

Community Planning

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Introduction

CDHN's mission is to end health inequalities using a community development approach. By this we mean campaigning, influencing policy and developing best practice work which shows that communities, both geographical and of interest & identity, can define their own health needs and design and implement preventative and radical solutions.

CDHN supports the social model of health - our health is affected as much by our environment, the level of education we have, our relative income and various other social and economic factors. CDHN also believes that collective action at a community level on preventative projects can tackle these wider determinants of health and in so doing contribute to ending health inequities. Community development is the preferred method to enable this collective action. These wider determinants of health represent the root causes of many lifestyle choices and by working at a community level on the root causes we have a better chance of tackling health inequalities. Community development makes a contribution to tackling health inequalities that must come in combination with macro level policy interventions, such as redistributive economic policies.

CDHN bases all of this work on values of social justice and equality, inclusion and the belief in advocacy as a tool to bring about change, to bring about better health outcomes.

These values also underpin how we approach public health policy and the new community planning. The key to ensuring good public health policy is to ensure that it's built upon these values – the social model of health, community development, social justice and advocacy. CDHN believes that community planning's effectiveness depends on the values that underpin it. Community planning should act on the power of well-being as a manifestation of the social model of health, mainstream a community development approach and ensure that local services are planned and commissioned where communities are co-designers, co-planners and co-commissioners.

Community planning will enable District Councils to gather together all the sectors representing the wider determinants of health - housing, environment, organisations working on poverty and social inclusion and HSS organisations. Community planning enables District Councils to identify need in their area, plan services accordingly and then commission those services. The District Council will have a series of mechanisms to identify local need and will decide how best to meet that need within the parameters of certain budgets. Community planning can be seen as a way of identifying local need in a more inclusive way that reflects the wider determinants of health.

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Briefing



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There are several opportunities to support local government/District Councils to:

- see public health and the power of well-being as their business and not only the business of HSS;
- to understand the social model of health and the need to tackle the root causes of ill-health so that public health and well-being will improve;
- to increase understanding of how well-being can be lens through which environmental improvements, better education, better transport, better housing can be viewed, rather than necessitating a whole new set of services; and to think that communities should be involved as peers in the planning and commissioning of services.

It should be noted that many District Councils have already been working on these adaptive challenges for some time. Many already work with communities as peers in the planning process and have an expansive definition of public health and how it relates to their work. In these important cases, we can learn from how this change took place inside these District Councils and how we can import this best practice to other District Councils.

Thinking about planning and commissioning in different ways

The purpose of thinking about planning and commissioning in different ways is to show that:

- Public service providers (e.g. health, education and local government) should think of their planning and commissioning as simultaneously and complementarily having an impact on improving public health and well-being then it makes it more likely that public health won't fall down the cracks.
- If planning and commissioning is underpinned by community development approaches then we think of communities as co-designers, co-planners and co-commissioners.
- If planning and commissioning expands its idea of community engagement, through a multiplicity of structures, then services will be more responsive and therefore more likely to improve public health and well-being.

Taking the learning from the research

The case-study analysis of community planning carried out by Blake Stevenson Ltd and Stratagem in October 2005 noted that community planning was more effective if a number of characteristics were present. Many of these characteristics may seem like structural, what kind of model should we have questions, but we think they're really about values.

The study notes that it's essential to take time at the beginning of a partnership process to develop sound structures and good partnership working. This included the need for understanding each other's organisations and building good, trusting relationships. CDHN values the social model of health and using a community development approach, but these might not be shared values within the partnership. A good process for the partnership must involve a conversation about, and education on, values.

The case-study analysis also noted that areas where key partners are at elected member and chief executive or director level were seen to be the most effective in planning and achieving action. The partnership structure must have people with decision-making authority in the room. If this does not happen, then the people in the room must be able to rely on senior authority figures to support the partnership's decision, at the District Council, Assembly, HSSA and Departmental levels. Furthermore, the community planning initiatives must be supported by inter-departmental, regional work.

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In addition, the analysis noted that successful partnerships have explicit values about co-operation and joint working against which they can be measured and partners held accountable. CDHN would add to this that there must be community development standards against which the partners can be measured and held accountable.

Stevenson and Stratagem also noted that where partnership working is made more difficult is where one partner either goes at a markedly different pace of development from the others, or where one partner, (for example the NHS in Scotland), develops its own community planning structures which are in addition to the existing partnership structure. This relates to the importance of the co-terminous planning and commissioning structures and for each 'sector' to develop and agree boundaries for planning and commissioning, and not in an adversarial way.

The case-study analysis also noted that successful joined up working at local level requires joined-up policy development at regional and national level, and joined up strategic planning at regional and national level. There must be a commitment from Dept of Health, DOE, Dept of Education, HSSA and the Assembly to be respectful of community planning initiatives and not contradict them at a regional or sub-regional level.

In all the case study areas the contribution of the voluntary and community sector was a positive one, and case study areas it was clear that community engagement and involvement, in addition to being important and of value, requires resources for research and development. To this end, community development approaches, that involve community engagement and involvement, should be mainstreamed into the planning and commissioning process.

Education on the social model of health for District Councils is necessary, so that District Councils are not being given another new task or service but rather have to think of providing existing services in ways that improve health in communities.

How to deal with the adaptive challenges - Recommendations

CDHN makes the following recommendations:

- Expand understanding of planning and commissioning as one interlocking system for the delivery of public services, which is capable of avoiding duplication;
- Ensure that planners and commissioners across the sectors work together to mainstream community development into their planning and commissioning processes;
- Education and training on the social model of health for District councils and all partnership agencies;
- Commitment from Dept of Health, DOE, Dept of Education, HSSA and Assembly to work at strategic, inter-departmental level on implementing fully existing public health policy (IfH);
- Ensure that we use the expertise and critical mass of existing partnership structures but that they are underpinned by commitment to social model of health, mainstream community development and have a high level of support and decision-making authority from regional level, or delegated to them;
- Investigate the ways in which the community and voluntary sector can support the sub-regional 777 structure and can develop expertise on planning and commissioning, the social model of health and community development approaches; and put values before structure.