

COMMUNITY-LED - SUPPORTING AND DEVELOPING HEALTHY COMMUNITIES - TASK GROUP

This paper is for you if you have a remit or responsibility for health improvement. It is particularly relevant for members of local or national community or voluntary organisations, community health partnerships and community planning partnerships.

Introduction

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* (2003).

Building on the strong foundations of an interagency partnership between NHS Health Scotland, CHEX, Voluntary Health Scotland, Volunteer Development Scotland and the Scottish Community Diet Project, which had already formed to take forward the community-led pillar of the Challenge document, an even stronger and more extensive partnership has evolved ever since. This task group is now soon to report on its findings.

Remit of task group

1. To develop in collaboration with the Scottish Executive and other key partners an approach, strategy and action plan for the community-led pillar of the Health Improvement Challenge.
2. To engage in a capacity building process to enable local, regional and national stakeholders to be involved in the process of informing a strategy.
3. To work closely with the Scottish Executive and other partners to support effective action on key elements of the approach within the overall Health Improvement Challenge.

“It is very important...that people and communities are involved and have a role in shaping the action and delivering the change.” *Improving Health in Scotland: The Challenge* (2003)

Partnership Approach

With initial co-ordination by the Scottish Executive Health Improvement Strategy Division, a wide range of partners with a commitment to community-led health improvement has regularly met since November 2004. Agencies on the group include:

- Aberdeen City Council
- Association of Local Government Health Improvement Officers
- Big Lottery Fund
- Communities Scotland
- Community Health Exchange (CHEX)
- Convention of Scottish Local Authorities
- Healthy Living Centre Representatives
- Napier University – School of Community Health
- NHS Health Scotland
- Scottish Community Diet Project
- Scottish Development Centre for Mental Health
- Scottish Executive – Development Department; Public Service Performance and Improvement Division; Health Improvement Strategy Division; Patients and Quality Division; Primary Care and Community Care; Chief Medical Office
- Society of Local Authority Chief Executives
- Voluntary Health Scotland
- Volunteer Development Scotland

“Develop options for change with people, not for them...”

Professor David Kerr (2005) *Building A Health Service Fit for the Future*

Task Group Priority Areas

At an early stage via a facilitated process, the group prioritised the following areas:

- To create a dialogue with key local and national networks to create a shared vision and ownership for community-led health improvement.
- To review the evidence base, identify the evidence gaps and based on findings, make recommendations to the Scottish Executive and others on next steps to progress community-led health improvement activity.
- To consider the need for capacity building work to support local and regional ownership of the group's activities.
- To map current activity which supports the development of healthy communities.

Formation of sub-groups

From the four priority areas, four sub-groups were established in January 2005 following approval from the Joint Ministerial Group for Health Improvement:

- Planning and partnerships
- Evidence / measuring success
- Community engagement
- Community-based activities

Despite many staff changes, each sub-group has sustained membership from appropriate partners, many of whom were not already represented on the main task group. Community and local input to the work of the task group has also increased as a result of sub-group formation and activity.

Progress to date

Ever since all sub-groups have been very active in responding to their remit, as described on the following flow-charts of activity.

Timetable of future plans

March 2006

Completion of sub-group activity

April / May 2006

Report and recommendations developed

June 2006

Report presented to the Health and Communities Ministers at the Scottish Executive and national dissemination.

Summer 2006

A series of events is being planned to feedback findings to communities and agencies across Scotland.

“It will be important for us to engage as far as possible with individuals and groups in our communities who are currently working in this field in order to highlight and promote best practice...”

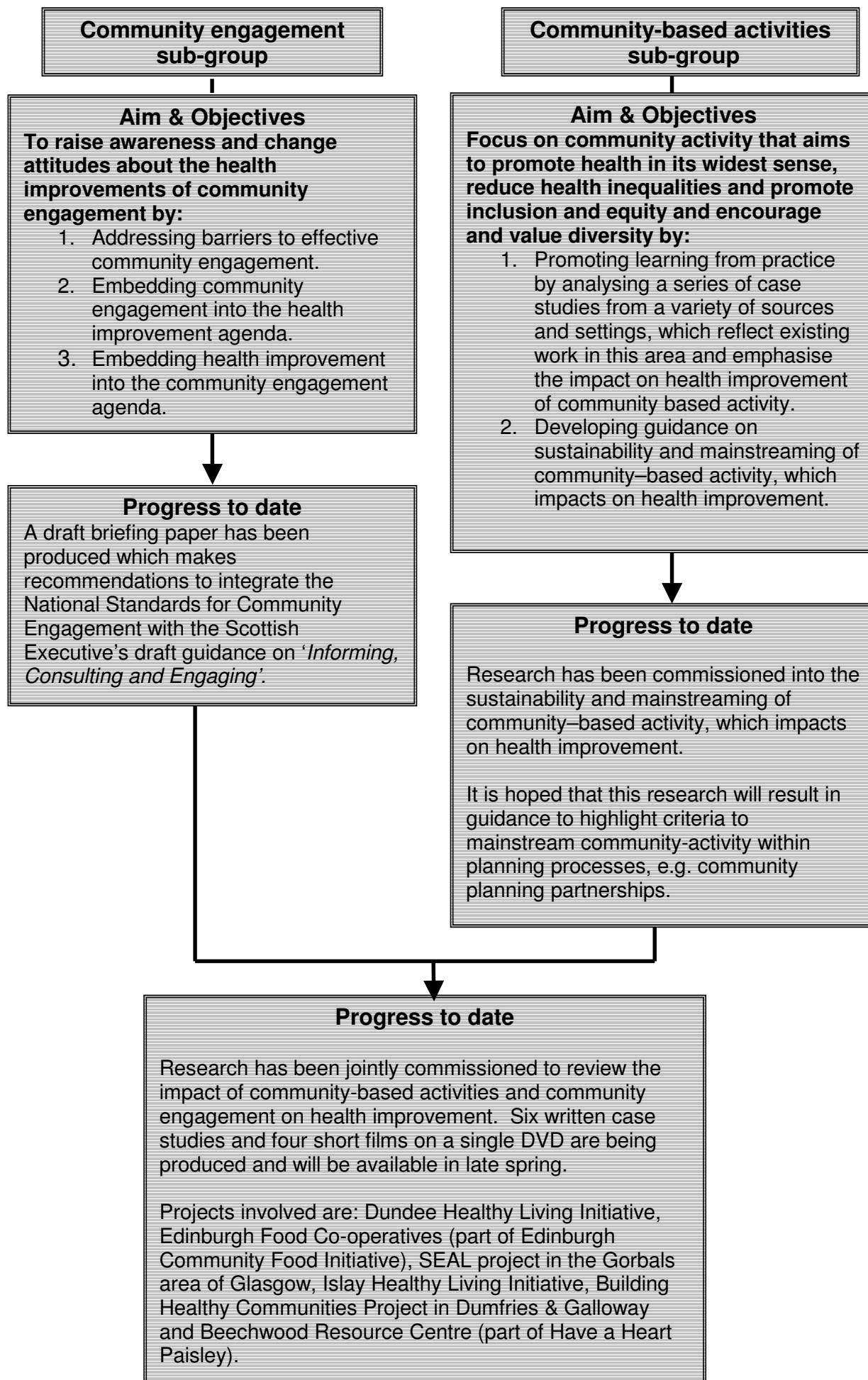
Mary Castles, Chair of Task Group

Further Information

If you would like more details on the work of the task group, please contact the Community & Voluntary Sectors Programme at NHS Health Scotland:

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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 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.

Progress to date

A starting point was to encourage and support the collection of further evidence relating to the success of the present processes e.g. JHIP / ROA desk based research, COSLA / IS, Audit Scotland on-going work into CPP. This was reviewed from the perspectives of opportunities for communities' and the voluntary sector to engage in strategic planning processes as an equal partner & to be consulted and involved in health improvement project planning processes and delivery.

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.

Progress to date

A research team from the University of Glasgow, commissioned by the sub-group, has produced a review of evidence and approaches in the area of communities and health improvement.