Community Development and Health Network

Draft Programme for Government

July 2016

Community Development and Health Network (CDHN) is a regional network organisation, consisting of over 1800 organisations. We support and engage our network to advance their knowledge and skills in community development and influence policy to reduce health inequalities.

Health inequalities are the unfair and avoidable differences in the health status of people in our society. They exist because of the conditions in which people are born, grow, live, work and age, the wider determinants of health.

Outcomes Approach

We welcome the move towards an outcomes approach; we feel this shows leadership and commitment to creating positive change.

When creating a culture shift it is advantageous to have a shared reference point. Outcomes Based Accountability (OBA) provides a sound reference point; delivering a framework within which people fit their work. CDHN would like the Programme for Government and the move to OBA to act as a springboard; to generate a deeper commitment to understanding and creating change. Some concerns about OBA is that it can be reductive of complex social, economic and cultural issues and creates too heavy a focus on measurement. It is for these reasons CDHN feel that rather than rely on one tool OBA should be used as a mechanism to introduce and embed impact practice. Applying the principles of impact practice; plan, do, assess, review would bolster the outcomes approach, encourage flexibility and adaptability and ensure that measurement does not become disproportionate. OBA can be strengthened with a plan and commitment to provide the space and resources to periodically assess and review the Programme for Government, including the new outcomes approach. Assessing and reviewing is about making sense of information, learning from this, communicating and crucially using this learning to make changes, to plans, actions or measurement.

One of the planning tools of impact practice is a theory of change. A theory of change can clarify thinking, enhance communication with stakeholders, and provides a "clear and testable hypothesis about how change will occur that not only allows you to be accountable for results, but also makes your results more credible." (Centre for Theory of Change, 2016). Outcomes are the result of complex interplay between policy, systems, behaviour, ideology and structures which operate at macro, community, and individual levels. The causal pathways between these factors are complex and can differ for different subpopulations. It is important that the Programme for Government is presented as a testable hypothesis. It is possible that we won't achieve the outcomes we are seeking, not because our actions are wrong but that they are wrong for that context, those conditions or a particular population. A theory of change articulates the perceived causal pathway, the hypothesis, opening the space to analyse the impact of pathway on the outcomes. Analysis can be extended beyond action (performance) and outcome towards context, action and outcome and the interplay between these. OBA helps us begin to answer; did it work, how well it did work and what changed? But as the shift to outcomes embeds we need to be generating a deeper

understanding: what works, how well does it work, where does it work and for whom does it work? A simple example of why this in depth of understanding is needed is smoking cessation. "Despite the fact that stop smoking services are successfully reaching disadvantaged smokers, a consistent finding has been that these smokers find it more difficult to stop than their more affluent neighbours." (Hiscock and Bauld, 2013) The same intervention is not having the same affect in different populations, performance and outcome was good in one context, while performance was good but the outcome less successful in another context. We need to be gathering data which allows exploration of nuances and therefore enabling us to amend actions accordingly.

The Programme for Government marks a shift towards outcomes within Government. A change which will cascade through the public sector, community and voluntary sector and beyond. It will take time and the building of capacity to embed this shift. CDHN is delighted and privileged to be part of Inspiring Impact, a programme which aims to place impact at the heart of the community and voluntary sector. We call on Government to ensure that there is on-going support and funding for the community and voluntary sector as it builds its capacity in this area.

Outcomes, indicators and measures

CDHN was delighted to the see the direction of travel within the Programme for Government, there is great alignment with our manifesto. There is still some work to be carried out in terms of defining and relating the outcomes; which are short, medium or long term and how they feed into each other. Many of the outcomes seem aspirational, aspirations which CDHN also hold, and which are unlikely to be delivered within a 5 year mandate. Filtering and streamlining the outcomes as short, medium and long term would make the framework feel more realistic and as a result generate more buy in. As there are very few quick wins it is important, to prevent apathy and disengagement, that the pathway between outcomes is articulated. People are more likely to stay on board when they feel that something has been achieved, a milestone reached, even if outcomes such as a more equal society still appears a long way off.

As mentioned previously, actions are not the only factors which are key to delivering outcomes. The context in which actions are decided and take place are vital, as are the processes through which these occur. Two key processes, enablers, which would support the delivery of the outcomes in the Programme for Government are: co-production and open and transparent Government. The co-production of decisions and services will lead to a strong, engaged, invested society, where the balance of power and resources is more equitable. Open and transparent Government promotes accountability, understanding and strengthens democracy. These enablers need to be included within the framework.

OBA highlights the importance of the story behind the baseline and we have mentioned the important influence of context; social, cultural, economic at individual, community and macro level. Gathering the story behind the baseline offers an unprecedented opportunity to move beyond a description of the data to understanding the context, conditions and experiences which lie behind

and shape the data. To meet this CDHN recommend that qualitative data is included, and where possible the people behind the baseline are actively involved in shaping decisions and actions. A co-production approach and qualitative information could provide notable insights into what actions could be most effective in different contexts.

CDHN is delighted to see specific indicators such as increase healthy life expectancy, improve health in pregnancy, improve child development, reduce health inequality and reduce preventable deaths. When presented together it may be thought that the same actions will be able to affect change in these areas, however we urge caution:

> "The factors which lead to general health improvement – improvements in the environment, good sanitation and clean water, better nutrition, high levels of immunization, good housing – do not always reduce health inequity. This is because the determinants of good health are not necessarily the same as the determinants of inequities in health (Graham & Kelly, 2004). It is necessary to distinguish therefore between the causes of health improvement and the causes of health inequities. As was noted in the previous section, inequities are linked to social disadvantage." (Kelly et al, 2007)

It is important that this distinction is clear and that cognisance is taken that moves to improve health may, at least in the short term, lead to greater inequality. As with the smoking example those in higher socio-economic groups are more likely to benefit or benefit more quickly than in lower socio-economic groups. Applying proportionate universalism, with consideration of context, should help address these issues. This is; actions are universal, but with a scale and intensity that is proportionate to the level of disadvantage, including extra or specifically tailored action.

On the whole we judge the lead measures are right but feel that there is a need to strengthen them. The measures significantly narrow the scope of the indicators and many of the measures collect aggregate data. To tackle inequality we need data which shows the experience of different groups within society. To achieve this other measures, some of which must employ qualitative methodologies, need to be included. Below is CDHN's thinking around some of the indicators and measures:

Indicator 2- Reduce health inequalities. CDHN would like to see measures which focus on areas where there are significant/persistent/widening gaps, such as self-harm, drug and alcohol admissions, mental health, sitting below the lead measure.

Indicator 6 - Improve mental health the lead measure looks at the overall mental health of population we need more than this to assess what is/isn't working and for whom. Further measures which capture the experience of people who are/were in contact with services would augment the lead measure.

Indicator 8 – Improve supply of housing needs to include measures on supply and quality of housing. Data on the supply of housing mapped against housing stress should provide valuable insights for future planning. Data on the quality of housing in terms of heating, insulation, risk of accidents and landlord response times is crucial in targeting action to reduce health inequalities. There is a significant body of evidence highlighting the link between cold homes and avoidable winter deaths, falls, mental health and educational attainment, all of which contribute to health inequalities.

Indicator 10 – Improve support for adults with care needs. Gathering numbers receiving care is a good starting point but again should be supplemented with qualitative data looking at how the adults feel/rate the care and support.

Indicator 11 – Improve support for looked after children. The lead measure is not right, it is measuring what is happening at the end of children being in care, we need measures which capture what is happening earlier in the care journey so that if change is needed it can be implemented.

Indicator 19 – Reduce poverty, we strongly feel that the measure must include after housing costs, as this takes a significant and rising portion of household income. CDHN are working to build a partnership, to develop and implement a poverty screening tool in primary care, data from this could offer intelligence on poverty and health.

Indicator 23 and 25 – Indicator 23 is holistic looking at connection between people, goods and services, yet the measure focuses on connection for economic reasons. It is important that we are capturing data on connectedness of people and services. This should be of special consideration as moves to reconfigure our health service takes place. In order to reduce fear and apprehension regarding reconfiguration and specifically hospital closures people need to know that access to services such as hospitals will be a priority when thinking about connection and transport.

Indicator 27 – The measure is aggregate for the population. It would be beneficial to have data which captured who is accessing the arts, what arts are being accessed and how this maps across the region.

Indicator 31 – shared space, lead measure needs to go beyond Catholic and Protestant and consider new arrivals to NI/BME and other section 75 groups. Given we have a shared education policy and programme, data from this could sit under this indicator.

CDHN would like to see indicators on participation, beyond cultural to include political and social. We would like to see on-going measurement on political engagement, social capital, trust in decision makers and services.

Other indicators on circular economy and zero waste would generate action which would support in delivering the outcomes of the Programme, specifically outcomes 2, 4, 5 and 6.

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CDHN is very welcoming of the draft Programme for Government and the moves to an outcomes approach. We can see, with some changes, a link with evidence base on reducing health inequalities. Commission on the Social Determinants of Health called for action in three areas in order to reduce health inequalities:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money and resources
3. Measure and understand the problem and assess the impact of action

CDHN feel that the outcomes and indicators should drive change to improve living conditions. There is a start to tackling the inequitable distribution of power, money and resources within the outcomes and indicators however this could be improved by including enablers, co-production and open and transparent government. The move to OBA is a fantastic start in assessing the impact of action. Measuring and understanding the problem can be enhanced by developing a theory of change, employing other impact practice tools and widening the data pool to include more qualitative data.

For further information please contact:

Meabh Poacher
CDHN
30a Mill Street
Newry
Co.Down
028 30264606
meabhpoacher@cdhn.org

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