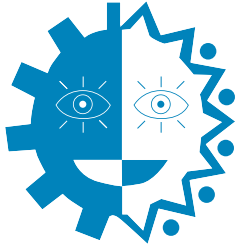
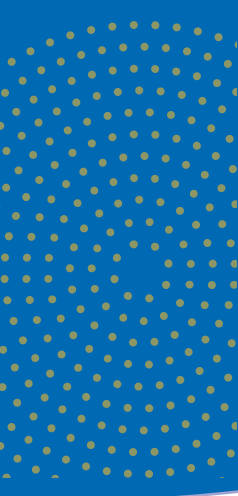


2022



**Community Development
& Health Network**



2022

ANNUAL
REPORT



ANNUAL REPORT

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Chairperson's Report

It gives me great pleasure to welcome you, our members, to CDHN's activities report for the year ending 31 December 2021. Throughout the last year, we continued to tackle significant health inequalities in life expectancy, higher death, and quality of life rates in the most deprived areas due to preventable causes.

To combat this, we lobbied for change through our consultation response to the new Framework Model for an Integrated Care System. CDHN is committed to the reform and reorientation of our public health and social care services towards prevention, providing greater and fairer access to services and programmes to meet the needs of all our people; using community-led approaches that put people and communities at the heart of health decisional making.

Over the last 28 years, CDHN has spearheaded regional initiatives that support community development principles and approaches. Through partnerships with people and organisations living and working in communities, to address the stark fact that health and wellbeing outcomes fair much worse for people living in disadvantaged areas than for those living in well-off neighbourhoods.

With our COVID-19 contingencies in place, it was wonderful to hold our AGM in person last November. Our resolution to amend our Governing documents to allow the Board to make decisions online, in hybrid or face-to-face meetings, was very timely. Locked down again in January, we held our new Board and Staff operational planning day online. We were able to do our performance review. Throughout the year, we progressed our governance and risk action planning, which included establishing Terms of Reference for a new Audit and Risk Sub-Committee. We seek your endorsement at the upcoming AGM.

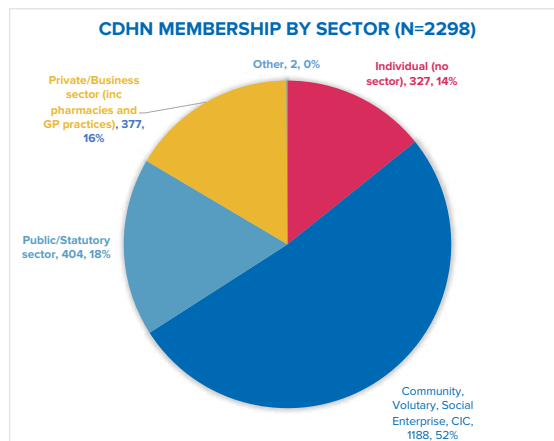
Our unique membership network is at the heart of our organisation. Over half are from small community organisations to large regional and national voluntary organisations. One-fifth are from the public sector in academia and health and social care, including social workers and care workers. Private sector members include GPs, their practice staff and pharmacists. All are working to reduce health inequalities, pooling their strengths and assets to create healthy communities. We thank you all for contributing to this year's activities and continued support.

We are very fortunate to have such a capable and dedicated staff team. Thank you to everyone for relationship building and commitment to partnership working. You are making a unique contribution to public policy by designing and implementing new community-based programmes and initiatives that spark community change and promote social justice and equality.

We were delighted to see CDHN's Kathy Martin represented on the Judging panel for the Pharmacy in Focus Awards showcasing the fantastic work carried out by community pharmacists through the BCPP programme.

It is my 1st year as Chairperson; I am very grateful to all my colleagues on the Board for their commitment, insight, and expertise. Our new members bring valuable skills and expertise to the Board, and I am sure they will find the work both exciting and rewarding. We also say goodbye to two outgoing Board members, Paul Braithwaite and Liam Hannaway. See Board and staff section on page 22.

Finally, thanks to all our funders and partners for their ongoing financial commitment and support.



Sheelin McKeagney
CDHN Chairperson

Director's Report

In my first full year as Director, I worked closely with the Board, our members and the CDHN staff to progress our strategic direction for 2021-24. We welcomed two new team members, our Training and Development Manager and our Research Officer, to help us to build community capacity and use the evidence base to end health inequalities and poverty.

Our latest action research project on Community Medication Safety, delivered in partnership with Health and Social Care (HSC), explores this critical World Health Organisation (WHO) issue through a social determinants of health lens.

With the prospect of spending another year working online, the organisation focused on our immediate digital capacity and hybrid working requirements, a key development area for the lifetime of this strategy. With the advice and expertise of our Board, we liaised with our external IT providers to upgrade our IT support and security system to match our demands. We set out a road map to improve our CRM system, starting with a membership customisation project to keeping up to date with our membership and engagement activities.

CDHN were delighted to be involved in the CO3 financial resilience mentoring programme. The help and support provided have created a fantastic opportunity for improving resilience, allowing our management team to explore additional and more sustainable funding opportunities.

There has been tremendous learning for the sector this year. With the ongoing COVID-19 situation, the steady rise in inflation rates post Brexit; and the uncertainty of the societal challenges and crises that lie ahead, we mobilised our networks to think about what the recovery might look like for our members and their communities.

CDHN therefore welcomes the Department of Health's plans to implement the Bengoa Report (2016) through the new Integrated Care System for Northern Ireland. We want investment in prevention and integrated primary and social care locally to support community health and wellbeing. CDHN contributed to the draft Programme for Government consultation. For progress and stability, a long-term systematic and cross-cutting programme is essential to tackle our deep-rooted and structural socio-economic problems.

The announcement that a multi-annual budget was in development gave the VCSE heart. It is badly needed and long overdue. An agreed Programme for Government and a three-year funding cycle are essential for effective interdepartmental cross-sectoral collaboration and the sustainable involvement of communities and organisations seeking change.

Without it, efforts to prevent poverty, low-quality housing and employment conditions, unfair educational attainment disparities, and improving health and wellbeing outcomes will have limited impact. It is an honour to work with people who are dedicated and passionate in their commitment to building a just and inclusive society with an end to health inequalities. We look forward to meeting you at our annual event and working with you in the weeks and months ahead.



Joanne Vance
CDHN Director

About CDHN

Community Development and 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 2,200 members supporting tens of thousands of people, CDHN raises awareness of the root causes of poor health and health inequalities.



MISSION

Using community development to end health inequalities.



VISION

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



VALUES

CDHN is committed to living the following values in all aspects of its work:

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

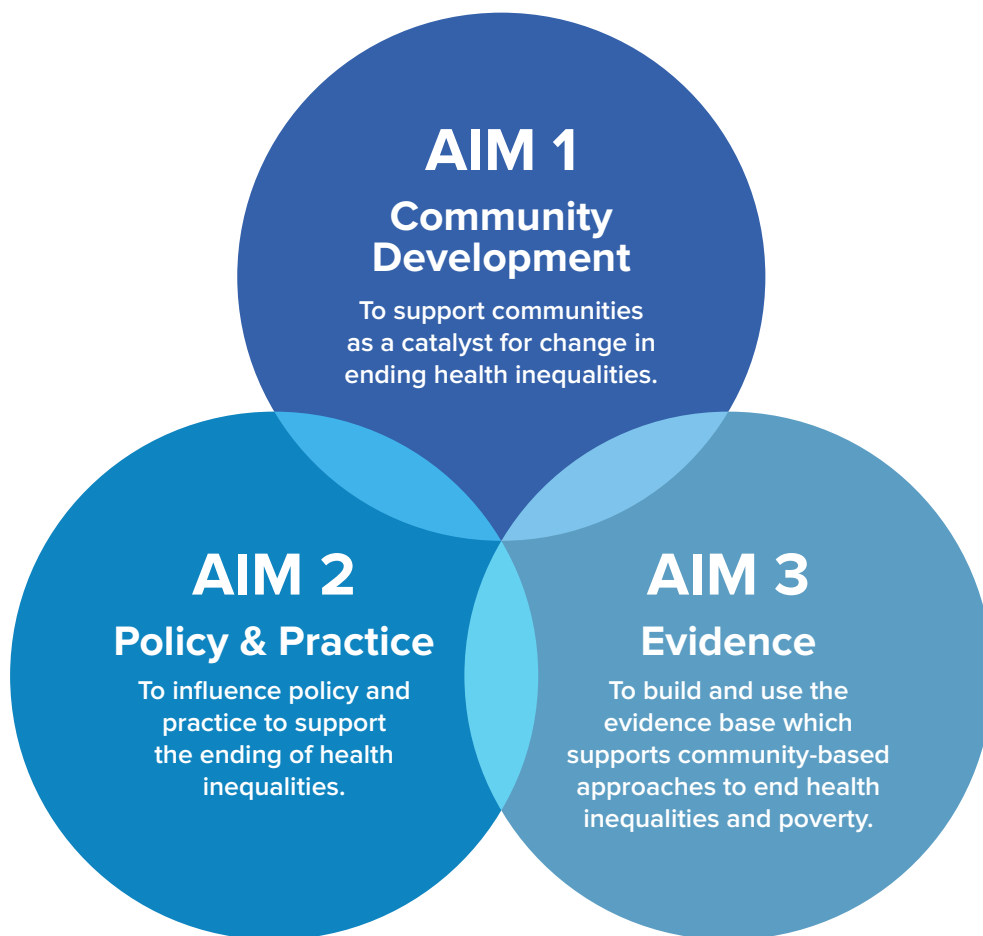
We believe in being open, honest and accountable in all our interactions and building relationships based on trust and mutual respect.

Collaboration

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

Introduction

This Annual Report covers the first year of the Community Development and Health Network's 2021-24 Strategy. It sets out our annual activity to advance our three interconnected strategic aims. Community development and communities are at the heart of what we do.



CDHN has a single and specific mission to end health inequalities. Yet, the problems of social and health disparities that we are trying to solve collectively are complex. It requires thinking, engagement, understanding and action at all levels and sectors.

Strategic Aim 1

COMMUNITY DEVELOPMENT: TO SUPPORT COMMUNITIES AS A CATALYST FOR CHANGE IN ENDING HEALTH INEQUALITIES

Strategic Priorities

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

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. Partnership working at community and regional levels helps connect people and learn from each other. It builds trust and relationships and can assist local communities in bringing their knowledge and experience to policy and decision-makers.

Over £500,000 was invested in local communities to support initiatives improving health, through action on people's environmental and social wellbeing.



Building the Community Pharmacy Partnership Programme

Led by CDHN and funded by Health and Social Care Board (HSCB), BCPP celebrated its 20th Anniversary this year. We have supported over 950 partnerships, bringing communities and community pharmacies together to co-develop community-led solutions to local health issues. The programme aims to spark action on addressing the social concerns and root causes of health inequalities. In the early years, it was more challenging to convince partnerships to look beyond projects focusing solely on individual behaviour change. Today, thanks to a robust evidence base, there is broad acceptance of the relationship between social conditions and inequalities in health. Connecting policy, people and community-level action can make a more positive and longer-lasting impact on people's health and well-being.

Total BCPP funding by Health & Social Care Trust area 2021/22

Belfast £29,000
Northern £130,000
South Eastern £26,500
Southern £161,000
Western £53,000
£399,500



BCPP Support and Mentoring

We were delighted to fund 42 new partnerships this year. All project leaders received a visit from BCPP staff to discuss the programme's requirements and provide 1-2-1 mentoring support. Areas of support ranged from financial advice to networking, community development and asset mapping. The context in which we work has never been more challenging. Poverty is an underlying issue in local communities, one that BCPP projects focus on. However, we continue to see a steady increase in the number of applications supporting people, families and communities struggling with poverty, debt and deprivation.

Programme leaders tell us that there is an increase in the need for mental health support in communities to mitigate against the impact of poverty, the pandemic, austerity and economic hardship.

Elevate

Elevate celebrated its third successful year of the Community Mentoring & Grants programme. Funded through the Department of Health Transformation Work Stream, The Public Health Agency (PHA) commissioned CDHN to develop and deliver this six-month capacity-building and support programme for the community, voluntary and public sectors. Twenty-two community organisations participated in a mentoring support programme provided by an experienced community development organisation in their area.

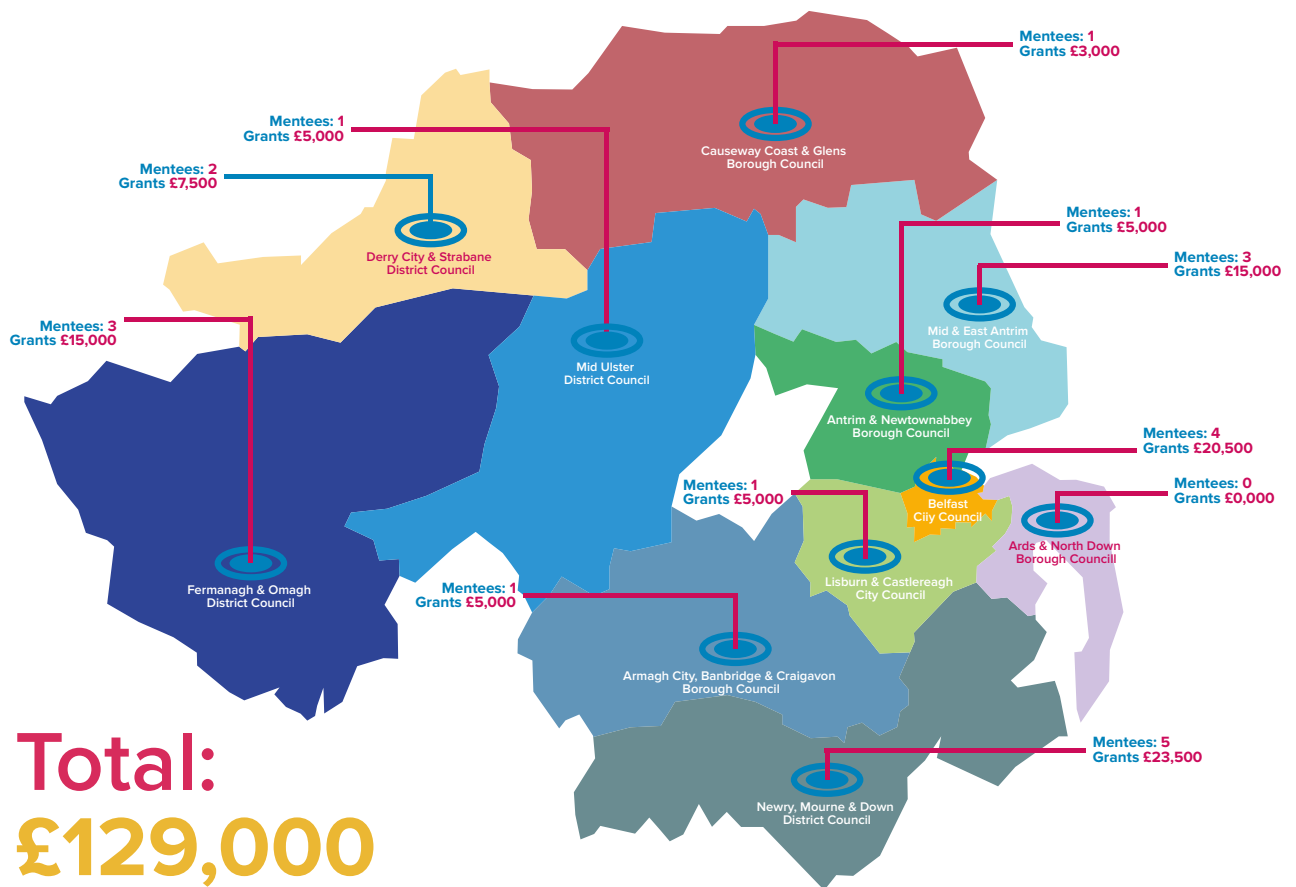
CDHN worked with five highly experienced community delivery partners (our Elevate Mentor organisations) to deliver the programme:

- Mid and East Antrim Agewell Partnership (MEAAP)
- County Down Rural Community Network (CDRCN)
- ARC Healthy Living Centre
- Bolster Community
- Women's Tec



Mentor organisations supported mentee groups to identify areas of their community development practice which they wanted to improve on, using CDHN's Reflective Practice Tool. They provided mentoring aimed at addressing those areas. The mentee groups developed local projects using community development approaches to reduce health inequalities. Working with community delivery partners in this way means that Elevate has regional significance whilst working at an area and local level to tackle health inequalities. CDHN managed, delivered and evaluated a support grant of up to £5,000, enabling the mentee groups to bring their project to life.

Elevate Community Investment from 2021/22



Total:
£129,000

Impact: Elevate Communities Making a Difference

The Elevate Programme is all about making a difference. Our community Mentors enabled 21 local groups to use the CDHN Reflective Practice Tool to self-evaluate and improve their community development practice to tackle health inequalities in their communities. Please see section 3 below:

We increased our focus on impact by asking Elevate mentee groups to share the difference they felt the Elevate programme had made to them and their practice and to the health inequalities they are addressing. This work led to the production of 22 Elevate Impact Stories and 5 Elevate Impact Videos, which you can find on our Elevate Portal: <https://elevateni.org/mentoring/mentees/>

Belfast-based Polish Sisterhood was one of our Elevate mentee groups this year. Barbara Snowarska from the group said:

“We have really enjoyed our experience in the Elevate Mentoring and Grants Programme.

“The Elevate project supported socially excluded young people to participate in a resilience programme. As well we developed a Health Inequalities strategy for the organisation. We were delighted to tap into the experience and knowledge of CDHN and the Elevate team in developing the strategy – Elevate really was a wraparound service with support, opportunities to collaborate, training and, of course, the mentoring.”

Leona Bradley, The Churches Trust,

Having a mentor was very useful for reflecting on our practice and planning activities for the future. We enjoyed learning from people more experienced in community development work. Talking to other mentees during meetings was also useful as we learned how they operate, what issues they face and how they solve problems.”

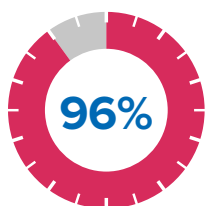
Training and Development for Change

CDHN provides training and development to support people and their organisations working to end health inequalities in their communities. We deliver training through our regional programmes BCPP and Elevate and customised training on request. This year we provided the following:

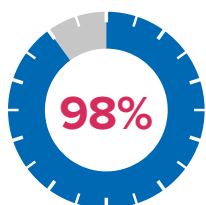
Through BCPP, we delivered 'Community Development and Health Inequalities' training to 62 BCPP grant holding partners, totalling 124 participants.

Through Elevate, we provided training on 'Community Development and Health Inequalities' to 281 participants across Northern Ireland. Please see the map below. Just under half of the participants worked in the community and voluntary and over half worked in the statutory and other sectors.

We know that the Elevate training has made a difference from our end of training evaluations. Of those who completed:



Participants said that their **knowledge and understanding of community development values and principles** had increased a lot, or quite a lot, as a result of training. Of those who completed:



Participants said that their **understanding of health inequalities**, had increased a lot, or quite a lot, as a result of training.

CDHN Customised Training

CDHN delivered 13 customised training sessions to organisations on a range of requested topics designed to meet their training and development needs. Audiences for customised training were as diverse as Multi-Disciplinary Teams located in GP practices, university diploma and postgraduate students, regional voluntary organisations, Developing Healthy Communities' Clear Project participants, NICHI Health Alliance, and the Patient Client Council. Topics included Health Literacy, Understanding Community Development, Asset Mapping, Co-Production, and Collaboration.



Promoting Best Practice and a Culture of Critical Reflection

CDHN reviewed and revised its Reflective Practice Tool to make it suitable for groups to complete together rather than on an individual practitioner basis. Based on the Community Development National Occupational Standards (NOS), 2015, the tool comprises a set of questions designed to help groups to reflect on all aspects of their community development practice. With a strong focus on social inclusion, community participation, and collective actions, groups can identify the areas they are strong in using a traffic light system and areas for improvement. Groups could then apply their learning to the delivery of their Elevate community project.

We piloted the new version with our 2021-22 Elevate Mentee Groups. Mentors supported mentees to complete this organisational tool at the start of their Elevate journey and again at the end to help them assess the areas of community development practice.

“It acted as a template for us to determine the areas in our group that required additional attention. We noted shortcomings in group governance and networking and have been able to develop ideas on how we can improve in these areas.”

Participants

Supporting Community Development Practitioners

Towards the end of the year, the PHA sponsored a Project Echo NI Community Development Practitioners’ Forum. CDHN was asked to support its development by participating in the curriculum planning panel and, more recently, contributing content. The aim is to support the knowledge exchange and best practice learning among practitioners from the Public Sector and the VCSE working in community development and health.



Strategic Aim 2

POLICY & PRACTICE: INFLUENCE POLICY AND PRACTICE TO SUPPORT THE ENDING OF HEALTH INEQUALITIES.

Strategic Priorities

- 1** Network and engage our members in initiatives to learn and develop policy and practice.
 - 2** Influence policymakers, decision-makers and practitioners to use evidence to inform their work.
 - 3** Collectively work with communities to put their lived experience of poverty and health inequalities into the heart of decision-making.
 - 4** Promote and support health literacy policy and practice across all sectors.
-

Convening Communities to Network and Learn from Each Other

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 the work they are delivering at a local level can influence local and regional policy and practice.

This year we hosted an engagement event with members entitled *Covid Recovery and Adapting to Change*. This member event was hosted online and provided an opportunity to discuss Covid recovery and allow members to share the most pertinent issues for their communities. It helped us better understand the issues facing communities as they transition from lockdown, tailor our support to be relevant and focused. It enabled us to bring lived experiences into discussions in representative forums and groups and our policy responses.

Influencing Policy Through Representation on Forums and Groups

CDHN continues to build productive working relationships with policymakers and practitioners at forums and groups regionally and locally. We use our influence to ensure that the views of members and peoples' lived experiences of inequalities are heard in discussions and taken into account in policy decisions.

At a regional level, we influence policy on the Regional Social Prescribing Board, the cross-departmental Strengthening communities

for Health Steering Group, convened by the PHA. The ICP Third Sector Steering group and Department of Health's Medication Safety Awareness Raising Working Group. CDHN is a member of the Equality Coalition, promoting equality, diversity, and human rights-based approaches to policy and decision-making.

At a local level, CDHN is represented on the Newry, Mourne and Down Strategic Stakeholders Forum, Lisburn (ICP) Health Inequalities Steering Group and MEAAP Impact Agewell Strategic Hub.

Influencing Practice Through University Engagement

We influence practice by contributing to third-level and post-graduate university courses. This year we delivered training sessions to 85 undergraduate pharmacy students at Queen's University Belfast and Ulster University. We provided a health literacy session to 60 pre-reg pharmacy students in partnership with UCA. We continued our partnership with Ulster University delivering three days of training as part of the Social Work and Community Development post-graduate degree.

HSC Integrated Care Partnerships

Ensuring that policymakers understand the voice of communities and people's lived experiences is core to what we do. CDHN attends meetings of the ICP Third Sector Forum and Steering Group. This Summer, we worked with the HSC Third Sector Co-ordinator to promote open recruitment processes of Community and Voluntary representatives to the Seventeen Integrated Care Partnership Boards. In August 2021, Research and Policy Manager Helen McNamee was appointed Voluntary and Community sector representative for the Newry and Mourne Integrated Care Partnership. She sits on the partnership alongside care providers, health care professionals, local council representatives, service users and carers to design and coordinate the delivery of local health and social care services.

Work on the Integrated Care System

Making recommendations to Government, with policymakers to uphold equality, promote prevention and strengthen community-based approaches is central to our work. CDHN worked with our members to develop and submit a response to the Integrated Care System (ICS) NI Draft Framework Consultation (September 2021). The Framework outlined a

We provided an online Membership engagement event to discuss with Department of Health representatives, our members and others interested in preventing ill health some questions and issues about the new Framework and how the new system would be set up and implemented. In total, 48 people attended with cross-sectoral representation from the community, voluntary sector, and health and social care.

We are working with other regional VCSE, HSC and DOH colleagues at the ICP Third Sector Steering group to explore partnership working. We want to know how the proposed system can best support communities to engage and be involved in this new population health model. We need to explore the role of VCSE representatives invited to work in multi-agency partnerships to build inclusive communities to prevent ill health and improve health outcomes for all.

Participating in the ICS Draft Strategic Outcomes Framework workstream sub-group, CDHN worked with DOH to design a consultation process with the C&V sector through ICP organisations. We ensured that the Framework adequately represented the underpinning Social Determinants of health and health inequalities.

Strengthening Communities for Health Steering Group

CDHN participates in the Strengthening Communities for Health Steering Group and its Capacity Building Sub-group and Funding sub-group. The Public Health Agency (PHA) and a Community and Voluntary Sector representative co-chair this interdepartmental and cross-sectoral group. This year colleagues from across health, education, communities, agriculture, and rural affairs and the VCSE contributed to the action planning for the second delivery phase of the Community Development Approaches framework, which included a plan for mapping and identifying gaps in community development provision to tackling health inequalities.

Community Development and Outcomes Framework

As part of Delivering Together, the Public Health Agency (PHA) set up a community development workstream in January 2017 involving various stakeholders, including CDHN. This work culminated in the launch of The Community Development Framework. Expansion of Community Development Approaches report introduced the concept of a draft outcomes measurement framework. The PHA engaged Community Evaluation Northern Ireland (CENI) as an Elevate partner to lead the development of a useable measurement tool to assess the impact of Community Development processes, activities and outcomes of community-level projects and programmes.

A recent external evaluation (2021) of Elevate Programme highlighted that whilst valuable and needed, practitioners found it challenging to apply the Community Development and Outcomes Framework (CDOF) to their work at the community level.

CENI closed in March 2020. In January 2022, PHA asked CDHN to draft a proposal to review CDOF and progress recommendations to develop the Community Development Outcomes Framework (CDOF). The proposal is with the PHA, which hopes to progress this work through the Strengthening Communities for Health, Capacity Building Sub-Group next year.

Emergency Leadership Group and Case study evaluation

In July, NICVA and the Department for Communities co-hosted an Emergency Leadership Group reflection session to consider the EL's coordinating work in information provision and its community support programme across NI during the COVID-19 pandemic. CDHN was invited onto a subgroup to support the production of an evaluation to assess the specific role of the ELG in shaping the community emergency response programme, drawing out lessons learned for future approaches to policy and engagement. As part of this process, CDHN contributed a Case Study on the impact of the Pharmacy Delivery Scheme.

Impact Agewell Strategic Hub

Led by Mid and East Antrim Agewell Partnership (MEAAP), CDHN continues to chair quarterly meetings of this ground-breaking, community-led, asset-building, integrated social care model to support older people to stay well and connected. The Community Development team

work with a range of delivery partners, including GPs; Community Pharmacists; Social Workers; Local Community Organisations; the PHA, and HSCB. The partnership has just been selected to participate in a University of Bristol and University of Ulster implementation project to demonstrate innovative health and social care models.

Health Literacy

Health literacy is a fundamental principle in tackling health inequalities and the social determinants of health. CDHN promotes and supports health literacy policy and practice across all sectors and includes it in policy responses, strategies, and action plans. For example, in the CDHN response to the Integrated Care system draft framework consultation, we recommended including health literacy as an additional core principle. The Department of Health took this under consideration. It states in its analysis response document that it will amend the new ICS framework to reflect this.

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 (for more info, see strategic aim 1).



Minister Robin Swann's meeting at Oasis Caring in Action Centre July 2021

Strategic Aim 3

EVIDENCE: TO BUILD AND USE THE EVIDENCE BASE WHICH SUPPORTS COMMUNITY-BASED APPROACHES TO END HEALTH INEQUALITIES AND POVERTY

Strategic Priorities

- 1** Build evidence by using community-based participatory approaches in health inequalities research
- 2** Build and promote the use of evidence-based research in the development of programmes, services and cross-sectoral actions in community settings.
- 3** Measure the impact of community development and health programmes and support members to demonstrate the difference they make.

Building the Evidence Base in NI of Community Based Participatory Research

CDHN are leading a new one-year research project – ‘Community Medication Safety’ to inform the Transforming Medication Safety Plan in Northern Ireland. Funded and delivered in partnership with HSCB, it aims to: **Discover the social circumstances behind unsafe medication practices and avoidable medication-related harm to inform the implementation of the Transforming Medication Safety in NI plan using a community-based participatory research (CBPR) approach.**

Medicines are the most commonly used medical intervention in NI. At any time, 70% of people take prescribed or over-the-counter medicines to treat or prevent ill health. In NI, the number of prescription items dispensed in the most deprived areas is over 50% higher compared to the least disadvantaged areas.[2] The research will explore medication safety through a social determinants of health lens. This approach recognises that the social determinants of health have a more significant impact on health outcomes than genetic makeup or lifestyle behaviours and that social circumstances constrain individuals’ ability to change.

CDHN uses a community-based participatory research (CBPR) approach to involve people throughout the research. CBPR is a collaborative approach that seeks to address a locally relevant health issue; it intentionally and equitably engages researchers and community members in the research process. We established a research steering group with key community and voluntary sector leaders, academic institutions, and health and social care. It provides oversight and guidance and informs the research process. A short online survey for the community and voluntary sector was open for completion in February (250 responses). The purpose was to find out more about awareness of medication safety in the community and voluntary sector, and to identify potential participants for interviews and focus groups. The research will continue during the summer of 2022.



The findings, available in January 2023, will help address health inequalities that may arise with medicine and poly medicine use in current and future services. We will also use the evidence in the planning and implementation of the medication safety plan, including supporting the future rollout of the Know, Check, Ask Campaign

Promote the Use of Evidence-Based Research in the Development of Programmes, Services and Cross-Sectoral Actions in Community Settings

We evaluate and measure the impact of all our work. We have developed evaluation frameworks for our two regional programmes BCPP and Elevate, to build evidence of how the community development approaches are used and measure the impact of the programmes. CDHN worked with five highly experienced community delivery partners (our Elevate Mentor organisations) to deliver the programme:

BCPP

Using our BCPP Evaluation Framework as a guide, we collect data from every participant, pharmacy, and community partner. We have collated the first complete data set since we updated the Framework. We will analyse the findings and produce a new impact card in the new year.

Elevate

Elevate aims to support groups to improve their community development practice and deliver a project to tackle health inequalities using a community development approach. As part of the third and final evaluation, the external evaluator and the CDHN team adopted a framework developed by the National Implementation Research Network (NIRN). Its purpose was to capture the core elements of the community-level Mentoring and Grants programme and to report on the integration and implementation of a small community grant scheme into the regional programme model. Mentee groups shared their experience of how the various aspects of the Elevate programme: mentoring, grants, training and networking, all contributed to their achievements.

Lisburn ICP Health Inequalities Steering Group: Population Health Profile

In March 2021, CDHN joined local and regional partner organisations to bring together people from different organisations, services and sectors to promote evidence-based approaches and find practical solutions to address the stark social health disparities within the Lisburn area. It seeks to tackle barriers and stigma of accessing and improving services and support for specific groups and disadvantaged communities. CDHN provided development and facilitation support for two work priorities with Resurgam Healthy Living Centre, the PHA and HSC.

- The Lisburn Population Profile collected and analysed demographic and health data, locally generated evidence based on community-identified needs, and the communities' lived experiences to provide a socio-economic and cultural context to address Health inequalities.
- The Lisburn Health Inequalities Project Echo created an online community of practice forum for over 35 local organisations and public service providers. A space for sharing local insights on how using three data sources can build a shared understanding of the problem and a clear picture of the population needs of a community.

This development work has built a solid basis for collective action, shared decision-making, better use of resources and monitoring progress against agreed outcomes.

Measure the impact of Community Development and Health

Impact Practice and Inspiring Impact

Inspiring Impact was a UK-wide programme from 2011 to early 2022 to support good impact practice in the charity sector. CDHN took over as lead partner in NI in March 2020. CDHN conducted community and voluntary sector research on impact practice and Inspiring Impact. The key findings were as follows:



- Impact practice knowledge and understanding have increased over the last ten years. However, we need more support for the VCSE sector's planning, implementation and evaluation of impact practice.
- There are varying levels of understanding of impact practice, even within the same organisations.
- The key barriers impacting practice are lack of staff, time and resources.
- The different tools and approaches Governments and funders use can be confusing and unhelpful to VCSE organisations.
- There is a need to promote impact practice as a way of recognising the difference made, the learning from work and its role in strategic planning and not just for meeting funder requirements.

NICVA has secured funding from the Department of Communities to continue impact practice support in NI. CDHN plans to host a joint event with NICVA in late spring to disseminate the report and its recommendations.

Supporting Our Members With Evaluation and Impact

We support our 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. Attended by VCSE groups and organisations, local networks, and colleagues from the Trusts, it included an overview of the language of impact, impact measurement, and a discussion workshop on how organisations can start to introduce or improve impact measurement for their projects.

Disseminating the Evidence Base

CDHN keep abreast of new developments in the evidence base which support community-based approaches to end health inequalities and poverty. Our evidence base is informed by relevant local, national and international literature including Marmot Review, Health Foundation, Kings Fund, World Health Organisation, NI Government departments, NISRA and academic journals. We share relevant research documents, academic articles, policy updates, factsheets and videos through our Ezine and add them to the Elevate portal. This year over 100 items were added to the portal on issues including health inequalities, community development, health literacy, population health, co-production and poverty.



Treasurer's Report

I am pleased to present the Treasurer's Report for the financial year ending March 2022. 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 inequality.

CDHN has made a surplus for the 2021-22 year and the CDHN Board would like to extend its thanks to the team for availing of opportunities as they arose and for the high quality delivery against contracts won.

CDHN has a healthy cash flow and a reserves position that is in line with the Reserves Policy. The main sources of income for the year were from the Health and Social Care Board (Building Community-Pharmacy Partnership and Self Care Programmes), and PHA Elevate Programme.

Finally, I would like to thank the staff who have managed and administered the finances of CDHN on behalf of the Board. Their efforts are an important contribution to the ongoing strategic development of CDHN and the achievement of its mission.

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 world as we face in to a cost of living crisis and uncertain economic future.



Michael Crean

CDHN Treasurer

Balance Sheet

Balance Sheet as at 31 March 2022

	2021	Restated 2020
	£	£
Fixed assets		
Tangible assets	6,796	3,881
Current assets		
Debtors	50,564	177,367
Cash at bank & in hand	540,390	336,330
	590,954	513,697
Creditors: amounts falling due within one year	(168,281)	(81,650)
Net current assets	422,672	432,047
Total assets less current liabilities	429,468	435,928
Long term liabilities		
Provisions	(16,857)	(38,371)
Net assets	412,610	397,556
The funds of the charity:		
Restricted funds	16,134	82,735
Unrestricted funds	396,476	314,821
	412,610	397,556

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).

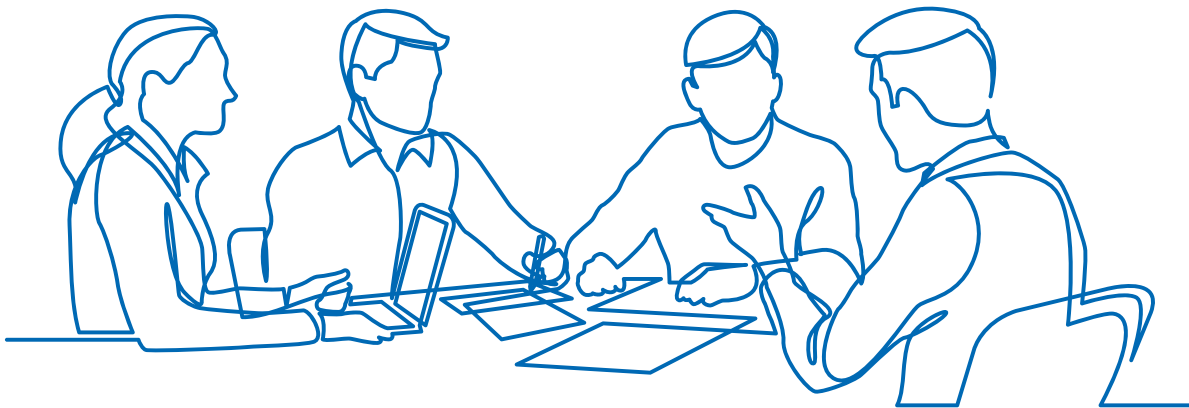
The financial statements were approved by the Board and signed on its behalf:

Michael Crean
Treasurer

Date: 04/10/2022

Company Number:
NI034114 (Northern Ireland)

Board & Staff 2021–2022



Board Members

Sheelin McKeagney / Chairperson

Janet Schofield / Vice Chairperson

Mike Crean / Treasurer

Paul Braithwaite / Resigned

Claire Ferris

Sloan Harper

Carolyn Donnelly

Conor Flanagan

Mike Crean

Farewell



Liam Hannaway joined the CDHN Board in January 2010. Over the last 12 years he has provided valuable support and guidance to the Director, staff, and his fellow Board members. He held the position of Treasurer and was the Chairperson of the Governance Subgroup. We would like to thank him for his hard work, dedication, and commitment to CDHN and for championing action on health inequalities.

Staff Members

Joanne Vance / Director

Kathy Martin / Strategic Impact Manager

Mary O'Hagan / Financial Monitoring Officer

Laura Harper / Evaluation & Support Lead

Helen McNamee / Project Manager & Policy Manager

Mary McDonald / Evaluation & Finance Administrator

Linda Rogers / Communications Officer

Patricia Harte / Training Officer

Stephanie Houston / Project Officer

Joel Anderson / Project Officer

Marion O'Hare / Administrator (HR)

Helen McLaughlin / Training & Development Manager

Caoimhe Shields / Research & Engagement Officer

Volunteer

We would like to thank **Phyllis Hanratty** for all her hard work and dedication.

Notes

Contact

-  028 3026 4606
-  info@cdhn.org
-  www.cdhn.org

