



**Community Development
& Health Network**

ANNUAL
REPORT
2022 - 2023

About CDHN

Community Development & Health Network (CDHN) is Northern Ireland's leading organisation working to empower communities, improve health and wellbeing and reduce health inequalities using a community development approach. With over 2,300 members supporting tens of thousands of people, CDHN raises awareness of the root causes of poor health and health inequalities. Our membership is cross sectoral including large voluntary organisations, local volunteer-led community groups, community development workers, health and social care professionals, people working in the public and private sectors and academia.



Mission

Using community development to end health inequalities.



Vision

A fair and equal society where everyone experiences their best health and wellbeing.

CDHN Values

Social Justice

We believe in a society based on fairness, where everyone is considered equal and our health and wellbeing is not determined by where we are born, live or work. We are committed to creating the social, economic and environmental conditions where people can have more control of their own health and wellbeing and have a voice in decisions that affect them.

Diversity

We are committed to celebrating diversity and equality across the organisation and in the communities we serve.

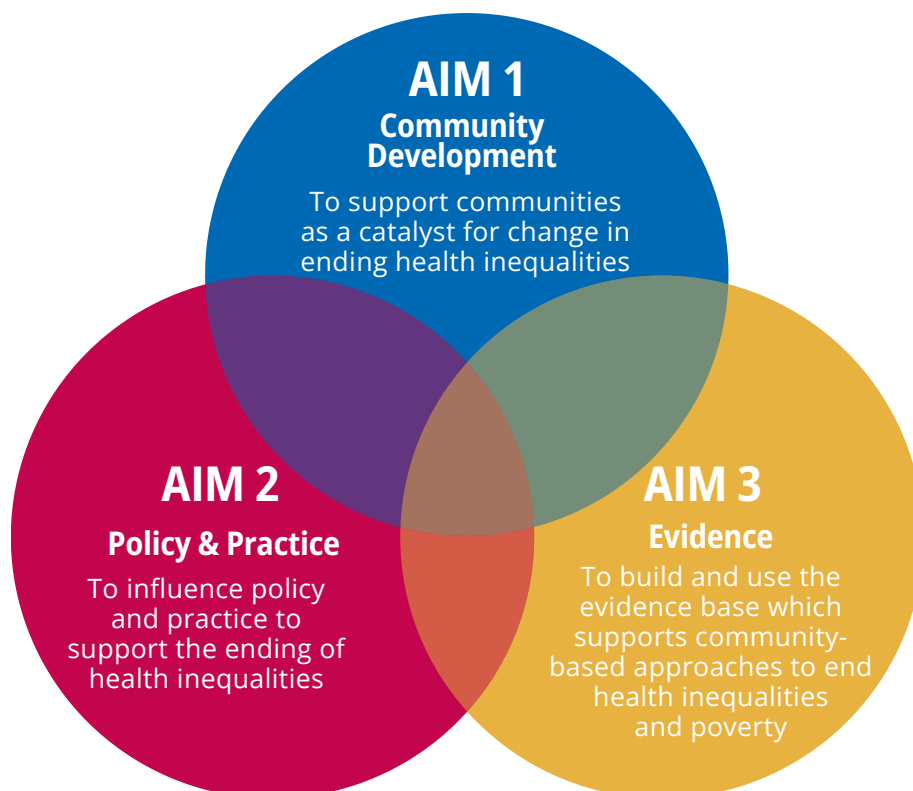
Integrity

We believe in being open, honest and accountable in all our interactions and building relationships based on trust and mutual respect.

Collaboration

We believe that working in partnership to promote social justice and equality is the best way of ending health inequalities and poverty.

This Annual Report covers the third year of CDHN's 2021-24 Strategy. It sets out our annual activity to advance our three interconnected strategic aims.



Chairperson's Report

It is with great pleasure that I welcome you to our annual report for 2022-23. I am honoured to share the remarkable impact we have achieved and the journey we embarked upon in the past year to support and enhance community health and wellbeing, while addressing regional and local health inequalities.

Throughout the last year, the Community Development and Health Network has demonstrated the strength that arises when communities unite to foster improved health outcomes and end poverty and health inequalities. Despite the challenges presented by the ongoing political and fiscal crisis, the socio-economic repercussions of inflation, and the escalating cost of living, our dedication remains unshaken.

This year's health inequalities report paints a sombre picture for health in Northern Ireland. Inequity gaps have widened, with our region significantly underperforming compared to other parts of the UK. These inequalities manifest in stark contrasts in life expectancy, mortality rates, and overall quality of life for people within our most disadvantaged communities.

In March, we celebrated an important milestone as we funded the 1000th Building Community-Pharmacy Partnership (BCPP) programme. This celebratory event, hosted by Centred Soul (our 1,000th project), provided a platform to network and exchange stories about the programme's impact.

The successful securing of a three-year delivery contract for BCPP is a testament to this collective effort. This partnership, having evolved over the years, strengthening our bonds with local health providers, community partners, and the world of Pharmacy. This positions us favourably within the ICS for Northern Ireland, igniting excitement for future developmental prospects and health enhancement opportunities.

Equally, we were thrilled to announce additional funding to deliver Elevate to another 22 communities until June 2024.

I extend my heartfelt appreciation to my colleagues on the Board for their commitment and support over the year. Our commitment to transparency and accountability persists and we are actively implementing our Governance Action Plan through our newly established Audit and Risk Sub Committee, led by Janet Schofield. Thanks to our incredible team, led by Joanne Vance for their dedication, and their efforts far beyond the call of duty. To our members, partners, and our supporters for their trust, and for their invaluable collaboration.

Our gratitude extends to our funders as well as our colleagues at the Department of Health, SPPG (Strategic Planning Performance Group) and the Public Health Agency (PHA) for their trust and support.

Sheelin McKeagney
CDHN Chairperson



Director's Report

Welcome to our 2022- 23 Annual Report, and the progress achieved during the second year of CDHN's 2021-2024 Strategy; advocating for change and placing people and communities at the heart of what we do.

In October, we co-hosted a Knowledge Exchange workshop to present the evidence from our research report on Community Medication Safety and its relationship with the social determinants of health. See Strategic Aim 3.

Our exceptional team adapted to change and shouldered new responsibilities. CDHN allocated over £500,000 in local community investments through our Building the Community Pharmacy Partnership (BCPP) and Elevate. These initiatives empowered 42 new BCPP projects and supported 22 Elevate mentee organisations through small grants, training, mentoring, and development opportunities. See infographic.

We secured additional funding from the Department for Communities (DfC) Start Here Programme (Rank Foundation), allowing us to employ a dedicated Community Engagement Officer for three years. We are thrilled to welcome our new Policy and Communications Officer to the CDHN team. At the policy level, CDHN has actively collaborated with regional VCSE leaders and DOH representatives to drive transformative changes within our healthcare system. Our efforts have focused on establishing inclusive cross-sectoral partnership arrangements for the Northern Ireland Integrated Care System (ICS), both at the area and locality levels. Commencing in April 2024, our goal is to ensure support for our sector within the newly formed Area Integrated Partnership Boards (AIPB's).

While we celebrate our achievements, we acknowledge the challenges. Stalled progress on the draft Programme for Government, the prevailing political situation, fiscal concerns, and uncertainties surrounding VCSE funding, threaten to reverse the progress we have made in community health, social inclusion, and prevention. Our members have voiced concerns about the community-wide impacts of rising living costs, especially on the mental and social well-being of children and young people and vulnerable populations.

To amplify the voices of our members, we united in highlighting the absence of a long-awaited cross-cutting anti-poverty strategy for Northern Ireland. CDHN joined the Northern Ireland Anti-Poverty Network (NIAPN), ensuring that the experiences of people living in poverty are not only heard but also addressed.

Looking ahead, we recognise that collaborative efforts, spanning north, south, east, and west, will be pivotal in promoting social inclusion and shaping democratic policymaking. They are essential in addressing complex challenges such as climate change, migration, child poverty, mental health, obesity, poor nutrition, and food insecurity. My sincere appreciation to all our partners, supporters, and dedicated team members for your resolve in pursuit of a healthier, more inclusive society.

Joanne Vance
CDHN Director



Strategic Aim 1

Community Development: To support communities as a catalyst for change in ending health inequalities

- **Networking and capacity building** to advocate for social determinants approach to end health inequalities.
- **Training and development** to enhance the knowledge and skills of our members and their organisations.
- **Promoting best practices** and a culture of critical reflection.

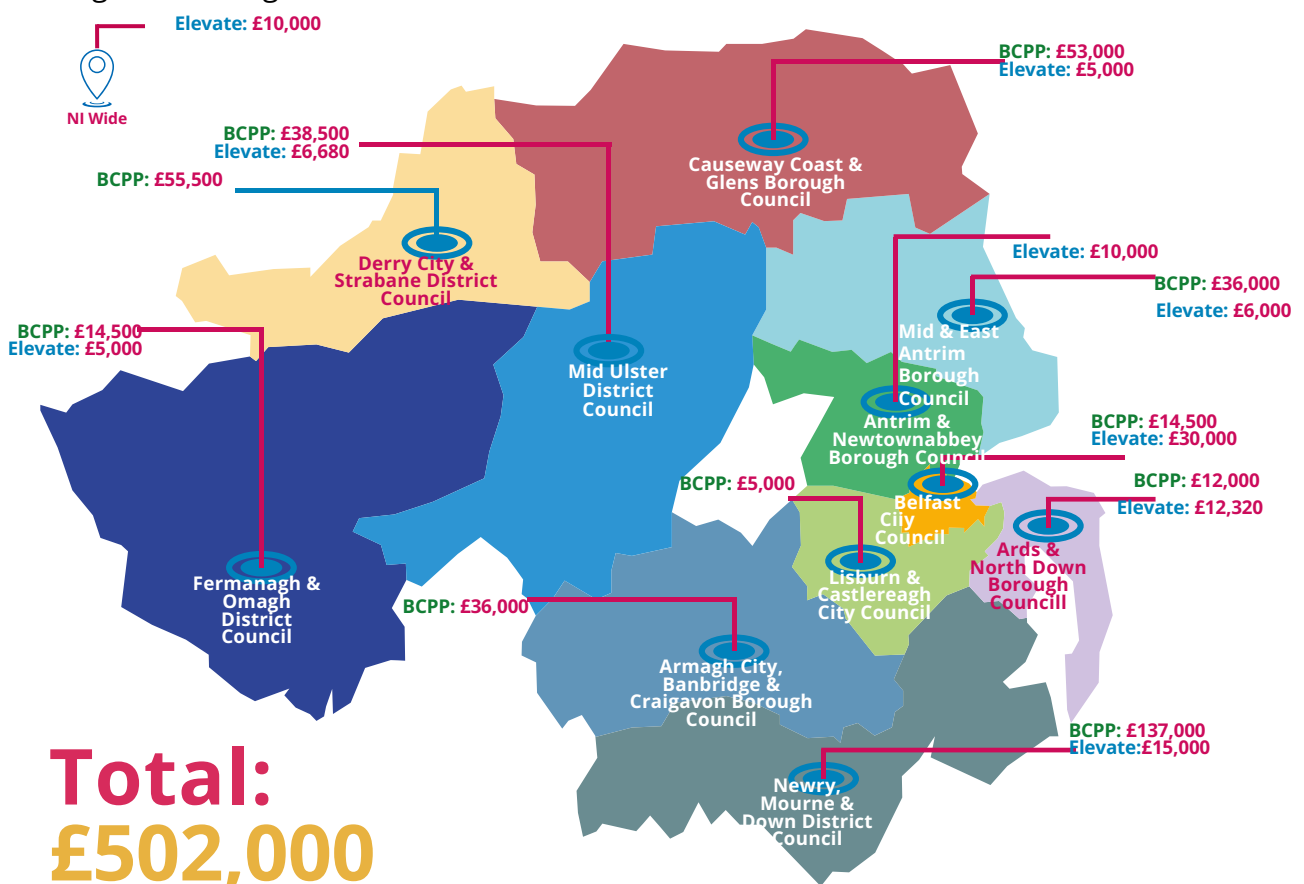
→ Networking and capacity building

Organising Regionally and Delivering Locally

CDHN regionally organise, fund and evaluate programmes co-designed and delivered at the local level and increase cross-sectoral collaboration and action in tackling health inequalities. Our two flagship community development programmes are Building the Community Pharmacy Partnership (BCPP) and Elevate. Through these we spark action on addressing the social concerns and root causes of health inequalities. Connecting policy, people and community-level action can make a more positive and longer-lasting impact on people’s health and well-being. It builds trust and relationships and can assist local communities in bringing their knowledge and experience to policy and decision-makers.

Community Investment 2022/23

Over £500,000 was invested in local communities through CDHN’s main funding programmes BCPP and Elevate. This investment has supported 42 new BCPP initiatives and 22 Elevate mentees through the small grants.



Building Community Pharmacy Partnership (BCPP)

Led by CDHN and funded by The Department of Health (DoH), BCPP celebrated funding its 1000th project this year. We have supported over 1000 partnerships, bringing communities and community pharmacies together to co-develop community-led solutions to local health issues.



Community Mentoring and Support

CDHN provide ongoing and individualised support to organisations and communities involved in the Elevate and BCPP programmes. Support is tailored to the groups needs and varies from advice at the application stage to engagement techniques, asset mapping, programme delivery and support with monitoring and evaluation. In addition to the mentoring support CDHN offers our Elevate community mentoring and grants programme is delivered locally by Elevate mentors to support mentees to organise and develop their project ideas to tackle health inequalities in their communities.



99 SUPPORT

Organisations given support with funding applications



42 FUNDED

Projects funded



56 TRAINING

Grant holders attended BCPP training



42 VISITS

Projects visited by BCPP staff including 1-2-1 support



5 EXTERNAL

Exhibited at funding fairs to provide 1-2-1 support



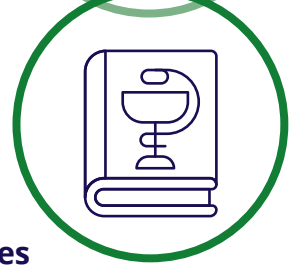
106 IMPACT

Reports produced



132 LEARNING

Pre-reg pharmacists & students attended lectures



→ Training and development

Training is a key focus of our work as we support people and their organisations to enhance their community development and health inequality knowledge, skills and practice

We deliver training through our regional programmes BCPP and Elevate. We also deliver bespoke training on request.

This year 776 participants attended 26 bespoke training sessions commissioned by a range of organisations including MDT's, Universities, Trusts, Patient Client Council and VCSE sector groups.

66

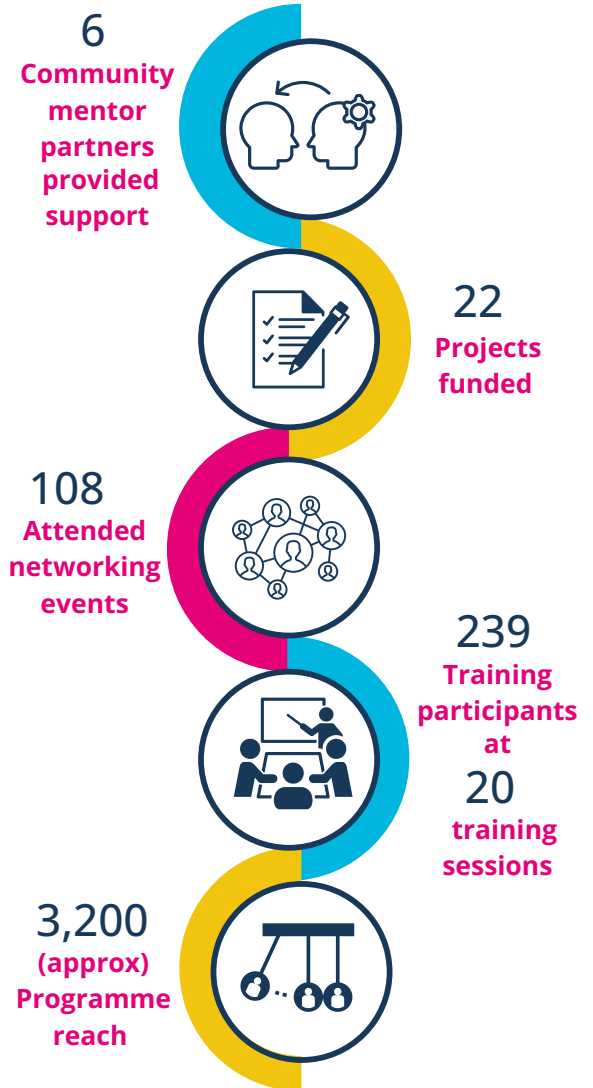
We have been able to suggest workshops outside of Elevate to learn from each other using our resources together for positive change in the community and beyond... I have made some valuable connections and learned so much from them all, something I could never have done without the Elevate programme

99

→ Promoting best practice

CDHN further tested its **Reflective Practice Tool** with 22 local groups to self-evaluate and improve their community development practice to tackle health inequalities in their communities. Elevate community mentors played a crucial role in this process.

We were key delivery partners at 16 online and face-to-face seminars. We presented to the **PHA's Community Development Practitioners' Forum** on the role of self-evaluation and critical reflection in quality improvement. We continued our involvement in the **Project Echo Lisburn Action on Health Inequalities Hub**, participating in six cross-sectoral community of practice sessions. We delivered a session community engagement and power as part of the **HSC Leadership and Commissioning Programme**. We delivered a presentation at two breakfast seminars on the opportunities and challenges of the Integrated Care System Framework and on how the new system can address health inequalities through partnership and evidence-based planning and decision-making.



Strategic Aim 2

Policy & Practice: Influence policy and practice to support the ending of health inequalities

- **Collectively working** with communities in policy development initiatives to put their lived experience of poverty and health inequalities into the heart of decision-making
 - **Influencing** policymakers, decision-makers and practitioners to use evidence to inform their work.
 - **Promote** and support **health literacy** policy and practice across all sectors.
-

→ **Collectively working**

CDHN recognise, value and support communities coming together to share lived experiences, identify common goals and influence policy and practice. When convening communities, we introduce policy issues so that communities can better understand how their work at the local level can inform and influence regional policy and practice.

The past year posed significant financial challenges for people and communities amidst the ongoing cost of living crisis. We committed to working with the Northern Ireland Anti-Poverty Network (NIAPN) and engaged in anti-poverty strategy discussions with the Equality Coalition and the Voluntary & Community Sector (VCS) Leadership Group (ELG) with the Department for Communities.

→ **Influencing**

We work collaboratively with our members to influence policymakers, decision-makers, and practitioners to use evidence to inform their work. In 2022 work progressed on the following initiatives.

Prioritising prevention

The MEAPP's **IMPACTAgewell Strategic Hub** partnership, focusing on prevention, continues to provide health and social well-being services to older people through community-led and person-centred approaches. Over the past six years, CDHN has supported this partnership, including a one-year research collaboration between MEAPP and the University of Birmingham, to show how innovative programmes can be successfully scaled and integrated with health and social care systems to improve health outcomes of older people.

Promoting good models of practice for integrated care using a social determinants of health approach

One notable initiative is our partnership with the Lisburn Health Inequalities Steering Group, where we engaged and mobilised over sixty-five local service providers from different sectors and communities to address health inequalities exposed during COVID-19 and exacerbated by the cost-of-living crisis.

Engagement in the New Integrated Care System (ICS)

We are actively **engaged in shaping** the development of the inclusive cross-sectoral partnership arrangements for NI's new Integrated Care System (ICS). CDHN convened regional CVS leaders in May 2022 to prepare shared principles for community involvement. In October, we hosted a membership event and discussion on population health and community participation, featuring insights from Martina Moore, ICS Programme Director.

Through the ICP Third Sector Steering Group and Forum, we **advocated** for the Department of Health to commission an independent consultation to engage with Voluntary and Community organizations. The goal is to explore how the health system can better support our sector in participating in the newly established Area Integrated Partnership Boards of the ICS, commencing in April 2023.

CDHN played a vital role by representing the CVS on the Department's ICS programme workstream, focusing on population health outcomes and high-level indicators within the new **Strategic Outcomes Framework**, until April 2023.

Representation on forums and groups

We are represented on:

- ▶ **Regional Social Prescribing Board (DoH)**
- ▶ **Strengthening Communities for Health Steering Group (PHA) and the Capacity building and funding subgroups**
- ▶ **Regional Medications Safety Plan for NI (DoH) (until March 2023)**
- ▶ **Medication Safety Awareness Raising Working Group (DoH) (until March 2023)**
- ▶ **The Equality Coalition NI**
- ▶ **Newry, Mourne and Down Strategic Stakeholders Forum**
- ▶ **Tobacco Control Strategy Implementation Group (PHA)**
- ▶ **NI Funders Forum**



Promoting health literacy

Health literacy is a social determinant of health and is a fundamental in tackling health inequalities. CDHN promotes and supports health literacy policy and practice across all sectors and includes it in policy responses, strategies, and action plans. For example, one of the recommendations to be included in the upcoming 'Our Lives, Our Meds, Our Health' report is to reconvene the HSC regional health literacy forum.



Health Literacy

Take time to ask.
Make time to listen

CDHN continue to influence policymakers, decision makers and practitioners to use evidence through representation on forums and groups. We help ensure that new and existing evidence and lived experiences are taken into account in decision making and planning.

CDHN also model good health literacy practice in all our organisation's work. We provide training on how to take action around health literacy on an individual, community, organisational and policy level. This year we delivered customised health literacy training to health and social care trusts, GP federations and the community (see aim 1).

Strategic Aim 3

Evidence: To build and use the evidence base which supports community-based approaches to end health inequalities and poverty

- **Building evidence** by using community-based participatory approaches in health inequalities research.
- **Promoting the use of evidence-based** research in the development of programmes, services and cross-sectoral actions in community settings.
- **Measuring the impact** of community development and health programmes and support members to demonstrate the difference they make.

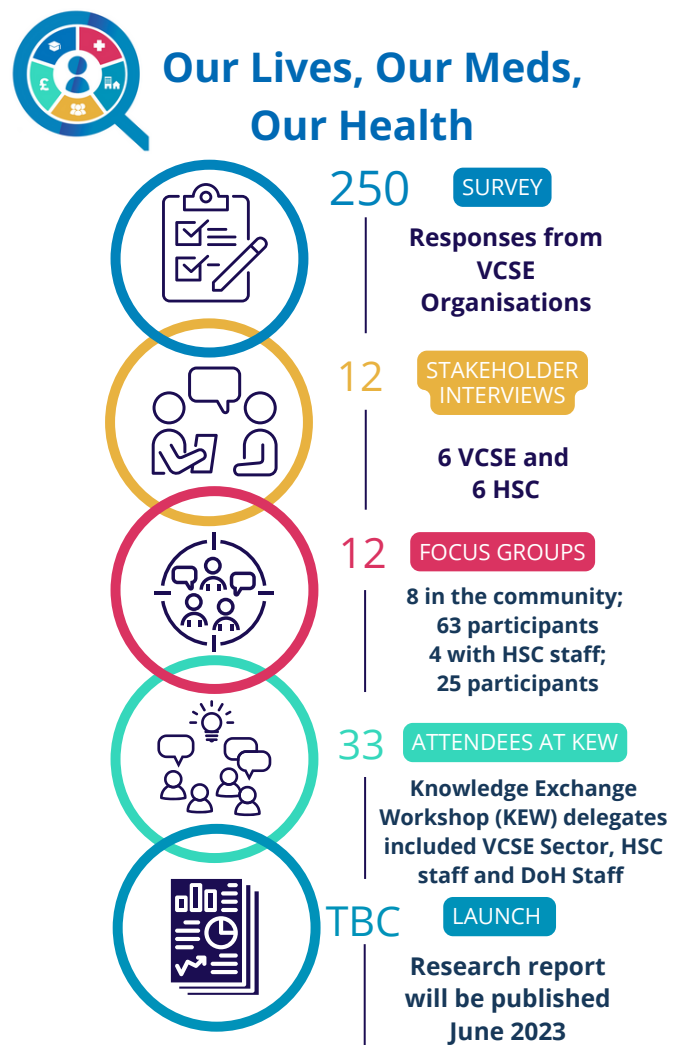
→ Building evidence

Over the last year, CDHN has conducted an exploratory research study on the social determinants of health & medication safety. The Department of Health (DoH) SPPG commissioned the research as part of the Transforming Medication Safety in Northern Ireland (TMSNI) plan. A Community Based Participatory Research (CBPR) approach was used. Through this approach, the stakeholders (people in communities, health and social care, government, and academia) played an integral role in co-constructing the research process.

The collaborative approach shaped the research, ensuring people in socially disadvantaged communities and those more at risk of medication-related harm, were at the centre. We held a Knowledge Exchange Workshop for representatives from the VCSE sector, health and social care and the Department of Health, to share and discuss the research findings of 'Our lives, Our Meds, Our Health'. The discussions highlighted why medication safety is a health inequalities issue, often underreported in research, policy. We presented at two external conferences about the emerging findings, NICON with SSPG DoH & Belfast Healthy Cities (Oct 23 and Social Work and Social Care Conference (Mar 23).

Research Networks

This year, we joined two research networks that will help us promote community-based research to address health inequalities. We're members of the Building a Research Community group for Social Work and the NI Public Health Research Network (NIPHRN). We are also members of the Social Research Association (SRA)



→ Promoting evidence

We have developed evaluation frameworks for our two regional programmes, BCPP and Elevate, to build evidence of community development approaches to tackle health inequalities and measure the impact of the work.

In **BCPP**, we collect data from every participant, pharmacy, and community partner. We have collated the first complete data set since we updated the Framework. We are currently analysing the findings for a new impact report in Autumn 2023. In **Elevate**, we gather key data from the Elevate programme to evaluate and measure impact. We contracted an external assessor to evaluate the programme in 2021-2022. It was published in December 2022 and focused on the implementation of the Community Mentoring and Grants programme. We have refined the programme in response to the learning and recommendations. The PHA is using the evidence in the evaluation report in the development of the next phase of their Community Development Capacity Building Work.

→ Measuring Impact

CDHN conducted **research into impact practice** in NI as part of the Inspiring Impact programme. We launched the report with NICVA at a joint online event "Impact Practice - Next Steps for VCSE Sector" on 09 June 2022 (25 attendees).

NICVA receive funding through Department for Communities (DfC) to support impact practice work in NI. One of the recommendations of the CDHN report was to establish an Impact Practice Network. NICVA fulfilled this recommendation and held the first meeting in November 2022. CDHN presented the research findings at this meeting (30 attendees). We are **members of the new network** and continue to support NICVA in their ongoing work in this area.

Supporting Our Members With Evaluation and Impact

We support BCPP grant holders by providing group and one-to-one training on the BCPP evaluation framework. We produce two reports for each project; one to capture the baseline health statistics and another, on completion, to show the impact the project has made.

As part of the Elevate programme, we partnered with Supporting Communities NI to deliver a training workshop on Understanding Impact. It included an overview of impact practice and a workshop.

"The Elevate Programme helped us realise that part of our work is firmly grounded in Community Development, we just didn't use that language... we are doing important work in helping to tackle some of the issues around health inequalities"

"The knowledge the pharmacist shared was invaluable. It was great to have blood pressure and diabetes checks without going to your GP in the current times. I now know what products are available for minor ailments thanks to the BCPP Programme"

Demonstrating making a difference

We asked Elevate mentee groups to share the difference they felt the Elevate programme had made to them, their practice and to the health inequalities they are addressing. This led to the production of 22 Elevate Impact Stories and 5 Elevate Impact Videos, which you can find on www.elevateni.org

We produced two issues of BCPP news. This is an opportunity for projects to celebrate their success and the impact of the project on the participants, project partners and wider community.

Membership & Engagement

This year we welcomed our new Engagement Officer, Joana Neves. Joana has enabled us to further support our membership and develop our engagement work.



With a focus on developing our membership services and community engagement we completed a review of our membership and introduced a new category for community and voluntary organisation members. We now have 82 organisational members and our individual membership has increased to 2334.

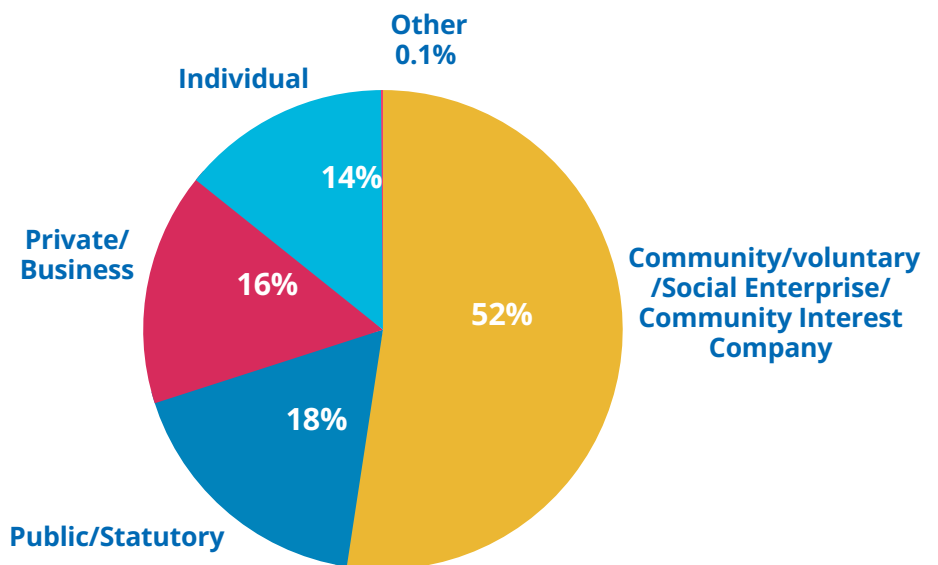
Networking 293 people attended our 7 events 	Online engagement 4,050 followers across 5 social media platforms 	Elevate portal 3,876 resources downloaded
CDHN website 6,215 resources downloaded 	Publications 15 published ezines, 2 BCPP News 	Digital upgrade Owl in place for hybrid working

Our unique and varied membership is at the heart of our Network. Membership breakdown shows over half of our members are from small community organisations and voluntary organisations. One-fifth are from the public sector including health and social care. Private sector members include GPs, their practice staff and pharmacists. All are working to reduce health inequalities, pooling their strengths and assets to create healthy communities.

2334
 Individual members

82
 Community and Voluntary organisation members

Membership by Sector



Treasurer's Report

I am pleased to present the Treasurer's Report for the financial year ending March 2023. The effective financial management of CDHN has continued to ensure that the organisation remains in a sound financial position. The strategy for developing a mixed portfolio of income and the development of new funding opportunities will continue as the organisation pursues its vision.

The financial results demonstrate the great efforts CDHN has made in ensuring the organisation retains its position as experts in community development to address health inequalities. CDHN has made a small deficit for the 2022 -23 year but has maintained a healthy cash flow and reserves position that is in line with the Reserves Policy. The CDHN Board would like to extend its thanks to the team and auditors at PKF for the focus on cost management, availing of opportunities as they arose and for the high quality delivery against contracts won.

The main sources of income for the year were from the Department of Health and and PHA. While delivering short term projects in parallel with long term projects, CDHN will continue to pursue opportunities for longer-term earned income and programmes which will benefit our members and help to achieve our mission. In doing so, the Board will continue to support CDHN in managing its finances and seeking out opportunities in a difficult and changing funding environment and in an uncertain economic and political landscape.

Michael Crean
Treasurer



Balance Sheet

Balance Sheet as at 31 March 2023

	2023	2022	
	£	£	
Fixed assets			
Tangible assets	6,148	6,796	
	45,683	50,564	
Current assets			
Debtors	<u>519,195</u>	<u>540,390</u>	
Cash at bank & in hand	564,879	513,697	
Creditors: amounts falling due within one year	<u>(156,423)</u>	<u>(168,284)</u>	
Net current assets			
		<u>408,456</u>	<u>422,670</u>
Total assets less current liabilities		<u>414,603</u>	<u>429,466</u>
Long term liabilities			
Provisions		<u>(12,783)</u>	<u>(16,857)</u>
Net assets		<u>401,820</u>	<u>412,608</u>
The funds of the charity:			
Restricted funds		17,790	16,133
Unrestricted funds		<u>384,030</u>	<u>396,475</u>
		401,820	412,608

These financial statements have been prepared in accordance with the special provisions relating to small companies within Part 15 of the Companies Act 2006 and Charities SORP (FRS102).

The financial statements were approved by the Board and signed on its behalf:

Michael Crean
Treasurer

Company Number:
NI034114 (Northern Ireland)

Date:
12 September 2023

Board & Staff 2022/2023

Board Members

Sheelin McKeagney / Chairperson
Janet Schofield / Vice Chairperson
Mike Crean / Treasurer
Claire Ferris
Sloan Harper
Carolyn Donnelly
Conor Flanagan



Staff Members

Joanne Vance / Director
Kathy Martin / Strategic Impact Manager
Helen McNamee / Research & Policy Manager
Laura Harper / Evaluation & Support Lead
Mary O'Hagan / Financial Monitoring Officer
Mary McDonald / Evaluation & Finance Administrator
Patricia Harte / Senior Training & Development Officer
Stephanie Houston / Senior Training & Development Officer
Marion O'Hare / Administrator (HR)
Caoimhe Shields / Research & Engagement Officer
Joana Neves / Engagement Officer
Shannon Keegan / Policy & Communications Officer
(Commencing April 2023)

Thanks to Tony Clarke and team at Clarke & Co for our outsourced finance support.



Farewell

A fond farewell to our outgoing staff members

Linda Rodgers
Helen McLaughlin
Joel Anderson

We would like to thank [Phyllis Hanratty](#) who volunteered with CDHN for more than twenty years. Phyllis provided support in various roles as the organisation flourished. We thank her for her loyalty and hard work over the years and wish her every success in the future.

Community Development and Health Network (CDHN)

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Project supported by the PHA