HEALTHY COMMUNITIES: MEETING THE CHALLENGE
Promoting Community-led Health Improvement

A briefing for the Community Food & Health (Scotland) Annual Conference

Back in Touch, 11 October 2007

Implementing Together the Community-led Task Group Recommendations

This briefing has been written for participants at the Community Food & Health (Scotland) Annual Networking Conference 'Back in Touch', held on 11 October 2007.

It has been jointly prepared by Community Health Exchange (CHEX), Health Scotland and the Scottish Community Development Centre, who together have responsibility for the delivery of several of the Community-led Supporting and Developing Healthy Communities Task Group recommendations.

Please refer to Appendix 4 for further information and details of websites referred throughout this document.

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• Scottish Government
• Communities Scotland
• Health Scotland
• Community Health Exchange
• Voluntary Health Scotland
• Scottish Health Council
• Volunteer Development Scotland
• Society of Local Authority Chief Executives/North Lanarkshire Council

To find out more about the Implementation Steering Group for the Community-led Supporting and Developing Healthy Communities Task Group, please visit the Health Scotland website at: www.healthscotland.com/settings/community-voluntary-background.aspx

Introduction

The Community-led Supporting and Developing Healthy Communities Task Group report 'Healthy Communities: A Shared Challenge' put community-led health firmly on the policy agenda. The Scottish Executive Health Improvement Strategy Division has now commissioned an integrated programme of multi-agency and multi-level action to implement the Task Group's recommendations, and to maximise the impact of community-led health improvement at local and national levels. This briefing provides background information. The recommendations are included at the end of this briefing.

The Task Group Recommendations

The twelve Community-led Task Group recommendations provide a framework to take forward the Government's commitment to involving communities actively in health improvement. They do this by proposing the development of more robust and community-led health **evidence** to show what actions are most effective and the outcomes that can be achieved as a result of **sustained investment** in community-led health. They also recommend the actions that need to be taken to **strengthen the capacity and capability** of communities to shape the agenda of **local planning partnerships** and to be involved in delivering their own solutions for lasting and meaningful health improvement for all.

> *"The Task Group's overarching vision is for 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 broadening partnerships."*

But what is community-led health?

As defined by the World Health Organisation, community-led health activity is typically aimed at the improvement and promotion of health in its broadest sense, 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'. It is often focused on communities which experience particular disadvantage, with the aim of tackling inequalities in health in our society.

The approach is based on the active involvement of the communities themselves as the key mechanism for change. In practice this can take many forms – many different methods may be used and many different activities developed. As illustrated by the Task Group's *Changing Lives* case studies, food is often at the heart of community-led activity as an important vehicle for engaging communities and as a focus for action. The following characteristic of community-led health improvement were identified by the Task Group:

- Needs, priorities and the agenda for change led by the community and agreed with others
- A community level focus, involving work with individuals as part of groups rather than only as patients or consumers
- A targeted and inclusive approach – engaging with the most disadvantaged and focused on tackling inequalities
- An empowerment approach to change – involving people in the process of their own development and supporting and enhancing the ability of participants to exercise influence over their individual, group or community circumstances
- A partnership/collaborative approach to change – involving communities and agencies in developing new approaches to address community needs and issues, and building the capacity of service agencies to work in this way
- Activity underpinned by a social model of health, recognising that health is multi-dimensional and complex.
- Aiming to improve the health of community members by addressing the risk conditions that inhibit wellbeing, rather than focusing on individual behaviour change.

As described, community-led health complements both clinical practice, and other health improvement strategies. It is thus different from community-based service provision in which the community is seen as the context in which services are provided or negotiated, and in which targets and priorities tend to be set by government or the service provider. It is also distinct from the patient focus, public involvement programme, and the distinctions are summarised in the appendices to this briefing.

Why is community-led food activity relevant to CHPs?

CHPs are expected to take a leading role in promoting community-led health as part of their overall remit. The Task Group highlighted the importance of raising the profile of community-led health and promoting understanding among many of Scotland's new decision-making structures including CHPs. The Advice note on

'Community Health Partnerships and Health Improvement' emphasises that CHPs have a key role to play, and are expected to work with their local communities and partners to contribute to reducing health inequalities. They can do this by:

• measuring health and health needs and identifying those geographical areas, groups and individuals with the greatest inequalities

• working with patients, service users and the wider public to design health and social services which 'reach' – addressing unmet need to make a difference

• ensuring equity of outcomes, not just equity of access, so working to deliver optimum treatments to the most deprived communities and groups in their area

• working with community planning partners to design services and interventions which meet the needs of particular groups (e.g. homeless people, minority ethnic groups, people with disabilities, people with severe mental illness)

• taking a community development approach to empower communities and encourage participation.

The Advice Note goes on to propose that: 'CHPs are not the only means for taking forward The Challenge priorities. However they are a key vehicle and are extremely well placed to work with the community to identify appropriate and sustainable approaches within the local community planning context. They can also play their part in supporting the delivery of these priority themes and topics, taking action to improve the well-being, life circumstances and lifestyles of local communities.'

How do we engage with communities and promote collaborative partnerships?
This is a key challenge for CHPs and other bodies that have a role in promoting community-led health. The National Standards for Community Engagement have been designed to assist both communities and public bodies to get this right. Community engagement is defined in the National Standards as:

> 'Developing and sustaining a **working relationship** between one or more public body and one or more community group, to help them **both** to **understand and act** on the **needs and issues** that the **community experiences'**

The National Standards then focus on ten areas where work is needed in assessment, planning and action to ensure that the process of engagement is conducted as thoroughly and effectively as possible. The ten areas are:

Involvement	Sharing Information
Support	Working with others
Planning	Improvement
Methods	Feedback
Working Together	Monitoring and Evaluation

One of the documents produced in conjunction with the 'Healthy Communities: A Shared Challenge' report is entitled 'Applying the National Standards for Community Engagement to Developing Health and Community Care Policies and Services'. It relates the Standards to the similar guidance from the Scottish Executive Health Department: Informing, Engaging and Consulting the Public in Developing Health and Community care policies and services.

A number of practice frameworks are available to assist partnerships to promote effective partnership work and collaboration. The 'Partnership Working: How To' guide on the Scottish Centre for Regeneration Website is a useful starting point.

Endorsement of Community-Led Health from the Centre
The Task Group called for the development of approaches to support communities and to respond to the agenda set by communities. For this to happen, endorsement of the contribution of community-led health to health improvement outcomes, with clear instruction as to how it can be best supported locally, will be embedded in policy and guidance from Government. As part of the ongoing revision of performance management frameworks, such as CHP Guidance and Joint Health Improvement Planning, the Scottish Government will ensure that the role and needs of community-led health improvement will be considered in revised performance management and accountability processes over the coming months. Attention is also being given to coordination of activity on community-led health, and to ensuring that intermediary bodies are adequately resourced to ensure that national policy developments are kept informed of local practice.

The Challenge report called for the integration and simplification of funding streams in order to ensure the long term sustainability of community-led health improvement activity. Steps are under way as part of the Scottish government's strategic spending review to investigate how multiple funding streams could be simplified. Meanwhile, reports and briefings that provide advice on funding and sustainability are to be made widely available.

Building Knowledge, Capacity and Support for Community-led Health

The 'know-how', confidence and skill to effectively reach and engage communities at local level is quite well established in some areas, but less so in others. The work that CHPs have already taken forward to establish Public Participation Forums is important, but building a sound community-led approach calls for more change. Further capacity building work is required to support local partners understand why and how well supported community-led health activity can help them develop effective community engagement and empowerment processes. Such action will not only allow agencies to better assess local needs and priorities, but will assist them in developing more inclusive, achievable outcome focused plans that communities will support and feel ownership of.

A national capacity building support programme is being designed, with the aim of helping CHPs and other bodies to develop effective partnerships with communities, and support community-led health initiatives. This programme is to be led by the Scottish Community Development Centre and CHEX, the Community Health Exchange. The programme will encourage the implementation at local level of the Healthy Communities recommendations. The aim of the programme will be to:

- develop clarity and understanding between all partners on the broad purpose of community-led health improvement, and its implications at local level
- encourage and support communities to investigate and report on local needs and issues, thus helping shape the health improvement agenda and its priorities
- improve partnership work between NHS, local authorities and community/voluntary sectors
- enhance community influence through communities becoming better informed, more skilled in working for change; more

motivated
- improve solutions through decision makers and practitioners being better informed, more skilled in working for change; more motivated and strengthened
- assemble of evidence on which judgements about the value of community-led health could be made.

> **A definition of Community Capacity Building**
>
> 'Activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities.' (Skinner 2006)

The support programme will be in three phases, described below:

PHASE ONE: PREPARATION. September 2007 to March 2008

The first step will be to hold **focus groups** with potential participants, particularly within CHPs, to ensure needs will be most effectively addressed. Health Scotland will ensure that this capacity building programme is developed closely with all other national programmes of training and support being developed for CHPs to ensure the avoidance of duplication and confusion. The focus groups will also seek to minimise any duplication with any related support or development programmes in the fields of community engagement, community capacity building and community planning, while ensuring opportunities to coordinate such programmes are considered and acted upon. This scoping work would be undertaken before the end of 2007

Regional infrastructure

The next step will be to convene and support a 'community-led health forum' in each of the 12 areas in which the programme will be delivered. Members will be the organisations and individuals who are committed to the community-led principle, and who would have a role in promoting and supporting it in each programme area. They would advise on who to invite to participate in the programme in their area, identify key issues and concerns, link to related structures, activities and priorities in the area, oversee the dissemination of feedback, evaluate impact, and potentially contribute directly to

the delivery of programme locally. Each forum would be expected to have approximately 15 members who may include:

- Health Improvement Officers
- Public Health Practitioners
- Community Health Project staff / committee members
- Healthy Living Centre staff / committee members
- CHP officers leading on community involvement
- PPF members / officers
- Community Planning lead officers with health / wellbeing agenda
- CLD officers with health / wellbeing agenda
- Scottish Health Council local staff
- CVS and / or local volunteer centre staff

This list is not exhaustive, but indicates the types of interest that should be engaged. CHEX already has well established contacts with the potential membership of these forums, and would advise on contacts and networks. The identification of forum membership, convening of initial meetings and development of contact databases will be conducted between September 2007 and March 2008.

The development of **a suite of short, user-friendly training and development materials** in a similar style and design to the Healthy Communities reports. The Materials will cross refer to the relevant materials in these reports, but will add training briefs, discussion triggers, assessment exercises, briefings and other support materials. Some of these will include material from related activity, for example LEAP, the National Standards for Community Engagement, Getting our Act Together Training, Health Issues in the Community Training, and capacity building frameworks. The materials will focus on the following themes:

ο Understanding community-led health: how it complements public sector, professional approaches; what it entails; what outcomes can be expected; approaches to community-led health; relationships between the community sector and others in health improvement

ο Engaging with communities: why it is important, how it enables more effective delivery, types of engagement, use of the national standards as a guide to assessment and planning

ο Building capacity – both within partnerships and in community organisations; linking to related actions in community planning, regenera-

tion and other areas, effective partnership work; planning, evaluating and improving; supporting and sustaining community initiatives; identifying and building relationships with wider networks, supports and training opportunities

ο Planning, evaluating and building the evidence base, and using this to seek continued improvement in supporting community led health

ο An outcome framework guide

These materials will all be prepared by February 2008.

PHASE TWO: Briefing events: April to July 2008
Planning and delivering a national development programme to support the application of the above in practice. This will be planned in two stages, with the first stage being an overall introduction to the materials for potential users. This would take the form of a one-day conference event in each of twelve programme areas, with an expected attendance in the region of 100 participants at each event. These events will be designed to:

- Raise awareness of the community-led health improvement agenda
- Introduce the suite of materials with hands-on 'taster' sessions
- Identify the local factors that would help drive the community-led agenda, as well as those that would act as barriers
- Set out the further stages of the development programme and how participants could engage with it.

PHASE THREE: Development Support: August 2008 onwards
Development support will be provided in each of the 12 programme areas, planned around the key audiences, needs and issues identified at the Forum groups and at the Briefing conferences. The nature of the support will therefore differ according to local needs, issues and circumstances, but might include the following:

- a one-day or two-day programme to support CHPs and others to establish an effective engagement strategy, leading to the preparation of agreed plans and strategies for health improvement, in line with action on other community needs and priorities. The programme will be partnership based, involving managers, programme providers and community participants, in order that a shared understanding of needs, issues and actions

can be reached.

- Specific support and development work with staff teams or partnerships taking forward particular elements of the programme
- Training and support to 'champions' or facilitators who would lead change locally. This could lead to accreditation in some cases, and link to the credit-rated programmes now becoming available for LEAP and Health Issues in the Community
- Assistance with developing local programmes and strategies, for example, linking community health improvement to regeneration or community planning
- Assistance with the development of local tools and resources and with their wider dissemination

Many other possibilities may be identified and developed. The topics to be covered in the development event programme will be selected according to the particular needs and priorities of the participating agencies, but SCDC would anticipate that they might include:

o Achieving clarity of purpose

o Widening involvement and making it meaningful

o Effective community engagement

o Planning and evaluating using the National Standards and the proposed outcome framework

o Effective partnership work

o Improving capacity

The programme will include feedback events to assist users to share experience, learn from each other, and discuss emerging issues and findings, with particular events being of interest to policy level participants, service planners and providers, and community interests.

The programme will be internally monitored and evaluated, in order that its immediate impact can be assessed, and so that emerging issues and lessons are captured and fed back to the commissioners and providers of the programme.

Building the Evidence Base
As well as providing the support programme described above, the programme will also contribute to building a much more robust evidence base on the impact and value of the community-led approach to health improve-

ment. By early 2008 an outcome framework for community-led health will be produced, which will be included in the materials developed for the programme. This framework is designed to demonstrate how best to measure the impact of community-led initiatives, and to achieve a better balance between accountability for funding, meeting targets, and gathering robust data for a 'good enough' evidence-led approach.

Building the evidence base for community-led health cuts across and underpins all levels of support for community-led health, and needs to be strongly embedded in all aspects of this proposed programme of action. This element of the project will provide:

- The outcome framework described above
- A logic model of the theory of change that underpins the community-led approach at a conceptual level. This will explain "how it works" and "how it contributes to wider health improvement goals and tackling health inequalities." This will help with broad local health improvement planning, the planning of community-led initiatives and evaluation.
- A guide to evaluation that is intended to support the appropriate evaluation of community-led health improvement at local and national level.

Briefing paper on the key challenges for community-led health by January 2008
Health Scotland will produce a short briefing paper in order to raise the profile of specific challenges that community-led health programmes and projects face with regard to balancing multiple funding streams and evaluation and monitoring systems.

Health Scotland will lead this work, and will invite members from key organisations to participate in a short working group. The purpose of the group will be to reach consensus on key priority areas and comment on drafts of the briefing paper.

The briefing paper will identify the specific challenges that community-led health organisations and projects face. This will be disseminated to

- Scottish Government, to feed key lessons into performance management review process and develop future sustainability guidance for community-led health
- Funders' Forum
- Local planners and funders through capacity building programme

Appendix 1

Community-led: Supporting and Developing Healthy Communities Task Group

SUMMARY OF RECOMMENDATIONS

Building the evidence base

1. Use evaluation designs and methods that recognise the timescales and complexities involved in assessing and demonstrating the impact of community-led health activity. **NHS Health Scotland**

2. Identify and set out more clearly the links between objectives, inputs, outputs and outcomes, defining success in ways that reflect a broad view of health and its determinants. **NHS Health Scotland**

3. Work with the community and voluntary health sector to build a greater knowledge and understanding of what factors enable community health or act as barriers to it. **Community Health Exchange / Voluntary Health Scotland**

Effective planning and partnership

4. Make health improvement planning more effective in engaging communities at all levels and more flexible in allowing them to identify their own priorities. **Scottish Executive Health Improvement Strategy Division**

5. Support the community and voluntary health sector in informing and relating to national priorities, applying the principles of the *Scottish Compact*. **Community Health Exchange / Voluntary Health Scotland**

6. Embed the *National Standards for Community Engagement* and NHS draft guidance *Informing, Engaging and Consulting the Public* in the practice of all sectors. **Community Health Exchange / Voluntary Health Scotland**

Capacity-building

7. Invest in capacity-building for both the voluntary and community health sector and the public sector. **NHS Health Scotland**

8. Recognise the role of intermediary bodies in community-led health improvement and resource them. **Scottish Executive Health Department**

9. Recognise and strengthen support for the role of volunteers and volunteering in community-led health improvement. **Volunteer Development Scotland**

Sustainability

10. Investigate the appropriate levels of funding required and integrate and simplify funding streams in order to ensure the long-term sustainability of community-led health improvement activity. **Scottish Executive Health Improvement Strategy Division**

11. Build on the lessons from existing practice to provide improved infrastructural support and put in place appropriate strategic and operational frameworks for the long-term sustainability of community-led health improvement activity. **Steering Group**

12. Build on the success of partnership working in the Task Group and create a new national group to oversee the implementation of the Task Group's recommendations following their joint ministerial endorsement. **Scottish Executive**
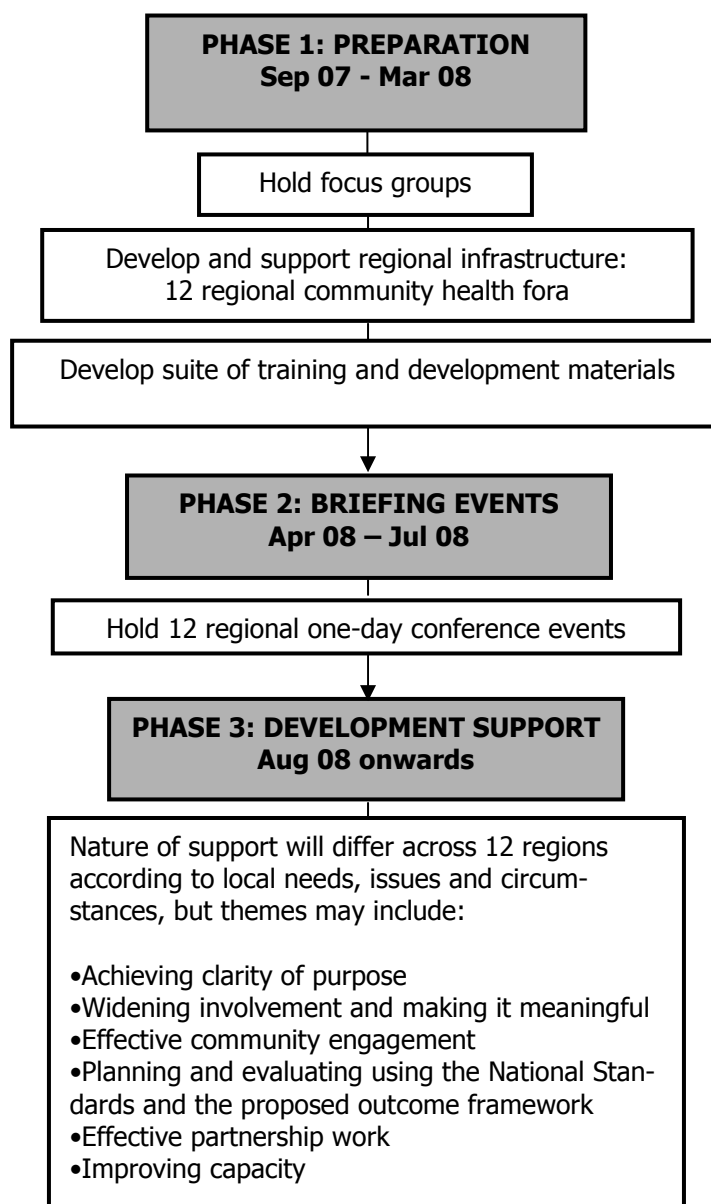
Appendix 2

PFPI and Community-led health improvement compared

This table summarises the differences between PFPI and community-led health improvement. It shows that, while very different, the two activities are complementary. They share similar values, in particular a focus on equalities and a recognition of diversity.

	Patient Focus, Public Involvement	**Community-led Health Improvement**
Overall focus and purpose	'A focus on the patient: a service that exists for the patient and designed to meet the needs and wishes of the individual receiving care and treatment'. In practice much of the focus is on NHS staff and systems	A focus on the community: involving work with individuals as part of groups rather than as patients or consumers
Building capacity and communications	Mainly of NHS staff in communications skills with patients, the public and other organisations; training and supporting the public to take an active role in their own care, contribute to service development, be involved in discussion	A targeted and inclusive approach – engaging with the most disadvantaged and focused on tackling inequalities
Information	Raising quality and widening the range of patient information and access to it: mainly the information provided by and to the NHS	Gathering information about the needs, priorities and the agenda for change led by the community and agreed with others
Involvement	Primarily consultative: as a catalyst for change in the NHS, to achieve improvement in public health and strengthen confidence in NHS – at national and NHS board level	An empowerment approach to change – involving people in the process of their own development and supporting and enhancing the ability of participants to exercise influence over their individual, group or community circumstances
Responsiveness	Feedback, flexibility, acting on complaints. Sharing messages about good practice	A partnership or collaborative approach to change – involving communities and agencies in developing new approaches to address community needs and issues, and building the capacity of service agencies to work in this way
Model of health	Underpinned by clinical and behavioural models and service improvement culture	Activity underpinned by a social model of health, recognising that health is multi-dimensional and complex.

Appendix 3

Three phases of the Support Programme

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          │      PHASE 1: PREPARATION           │
          │        Sep 07 - Mar 08              │
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              ┌───────────────────────────┐
              │     Hold focus groups     │
              └───────────────────────────┘

        ┌─────────────────────────────────────────┐
        │  Develop and support regional infrastructure: │
        │    12 regional community health fora     │
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      ┌───────────────────────────────────────────────┐
      │ Develop suite of training and development materials │
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          │      PHASE 2: BRIEFING EVENTS       │
          │         Apr 08 – Jul 08             │
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        ┌───────────────────────────────────────┐
        │ Hold 12 regional one-day conference events │
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          │    PHASE 3: DEVELOPMENT SUPPORT     │
          │          Aug 08 onwards             │
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Nature of support will differ across 12 regions according to local needs, issues and circum-stances, but themes may include:

- Achieving clarity of purpose
- Widening involvement and making it meaningful
- Effective community engagement
- Planning and evaluating using the National Standards and the proposed outcome framework
- Effective partnership work
- Improving capacity

Appendix 4

Some resources and references for community-led health

Applying the National Standards for Community Engagement to Developing Health and Community Care Policies and Services (2006) Health Scotland
www.healthscotland.com/documents/1407.aspx

Changing Lives: The Impact of Community-Based Activities on Health Improvement (2006) Health Scotland
www.healthscotland.com/documents/1406.aspx

Communities and health improvement: A review of evidence and approaches (2006) Health Scotland
www.healthscotland.com/documents/1404.aspx

Fair For All, www.drc.org.uk/fair4all

Healthy Communities: A Shared Challenge: Final Report of the Community-led Supporting and Developing Healthy Communities Task Group (2006) Health Scotland
www.healthscotland.com/documents/1403.aspx

Healthy Communities: A Shared Challenge: Summary Report of the Community-led Supporting and Developing Healthy Communities Task Group (2006) Health Scotland
www.healthscotland.com/documents/1402.aspx

Planning and Partnership Sub-group Report to the Community-led Supporting and Developing Healthy Communities Task Group (2006) Health Scotland
www.healthscotland.com/documents/1408.aspx

Research into the Sustainability Issues facing Organisations involved in Community Activity & Health Improvement (2006) Health Scotland
www.healthscotland.com/documents/1405.aspx

National Standards for Community Engagement (2005) Communities Scotland
www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/lccs_008411.pdf

Routes to Sustainability (2007) Community Health Exchange (CHEX) www.chex.org.uk/uploads/routes_to_sustainability_briefing.pdf