

WORKING IN PARTNERSHIP

Community Development Strategy for Health and Wellbeing

EXECUTIVE SUMMARY

2012-2017

May 2012

Foreword

Dear Colleague

The Health and Social Care Board together with the Public Health Agency have agreed to bring forward a Community Development Strategy with the aim of improving community development approaches across health and social care organisations in Northern Ireland. The following Executive Summary highlights the key issues of the full Community Development Strategy.

The Board and Agency want to see strong, resilient communities where everyone has good health and wellbeing, places where people look out for each other and have community pride in where they live. The Board and Agency seek a reduction in inequalities which means addressing the social factors that affect health and wellbeing.

The Community Development Strategy is an important way to deliver ‘Transforming Your Care’, to address health and wellbeing inequalities and empower service users, families and communities to get involved in promoting their own health and wellbeing and helping to ensure the most effective use of resources.

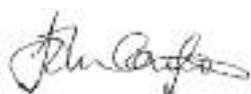
The Board and Agency are seeking a number of benefits such as:

- helping to reduce inequalities;
- strengthening partnership working with service users, the community and voluntary sectors and other organisations;
- strengthening families and communities;
- supporting volunteering and personal development;
- making best use of our resources.

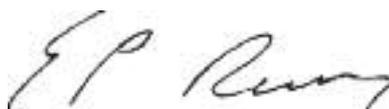
Pre-consultation was carried out across all Health and Social Care Trust areas during 2011 at events which were attended by over 300 groups and organisations and 60 written responses were received by the end of the consultation period on 2 September 2011.

We would like to thank all those who attended the pre-consultation events and those who provided written comments.

Yours sincerely



Mr John Compton
Chief Executive
Health and Social Care Board



Dr Eddie Rooney
Chief Executive
Public Health Agency

Alternative Formats

This report can also be made available in alternative formats such as Braille, computer disk, larger print, audio tape or another language, for anyone not fluent in English. Contact the Communications Office of the Health and Social Care Board www.hscboard.hscni.net.

Equality and Human Rights Considerations

This document has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these. Using the Equality Commission's screening criteria, no significant equality implications have been identified. The document will therefore not be subject to equality impact assessment.

Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

A copy of the Community Development Strategy, the Performance Management Framework, the Action Plan and a summary of responses to the consultation are published as separate documents and can be viewed and downloaded from www.hscboard.hscni.net or Telephone: (028) 3741 4615.

Contents

	Page Number
Foreword	
1.0 Aim	2
2.0 Purpose	2
3.0 Introduction	2
4.0 Definition	4
5.0 The Importance of Community Development	4
6.0 Asset Based Approaches	5
7.0 How Community Development Works	6
8.0 What Health and Social Care Agencies Should Do	7
9.0 Performance Management Framework	9

1.0 Aim

The aim of this strategy is to strengthen communities and improve health and social wellbeing by placing an increasing emphasis on community development, prevention and early intervention.

2.0 Purpose

The main purpose of this strategy is to recognise and support the important and pivotal role that community development plays in improving health and wellbeing. The Health and Social Care Board (HSCB) and Public Health Agency (PHA) want to see strong, resilient communities where everyone has good health and wellbeing - places where people look out for each other and have community pride in where they live.

Community development brings forward an agenda which tackles the root causes of inequalities and supports and promotes prevention and early intervention. This can only be achieved in a full partnership which includes service users, carers, families, local communities, communities of interest, volunteers, and the community and voluntary sectors, as well as a range of statutory health and social care organisations such as Local Commissioning Groups (LCGs) and Health and Social Care Trusts together with other public agencies.

3.0 Introduction

Legislation enacted on 1 April 2009 created a new commissioning system for Health and Social Care in Northern Ireland. It established the HSCB, including five LCGs and the PHA. This strategy sets out the community development commissioning priorities for the HSCB and the PHA which are essential elements in the “Transforming Your Care” (2011) agenda.

Over the past number of years the HSCB and PHA have come to recognise that the demands of good health and wellbeing go well beyond the provision and the capacity of health and social care organisations. Prevention, early intervention and inequality have become central issues which need to be tackled in a variety of ways. Community development is one of the most important approaches that should be applied, as it is a meeting point for many inputs both from communities themselves and from a variety of public agencies.

There are about 340,000 people in Northern Ireland living in relative poverty, including 100,000 children¹. Under current economic pressures, emotional and mental ill-health may increase. People who live in the most deprived areas of Northern Ireland have a life expectancy lower than the average for the region (males 4.6 years less, females 2.9 years less). Belfast is amongst the ten lowest life expectancy local authority areas in the United Kingdom, at 73.9 years. (Glasgow is the lowest at 71.6 years and Kensington and Chelsea highest at 85.1 years).

(<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-223356>)

¹ *The Office of the First Minister and Deputy First Minister's Anti Poverty Strategy, Lifetime Opportunities (2007).*

The figure below shows Life Expectancy at selected points along a Belfast Metro line (2006-08).

	Donegal Square	Queens University	Upper Malone Road	Finaghy Road South
Metro 8				
Male life expectancy	71 years	74 years	79 years	80 years
Female life expectancy	77 years	81 years	82 years	83 years
NIMDM Ward rank	22	237	328	550

Source: Project Support Analysis Branch, DHSSPS

Northern Ireland is particularly vulnerable to public expenditure cuts. There are more than 200,000 benefit claimants, and public expenditure amounts to 67% of regional income².

Compared with the regional average, populations from deprived areas in Northern Ireland experience:

- lower life expectancy;
- 23% higher rates of emergency admission to hospital;
- 66% higher rates of respiratory mortality;
- 65% higher rates of lung cancer;
- 73% higher rates of suicide;
- double the number of self harm admissions;
- 50% higher rates of smoking related deaths;
- 120% higher rates of alcohol related deaths.

(2009 Inequalities Monitoring Report, DHSSPS-
http://www.dhsspsni.gov.uk/inequalities_monitoring_update3.pdf)

The HSCB and PHA therefore need to do much more to narrow the gap in health inequalities and improve the health and wellbeing of the population in Northern Ireland. This means working to address the determinants of ill health and reducing risk factors, including those associated with poverty and social exclusion, and this can only be achieved in partnership with the community.

3.1 Delivering the Commissioning Plan

This strategy will be a significant way to deliver the HSCB and PHA's Joint Commissioning Plan, informing commissioning processes and practice on the ground. This approach enables local people to address their own health and social wellbeing needs and develop and improve co-operation with health and social care agencies and others, leading to better outcomes.

² UK Fiscal Restraint: Implications for Northern Ireland Community Organisations, Harrison and Morrissey, September 2010.

The HSCB and PHA see community development as a key instrument to improve health and wellbeing. It promotes health and social wellbeing and equality between different groups and communities and helps to ensure the most effective use of the health and social care budget. The purpose of this strategy is to provide guidance and direction on how community development approaches are to be taken forward within health and social care. Commissioners therefore expect every health and social care organisation to incorporate a clear and transparent community development approach into their programmes.

This paper sets out a summary of the Community Development Strategy. It briefly describes:

- how community development works;
- why community development is needed for health and wellbeing;
- the challenge faced by health and social care agencies; and
- the next steps.

4.0 Definition

This strategy endorses the National Occupational Standards (2010) definition of community development as:

“enabling people to organise and work together to: identify their own needs and aspirations; take action to exert influence on the decisions which affect their lives; and improve the quality of their own lives, the communities in which they live, and societies of which they are a part. It is a long term value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion.”

5.0 The Importance of Community Development

Community development is a practice which assists the process of people acting together to improve their shared conditions, both through their own efforts and through negotiation with public services. Public service agencies, in turn, seek dialogue and co-operation with people in communities. This is generally called community engagement. So community development, working from the bottom up, links with community engagement, from the top down.

In practice community development workers often need to advise agencies on community engagement as well as facilitate development in communities themselves. So in a broad sense, as examples in the full strategy document demonstrate, community development drives both the bottom-up and top-down efforts. Community development emphasises the communities perspective, because this is usually less visible and less powerful than that of the public agencies, especially in disadvantaged areas or situations. Community development will also show that even very disadvantaged communities have abundant assets as well as needs. This ‘asset-based’ or ‘strengths-based’ approach may contrast with the tendency of official profiles of disadvantaged areas to depict them in terms of inadequacies, which can inadvertently reinforce a negative message.

5.1 Linking Community Development and Personal and Public Involvement (PPI)

In the health and social care context, community development also links with tools created to improve care through a more holistic approach to the person, such as Personal and Public Involvement (PPI), shared decision-making, self-directed care and person-centred planning.

A joint PHA/HSCB PPI Strategy is being developed and actions associated with PPI are being taken forward through this avenue. PPI should not be seen as a replacement for community development within health and social care. PPI has a clear focus on quality engagement with individuals, service users, carers and the wider public in order to ensure their involvement in commissioning service design and delivery. Community development, whilst having engagement as an integral component, has a clear focus on the development of collective action within communities in order to bring about positive change. It works to ensure that communities and groups are skilled and empowered to identify and help solve their own health needs and build social capital. It also helps health and social care organisations and communities to understand the conditions that create inequalities in the first place and to challenge and tackle their root causes.

Community development recognises that improving service delivery to the poorest and most marginalised in society is not enough to create sustainable change. It is important to use community development methods to help communities and excluded groups to empower themselves and to find a place at the decision making table.

(Ledwith 2007, Jones 1992)

6.0 Asset-Based Approaches

An 'asset-based' approach to community development has gained ground in recent years as a corrective to the more familiar 'deficit' approach, which focuses on the problems, needs and deficiencies in a community such as deprivation, exclusion, crime, anti-social behaviour, illness and health-damaging behaviours. Focusing entirely on deficits can create a sense of hopelessness amongst communities and resignation amongst professionals. As a result, a community can feel disempowered and dependent; people can become passive recipients of services rather than active in their own and their families' lives. Clearly it remains important to be aware of needs and disadvantage and to narrow inequalities, but emphasising assets gives a better balance and generates confidence and aspiration.

6.1 What is an Asset?

In the context of health and social care, an asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and wellbeing and meet identified needs. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses.

*A Glass Half Full*³, demonstrates how identifying and mobilising the social, cultural and material assets in communities can help them overcome the health challenges they face. It demonstrates that when practitioners begin with a focus on what communities have (their assets) as opposed to what they do not have (their needs) a community's ability in addressing its own needs increases, as does its capacity to lever in external support.

³ *A Glass Half Full: how an asset approach can improve community health and wellbeing* by Jane Foot and Trevor Hopkins, IDEA, 2010

Assets may include:

- the practical skills, capacity and knowledge of local individuals, families and groups;
- the passions and interests of local people that give them energy for change;
- the networks and connections – known as ‘social capital’ – in a community, including friendships, neighbourliness and volunteering;
- the effectiveness of local community groups and voluntary associations;
- the resources of public, private, voluntary and community sector organisations that are available to support a community; and
- the physical and economic resources of a place that improve wellbeing.

(National Institute for Health and Clinical Excellence, 2009)

7.0 How Community Development Works

International evidence is clear that commissioners need to provide consistent leadership in relation to community development and that better outcomes are achieved when service users, carers, volunteers and communities are fully involved in decision making in their areas.

(CES Evidence Review, 2010) (Marmot Review 2010)

A main key to success is in bringing forward a clear, straightforward and robust process which is focused on results.

Evidence demonstrated by the Marmot Review (2010) and others show that successful partnerships are win-win mechanisms. With better health and wellbeing comes better ability for children to learn, with better community interaction come safer communities, and front-line staff of all agencies find their jobs easier when communities take greater ownership of their issues, conditions and greater care of themselves and each other.

Sir Michael Marmot’s Review (*Fair Society Healthy Lives, 2010*) stresses the need to create and develop healthy and sustainable communities in order to reduce health inequalities and promote wellbeing: “Inequalities in health arise because of inequalities in society.” Marmot seeks to:

- put the empowerment of individuals and communities at the centre of action to address inequalities and promote equity by providing new ways of working;
- concentrate more on the ‘causes of the causes’, that is, invest a greater proportion of the Health Service effort in the material, social and psychosocial determinants of health and wellbeing;
- combat social exclusion and poverty;
- value resilience and support the role of local people in communities and their groups and organisations in promoting health and wellbeing through a community development approach;
- promote partnerships and collaborative intersectoral working, and co-ordinate and maximise the use of resources.

7.1 Working at a Range of Levels

There is a need to work at a range of levels: with individuals and at neighbourhood level, as well as with specific communities or groups in particular need, such as Black and Minority Ethnic Groups, Travellers, Looked After Children, Lone Parents, Homeless People, Lesbian/Gay Bisexual/Transgender Groups, Offenders, Victims and Survivors, Ex-Prisoners, Former Combatants, Children and Young People, Older People, People with Disabilities, people with Mental Health issues and others.

Work is often undertaken with local councils on joint partnership arrangements for community development, and future community planning arrangements will be an important area for development. The community development approach guides intervention and practice to ensure the active engagement of those who are most marginalised. It is important that the HSCB and PHA support a clear position in order to shape future commissioning and planning of services. This will help to tackle some of the most challenging problems faced by communities, not just the most visible ones.

The kinds of health and social care issues which can be improved by better community activity include depression, isolation, falls amongst older people, child protection, teenage pregnancy, childhood asthma, postnatal depression, smoking cessation, drug and alcohol abuse, and ultimately also long-term conditions such as obesity, diabetes and cancer. However, the effects may also be indirect. Community development produces multiple health and wellbeing benefits precisely because it fosters the interconnections of all issues affecting a community as well as building social capital. It builds bonds between individuals and communities, and this is known to be a protective factor, promoting health and wellbeing and increasing resilience. It therefore needs to be given the space to work with whatever issues emerge from dialogue with communities and excluded groups.

8.0 What Health and Social Care Agencies should do

Health and social care services currently face a challenging policy arena, within a very tight financial framework. The reform and modernisation of the commissioning process and “Transforming Your Care” – where improving health and wellbeing is a central goal – can greatly assist the goals of the Community Development Strategy: firstly, by taking a leadership role, championing community development and working collaboratively with other sectors to address the challenge; secondly, by shifting resources and commissioning to ‘upstream’ interventions, and thirdly by taking a role in creating healthy workplaces and by ensuring that the entire health and social care workforce uses every interaction with the public to promote health and wellbeing.

Service commissioners and providers should continue to strengthen and mainstream community development as a key priority by:

- working with individuals and local communities to build knowledge and skills, and release and support the energy of communities, carers and volunteers;
- helping to strengthen communities and enable local people to take the lead (often by statutory representatives taking a step back from positions of power);
- working in partnership with communities, service users, voluntary sector and community sector, and with other public bodies to improve services;
- recognising the different needs of urban and rural communities;

- identifying the needs of the most disadvantaged individuals, families, groups and communities, recognising that very often communities are best placed to identify and support local needs.

8.1 The Role of Health and Social Care Trusts and Partners

In terms of commissioning, the most critical agencies in the first instance will be the Health and Social Care (HSC) Trusts who have been active in this field for many years and have a wealth of experience in providing community based services. HSC Trusts have developed their services in partnership with the many diverse groups, service users and communities and organisations within their respective geographical areas. The HSCB, PHA and Trusts are expected to allocate a specific percentage of resources overall to community development, distributed between headings such as:

- community development support to the community sector and voluntary sector;
- appointment or deployment and support for specialist community development staff;
- training;
- supporting locality planning and partnership processes;
- supporting networks;
- developing contracts with organisations delivering community development;
- building assets and capacity in the community;
- providing grants; and
- evaluating community development approaches.

It is recognised that sustained and appropriate levels of investment will be required in the long-term for community development to support the capacity of local communities to deliver better health and wellbeing outcomes. However, it will be necessary for community development to be integrated within existing resources in the current financial climate.

Community development requires specific skills and aptitudes. The HSCB, PHA, and Trusts should therefore appoint, train, or confirm specialist staff, but also actively promote involvement from all staff that interact with communities. The role of the specialist staff should be both to take the lead on direct work with groups and communities and also to guide and advise other staff on how to contribute from within their particular areas of responsibility.

The HSCB, PHA and Trusts are required to produce a baseline of current community development investment together with an annual Action Plan which demonstrates how they are taking forward community development approaches within their organisations, setting out progress in relation to the headings above. This should be integrated into and reflected in other related HSC Trust's action plans as well. In addition, the Performance Management Framework (available to download at www.hscboard.hscni.net) should be used on an annual basis to track progress.

The HSCB and PHA aim to identify and encourage models of health and social care that facilitate the transfer of resources to maximise community development. As a result we should see:

- an increased focus on early intervention and prevention;
- tangible differences to health and wellbeing outcomes;
- decreasing incidence of major causes of ill-health;

- maximising independent living;
- improving mental health scores of population;
- reductions in the health inequalities gap;
- support for and building sustainable communities and increased social capital;
- support for volunteering.

The HSCB and PHA will endeavour to seek coherence between the many linked strategies such as community development, PPI, patient experience, equality, and human rights in order to maximise effectiveness and ensure that duplication and confusion are avoided.

9.0 Performance Management Framework

Strong performance management will be central to achieving an outcome which is positive and publicly understood, and ensures compliance with standards, statutory obligations and targets set annually by the Department of Health, Social Services and Public Safety. This strategy therefore includes a Performance Management Framework. The framework is made up of seven outcome areas:

1. Leadership and corporate commitment;
2. User involvement and community engagement in service planning, commissioning and provision;
3. Tackling inequalities in health and wellbeing;
4. Workforce;
5. Partnership;
6. Finance and procurement;
7. Information communications technology.

The Strategy and Performance Management Framework will support organisations to:

- take stock of their attitudes, aspirations, and practice in relation to community development;
- systematically develop community development approaches in all aspects of their business;
- ensure a practical progress route for community development;
- measure progress on mainstreaming community development approaches; and
- incorporate community development into overall performance management arrangements.

The Performance Management Framework is also available to download at www.hscboard.hsc.net.

Steps will be taken by HSCB and PHA to seek congruence between the reporting mechanisms for community development, PPI, Patient Experience and equality in order to maximise effectiveness and reduce the reporting burden on Trusts.

Further details including timelines are set out in the relevant section of the full strategy document.