

HEALTHY COMMUNITIES: A SHARED CHALLENGE

COMMUNITY-LED HEALTH

Scotland faces a tough challenge to improve the health of its people. To achieve this requires not only excellent health care but also action on all fronts to:

- improve economic, social and environmental circumstances
- narrow the opportunity gap that creates health inequalities
- support attitudes and behaviour towards self and others that enhance well-being.

There are already many community-based groups working to make such changes in Scotland, and agencies in all sectors that are working with them.

The active role of communities in community-led health improvement is vital:

- to ensure that resources are mobilised and are used to address the issues that matter most to the communities involved;
- to enable individuals and communities to take shared responsibility for their own health and to work to bring about improvements;
- to create a climate of respect and support for people that directly contributes to their well-being and health.

VISION

The overarching vision of the Scottish Executive's Community-Led Supporting and Developing Healthy Communities Task Group (CLTG) is for all of Scotland's communities to be empowered and supported in the development of initiatives and solutions for health improvement, both by taking action themselves and by playing a full part in broader partnerships.

ORIGINS

In September 2004, the Scottish Executive tasked a wide range of stakeholders to meet together to address the community-led pillar of *Improving Health in Scotland: The Challenge* (2003) and health inequalities in the context of *Closing the Opportunity Gap* (2004). A wide range of partners with a commitment to community-led health improvement has worked together since November 2004 to take forward the work of the Task Group. It has been chaired by Mary Castles (Deputy Chief Executive of North Lanarkshire Council and representative of the Society of Local Authority Chief Executives).

MEMBERSHIP

- Aberdeen City Council
- Association of Local Government Health Improvement Officers
- Big Lottery Fund
- Communities Scotland
- Community Health Exchange (CHEX)
- Convention of Scottish Local Authorities
- Building Healthy Communities, Dumfries & Galloway
- Napier University – School of Community Health
- NHS Health Scotland
- Scottish Community Diet Project
- Scottish Development Centre for Mental Health
- Scottish Executive
- Society of Local Authority Chief Executives
- Voluntary Health Scotland
- Volunteer Development Scotland

COMMUNITY ENGAGEMENT SUB-GROUP

AIM & OBJECTIVES

To raise awareness and change attitudes about the health improvements of community engagement by:

1. Addressing barriers to effective community engagement.
2. Embedding community engagement into the health improvement agenda.
3. Embedding health improvement into the community engagement agenda.

OUTPUTS

A briefing paper on how the *National Standards for Community Engagement* can be applied to health and community care services, and relate to the draft NHS guidance *Informing, Engaging and Consulting the Public*.

COMMUNITY-BASED ACTIVITIES SUB-GROUP

AIM & OBJECTIVES

Focus on community activity that aims to promote health in its widest sense, reduce health inequalities and promote inclusion and equity and encourage and value diversity by:

1. Promoting learning from practice by analysing a series of case studies from a variety of sources and settings, which reflect existing work in this area and emphasise the impact on health improvement of community-based activity.
2. Developing guidance on sustainability and mainstreaming of community-based activity, which impacts on health improvement.

OUTPUTS

Research into the sustainability issues facing organisations involved in community activity and health improvement. This study was conducted by Reid Howie Associates on behalf of the Task Group.

EVIDENCE/MEASURING SUCCESS SUB-GROUP

AIM & OBJECTIVES

To distil and disseminate the evidence about what works and why in the development and maintenance of healthier, stronger communities through community-led initiatives by:

1. establishing as far as possible what is already known and what work is underway to build knowledge (including evidence) regarding the formation of strong healthy communities from a number of different perspectives and levels. Also, to provide options for a national 'mapping' exercise.
2. commissioning a literature review and qualitative research to gain an understanding of current evidence underpinning community-led approaches to health improvement and to gain an insight into the characteristics of effective and less effective partnership working between the different stakeholders involved in community-led health improvement.
3. disseminating recommendations for future action by policy makers, national and local organisations (including those in the public sector, voluntary and community sector) practitioners and members of communities to help create stronger healthier communities, based on the outcomes of literature review and research.

OUTPUTS

A review of evidence and approaches in community-led health improvement, based on an extensive review of the literature, interviews with stakeholders and two case studies undertaken by the University of Glasgow on behalf of the Task Group.

LEARNING

The task group's 'Evidence Review', undertaken by the University of Glasgow, identifies challenges for the evaluation of community-led health activity:

- Community-led health initiatives have multiple and broad goals. Such activity is seldom suited to evaluation methods that rely on a small number of key outcomes
- Community-led health initiatives are highly complex enterprises, operating at many different levels from the small project to strategic cross-agency approaches
- Many community-led activities and intended outcomes are difficult to measure
- Improving health outcomes that are socially determined takes longer than the lifespan of most initiatives
- Communities are complex and it can be difficult to disentangle all the factors that have an impact on community health.

The 'Evidence Review' concluded that there was a need for further research into the impacts and outcomes of community initiatives for health improvement in order to achieve greater realism and clarity about:

- the type of outcomes that are defined in health terms
- how to measure these outcomes expectations for relatively small-scale interventions
- the level and centrality of community participation.

The Task Group identified a need to be explicit about the 'logic models' behind individual community-led initiatives. Such models:

- show clearly how inputs are expected to flow through outputs to outcomes that meet the objectives
- at the same time clarify underlying assumptions, for example relating to the processes needed for success.

The logic modelling envisaged would aid planning and evaluation, and help join up national policy and local initiatives.

PLANNING & PARTNERSHIP SUB-GROUP

AIM & OBJECTIVES

To ascertain how existing and emerging local planning and partnership structures and processes support the development of healthy communities, to share this information and to make recommendations as to how partnerships/planning processes could be further strengthened/improved by:

1. examining relevant, available evidence around 'community-led' issues & health improvement planning/partnerships & to define what a 'healthy, community-led planning partnership structure/process' could/should look like.
2. examining the contribution of Community Planning Partnerships to health improvement, including how Joint Health Improvement Planning (JHIP) has developed since 2002/03 - specifically to identify a range of models/approaches, promising practice, perceived strengths, challenges and opportunities and to make recommendations as to how JHIPs/other partnerships/ processes could be further supported at national and local level.
3. examining the contribution of communities and the voluntary sector to CHPs health improvement planning and partnership processes.
4. developing and disseminating evidence-based recommendations for future action by policy-makers, national and local organisations and partnerships, based on the outcomes of the mapping exercise on community planning for health improvement, in order to strengthen planning and partnerships that support and develop healthy communities.

OUTPUTS

A summary of the findings of the Task Group's Planning and Partnership Sub-group, which draws on existing research including the relationship between regeneration outcome agreements and joint health improvement plans.

LEARNING

Factors that contribute to success in partnership working with communities:

- Structures and processes are unambiguous and straightforward
- Sufficient resources are available
- Monitoring and evaluation enable continual review of partnership working, and whether aims and objectives are being met
- Strong leadership is provided, perhaps shared among leadership teams
- Health aims are recognised, owned and supported by all partners
- Structures and processes incorporate working at both strategic and operational levels, and clearly distinguish between them
- Partnerships are clear about the level of community involvement they intend.

OUTPUTS

Changing Lives: The impact of community-based activities on health improvement report. This is a report of six examples of community-based initiatives across

Scotland, which demonstrates different approaches to health improvement. This report is accompanied by a DVD, which represents four of these case studies in a short film.

LEARNING

National Standards for Community Engagement (Communities Scotland, 2006)

1. INVOLVEMENT We will identify and involve the people and organisations that have an interest in the focus of the engagement
2. SUPPORT We will identify and overcome any barriers to involvement
3. PLANNING We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken
4. METHODS We will agree and use methods of engagement that are fit for purpose
5. WORKING TOGETHER We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently
6. SHARING INFORMATION We will ensure that necessary information is communicated between the participants
7. WORKING WITH OTHERS We will work effectively with others with an interest in the engagement
8. IMPROVEMENT We will develop actively the skills, knowledge and confidence of all the participants
9. FEEDBACK We will feed back the results of the engagement to the wider community and agencies affected
10. MONITORING AND EVALUATION We will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement

Measures of good practice for all funding support

- Transparent and straightforward funding processes, free of jargon
- Good feedback
- Provision of pre-application advice and guidance
- Roadshows and "meet the funder" events
- Monitoring and reporting processes that are simplified, agreed, consistent and supported
- In a very small number of cases, funders agreeing a common approach to reporting and monitoring
- Appointment of a link officer [Sustainability Report, CLTG, 2006]

Changing Lives

The task group commissioned a report on six case studies of community-based initiatives in different areas of Scotland that had substantial experience of a variety of different approaches to health improvement. In the Gorbals (Glasgow), reconnecting people to their communities was the explicit aim of a community development training project with former drug and alcohol abusers. After only eight weeks, this project had a dramatic effect for many participants.

'It went beyond anyone's expectations. It has totally turned my life around from being fed up, depressed, in the house, nothing to do. Now I've got things to do, I know people, I know where to go if I want anything done.' [Former trainee, *Changing Lives*, CLTG, 2006]

FINAL REPORT AND SUMMARY REPORT WITH 12 KEY RECOMMENDATIONS

These reports highlight the findings of the Task Group on how to make community-led activity more effective, looking at its role in planning and partnerships for health improvement, at the capacity-building that may be required for all involved, and at ways of increasing its long-term sustainability.

RECOMMENDATIONS

The Task Group has proposed recommendations aimed at partners nationally and locally involved in supporting community-led health improvement in Scotland. In the first instance, recommendations will be considered by the Minister for Health and Community Care and the Minister for Communities.

RECOMMENDATION THEMES

To achieve its vision, the Task Group recommends working together to support and strengthen community-led health improvement by:

- Effective planning and partnership for community-led health improvement
- Building its evidence base
- Building its capacity
- Learning lessons to ensure its sustainability

Its recommendations are aimed at national policy makers, as well as all those involved in developing local policies and delivering results – people in the NHS, in local authorities, and in the community and voluntary sectors. They will be of particular interest and relevance to people working within new local structures, especially community planning partnerships and community health partnerships.

MOVING FORWARD

The Ministerial launch of the work of Task Group in December 2006 will begin its dissemination and implementation process. An action plan with continued involvement from partners locally and nationally will develop in early 2007 for immediate implementation.

For more information and copies of all materials, visit: www.healthscotland.com