesiveness.”

The above comments indicate cohesion and shared purpose. Several also indicate the importance of good leadership and management skills. With two exceptions, all observers reported good group leadership and management; noted qualities included focusing on issues, and the use of creativity and flexibility in arriving at solutions. The exceptions were Forums where the chairperson was perceived as too inflexible and autocratic. For example:

"The meeting, I felt, caused frustration. The format made no allowance for questions. A
presentation on the role of the nurse and the role of the health visitor took up most of the time, and the time factor blocked any questions."

In another meeting, the observer identified strong leadership but perceived the chairperson as pursuing his own agenda:

“Street traffic became an issue in the B... area for 15–20 minutes because, I think, the Chairperson is on the Council Highways Committee.”

These views, however, were in the minority. Most observers noted the facilitative abilities of the chairperson.

Conclusions and implications

It is intended that there be ongoing evaluation of Forums to determine their success in meeting local needs. In the interim since the study was undertaken (summer 1990), new services have been offered in line with local requests. These include:

— provision of facilities for teenagers;
— drop-in sessions at a local school to introduce it to parents and children;
— accommodation of visiting health workers;
— more support for the elderly, including a “Good neighbours” visiting scheme, a party, visits from schoolchildren, and a carer support group.

A principal problem has been the need to increase Forum attendance and involvement of local residents. The North Staffordshire Forum members are aware of this and have implemented a number of strategies for improving local attendance. These include delivery of a household information sheet, a newsletter, and a personal invitation for parents to be taken home by schoolchildren. In addition, an information office staffed by volunteers is open every weekday morning for information on local community services. These kinds of outreach strategies, designed primarily to make full use of services, serve to build ownership of the health unit into the local community.

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Overall, the findings indicate that the North Staffordshire Neighbourhood Forum project is successful in its initiative to increase local democracy in health-related decisions. While it is true that these Forums are to some extent consultative bodies and do not have a mandate to change statutory public service provisions, it is clear that they are making better use of available resources and finding creative, flexible ways to improve services.

The implications of the findings are that both the intervention (Neighbourhood Forums) and the research design have wider applicability for successful implementation in other communities within and outside the United Kingdom.

References