

SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE)

COMMUNITY DEVELOPMENT IN HEALTH AND WELLBEING

TERMS OF REFERENCE

1.0 INTRODUCTION

- 1.1 Systematically and rigorously finding out what people want and need from their services is identified within the new White Paper 'Our Health, Our Care, Our Say as a fundamental duty of both the commissioners and the providers of services.
- 1.2 In Leeds we also acknowledge that people's opinions, preferences and views need to be heard, especially if more priority and spending decisions are to be devolved downwards. We recognise that when people get involved and use their voice, they can help shape improvements in provision and contribute to greater fairness in service use.
- 1.3 Community development is a way of working that starts from local people's points of view. It aims to support communities to articulate their needs and ways in which these might be met. It recognises that people are the experts on their own circumstances and needs and therefore most appropriate to be involved in creating solutions and making changes to improve their lives. Community Development is a key contributor to the establishment of social capital within disadvantaged groups and areas, which in turn contributes to health improvement.
- 1.4 There is some well established but relatively isolated community health development in Leeds: some locality projects have sustained themselves since the early nineties and developed excellent practice. We also have seven Healthy Living Centres, most of which take a community development approach.
- 1.5 There is a wider range of organisations in Leeds that have engaged users and citizens in a systematic and robust way, particularly within the voluntary and community sectors.
- 1.6 However, despite strong localised support and a number of independent evaluations the sector remains fragile, often based on short term funding. In particular 'New Opportunities Fund' funding of the Healthy Living Centres will expire over the next 18 months. As the statutory sector moves towards commissioning models and particularly to joint commissioning, it is increasingly important to establish a much firmer understanding of community development and to gather credible evidence which can be used by commissioners. There is also an identified need to map this activity in order to disseminate good practice across the city and encourage all parts of health and social care to be open and responsive to what people feel and prefer. In view of this, the Board has agreed to carry out a review on community development in health and wellbeing.

2.0 SCOPE OF THE INQUIRY

2.1 The aim of the review is to make an assessment of and, where appropriate, make recommendations on:

- existing community health development work in Leeds and comparisons with other areas;
- the methods used by local organisations in engaging communities;
- potential barriers and gaps in community development approaches to improve health, including structural, organisational and resource issues;
- the development of a sustainable Community Health Development Network and to identify training needs;
- supporting the implementation of the Leeds Initiative Framework for Effective Community Participation;
- how the lessons being learned around community development can help shape the role of Scrutiny in terms of establishing closer links with local communities.

3.0 COMMENTS OF THE RELEVANT DIRECTOR AND EXECUTIVE MEMBER

3.1 In line with Scrutiny Board Procedure Rule 12.4 the views of the relevant Director and Executive Member have been sought and have been incorporated where appropriate into these Terms of Reference. Full details are available on request to the Scrutiny Support Unit.

4. STRUCTURE FOR THE REVIEW

4.1 It is proposed that a range of approaches to evidence gathering are used in this Inquiry, including the following:

- Full meetings of the Scrutiny Board to consider evidence and question key witnesses
- Discussions with key partners and stakeholders
- Visits to selected community health development projects in Leeds and elsewhere
- Consultations with local Area Committees and District Partnerships on the Community Development work within their areas.

4.2 The Inquiry will conclude with the publication of a report and recommendations by the Scrutiny Board that will be submitted to the appropriate forum(s). A stakeholder seminar will also be arranged to help disseminate key learning actions from the review and to promote strategic recognition of the quality and value of community development for health improvement.

5. SUBMISSION OF EVIDENCE

5.1 This timetable is subject to change depending upon the outcome of the initial evidence gathering sessions.

5.2 The following formal evidence gathering sessions are scheduled.

5.3 **Visits** – to be conducted during September/October 2006

Consultations with Area Committees and District Partnerships – to be conducted during November/December 2006

5.4 **Session One: Scrutiny Board (Health and Adult Social Care) Meeting – 24th July 2006**

The purpose of this session is to receive information from the Healthy Leeds Partnership on the current position within Leeds in terms of community health development work.

5.5 **Session Two: Scrutiny Board (Health and Adult Social Care) Meeting – 18th September 2006**

The purpose of this session is to:

- gain an understanding of the principles underpinning Community Development;
- consider examples of community health development work on the ground across the city;
- receive information from Leeds Voice on their role in Community Development.

5.6 **Session Three: Scrutiny Board (Health and Adult Social Care) Meeting – 20th November 2006**

The purpose of this session is to:

- share feedback from conducted visits to community health development projects;
- consider the findings from the Community Health Development Questionnaire by the Healthy Leeds Partnership;
- receive information from the Leeds Primary Care Trust and local authority on how Community Development fits into their commissioning roles.

5.7 **Session Four: Scrutiny Board (Health and Adult Social Care) Meeting – 22nd January 2007**

The purpose of this session is to:

- share feedback from the consultations with local Area Committees and District Partnerships on Community Development work within their areas;
- identify main areas for development in the future
- consider the outcomes from research around future commissioning of voluntary community and faith sector services

5.8 Session Five: Scrutiny Board (Health and Adult Social Care) Meeting – 19th March 2007

To consider and agree the Board's final report.

6. WITNESSES

6.1 The following witnesses have been identified as possible contributors to the Inquiry:

Leeds Primary Care Trust
Leeds Metropolitan University
Healthy Living Centres
Healthy Leeds Partnership
Representatives from local community health development projects, for example, Sure Start, East Leeds Health for All, Women's Health Matters.
Representatives from community health development projects in other areas, for example, Sheffield and Bradford
Neighbourhoods and Housing Department
Social Services Department
Leeds Voice

7.0 FACILITATED DISCUSSIONS WITH AN EXTERNAL CONSULTANT

7.1 The Centre for Public Scrutiny (CfPS) set up the Action Learning initiative to help Overview and Scrutiny Committees and their NHS and public health partners to learn together about the experience of health scrutiny so that it becomes an informed joint enterprise between partners in the health economy. The action learning projects are also evaluated as part of a national evaluation of health scrutiny and the programme provides opportunities for sharing the learning in the meantime.

7.2 In view of this, facilitated discussions with Scrutiny Members and key partners will be carried out periodically throughout the review to discuss how the lessons being learned around community development approaches can help shape the role of Scrutiny in terms of establishing closer links with local communities and encouraging greater public engagement in the Scrutiny process. These sessions will be facilitated by Leeds Metropolitan University. Such lessons will then feed into an action learning framework which can be used as a learning tool for other health scrutiny committees.

7.3 The facilitated discussions will be planned for the following dates:

- 23rd October 2006
- 18th December 2006
- 19th February 2007