



Report of the Head of Scrutiny and Member Development

Inner West Area Committee

Date: 7th December 2006

Subject: Scrutiny Action Learning Project around Community Development in Health and Wellbeing

Electoral Wards Affected:
Armley
Bramley & Stanningley

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Council
Function

Delegated Executive
Function available
for Call In

Delegated Executive
Function not available for
Call In Details set out in the
report

Executive Summary

In May 2006, the Leeds City Council's Scrutiny Board (Health and Adult Social Care) was awarded £20,000 funding from the Government to carry out an action learning project around Community Development in Health and Wellbeing.

Community Development is a way of working that starts from local people's agendas, supporting people to articulate their needs and ways they might be met and then enabling action by local people. This in turn builds local skills and encourages a sense of community action.

Through action learning with key partners, the Scrutiny Board seeks to establish a much firmer understanding of Community Development and raise awareness of its value in terms of reducing health inequalities and promoting healthier lifestyles.

The Scrutiny Board is keen to engage with all Area Committees to share experiences of where community health development projects have made a difference to a community. However, this is also an opportunity for Area Committees to help the Scrutiny Board identify and address potential barriers and gaps in delivering effective community health development work in Leeds.

1.0 Purpose Of This Report

- 1.1 In May 2006, the Leeds City Council's Scrutiny Board (Health and Adult Social Care) was awarded £20,000 funding from the Government to carry out an action learning project around Community Development in Health and Wellbeing.
- 1.2 Working together with key partners, the Scrutiny Board aims to raise awareness of community development as an approach to reducing health inequalities and promoting healthier lifestyles. As the health and social care statutory sector moves further towards commissioning models, and particularly joint commissioning, the Scrutiny Board also seeks to establish a much firmer understanding of Community Development and to gather credible evidence which can be used by commissioners of services.
- 1.3 Area Committees have a vital role to play in terms of promoting and improving the economic, social and environmental wellbeing of their areas. The Scrutiny Board is therefore keen to engage with all Area Committees to share experiences of where community health development projects have made a difference to a community. However, this is also an opportunity for Area Committees to help the Scrutiny Board identify and address potential barriers and gaps in delivering effective community health development work in Leeds.
- 1.4 A representative of the Scrutiny Board (Health and Adult Social Care) will be attending today's meeting to discuss this matter with the Area Committee, and will provide feedback of the Area Committee's discussions to the full Scrutiny Board at its January 2007 meeting.

2.0 Background Information

- 2.1 Each year the Centre for Public Scrutiny (a government funded body that supports Overview and Scrutiny Committees across the country) provides an opportunity for Health Scrutiny Committees to bid for up to £20,000 to support action learning around the scrutiny of a health issue in their area. This year the CfPS advised Health Scrutiny Committees to base their bid applications on the themes set out within the new Government White Paper 'Our Health, Our Care, Our Say' (published in January 2006).
- 2.2 The White Paper states that service providers and commissioners must continuously find out what people want from their services – this is now a fundamental duty. It emphasises the strengths of community-based health provision and the importance of giving people a choice in services. It also highlights that this can be best achieved through partnership working and joining up services. In view of this, the Scrutiny Board (Health and Adult Social Care) decided to focus the Leeds bid application on Community Development in Health and Wellbeing and was one of only nine Local Authorities across the Country to be successful.

- 2.3 The CfPS explained that the strength of the Leeds bid application was based on the fact that the project aims to develop community development in commissioning so that services are open and responsive to people's needs and feelings. Also, with a current lack of national guidance on this area of work, the findings of the Scrutiny Board's project will also contribute to the work of the National Institute of Clinical and Health Excellence (NICE) in developing good practice guidance for community engagement in health improvement.
- 2.4 Working closely with the Leeds Metropolitan University, the Scrutiny Board and its key partners also seek to identify and address potential barriers and gaps in delivering effective community health development work across Leeds.
- 2.5 Terms of reference for the Scrutiny Board's action learning project was agreed by the Board in July 2006. A copy of the terms of reference is attached as Appendix A.
- 2.6 Since July, the Scrutiny Board has heard from the Healthy Leeds Partnership and Leeds Voice on their role in this area of work and received their latest research around Community Development and health in Leeds. Local community development workers have also contributed to the Scrutiny Board's meetings and Members of the Board have visited numerous community health development projects across Leeds.
- 2.7 The next stage of the Board's project will be focusing on the role of the Leeds Primary Care Trust and the Local Authority and exploring how community development fits into their commissioning roles.

3.0 Main Issues

- 3.1 Leeds has some well established health projects adopting a community development approach, for example, the seven Healthy Living Centres, South Leeds Health for All, East Leeds Health for All, Women's Health Matters, and many more. However, there are also projects which are isolated and not connected into the bigger Leeds picture in terms of access to information, training and opportunities to network and share best practice as a city.
- 3.2 One of the objectives within the Leeds Initiative Health and Wellbeing Plan 2005-2008 is to establish a Community Health Development Network for Leeds. This network will help to map community development work across the City and will also enable different projects to share best practice and identify training needs. The Scrutiny Board is supportive of this initiative and has allocated funding as part of its action learning project to help resource the network during its early stages of development. A key question for the future will be around the long term commitment and sustainability of the network.
- 3.3 Whilst Community Development is considered a sustainable and cost effective model, projects are often based on short-term funding, making it more difficult to achieve desired outcomes. Community Development takes time and is not a quick fix. The Scrutiny Board is keen to gather credible evidence of where Community Development has made a positive impact on the health and wellbeing of communities in order to encourage further investment in this area of work.

- 3.4 The Scrutiny Board would particularly welcome the views of Area Committees on the following issues:
- Recognition of Community Development in health –are you aware of any city-wide or area specific projects which use a Community Development approach in addressing health matters?
 - Impact of Community Development in health – what would you consider to be important measures of effective Community Development in health? Are you able to share any experiences of where a community health development project has made a difference to an individual/community's health and wellbeing?
 - Barriers and gaps in delivering effective community health development work – what would you consider to be the main barriers and gaps in delivering effective community health development work (either generally or within your specific area)? How could these be addressed?

4.0 Implications For Council Policy and Governance

- 4.1 The Scrutiny Board's project very much links into the wider Government agenda to revitalise community empowerment and engagement across the broad range of public services. The White Paper 'Our Health, Our Care, Our Say', states that service providers and commissioners must continuously find out what people want from their services, and the recent Local Government White Paper 'Strong and Prosperous Communities' also enhances local leadership through new duties for local authorities and the NHS to work together on health and wellbeing.
- 4.2 Through action learning with key partners, the Scrutiny Board's project seeks to establish a much firmer understanding of Community Development and to gather credible evidence which can be used by commissioners of services, which includes the Council.

5.0 Legal and Resource Implications

- 5.1 Many Community Development projects suffer from short-term funding and therefore lack sustainability. Long-term investment in Community Development is needed in order to see positive health outcomes. In gathering credible evidence of where Community Development has made a positive impact on the health and wellbeing of communities, the Scrutiny Board seeks to encourage all health and social care organisations to commit to such investment in the future.

6.0 Conclusions

- 6.1 Community Development is essentially a democratic way to work that can be practiced by many different kinds of people, including community groups, Councillors, and other decision-makers. Through action learning with key partners, the Scrutiny Board aims to raise the profile of the Community Development model in helping to improve community wellbeing and reduce health inequalities.

7.0 Recommendations

- 7.1 The Committee is asked to note this report and to share its views around Community Development and health with the Scrutiny Board (Health and Adult Social Care), with particular reference to the issues set out in paragraph 3.4 of this report.