

Local Involvement Networks Community development



About this guide

This guide is part of a series aimed at helping make LINKs successful. It is designed to help people involved with LINKs understand how LINKs can contribute to community development around health and well-being. The guide has been developed in collaboration with the NHS Alliance and the Community Development Foundation.

Details of the other guides in the series are available at:
www.nhscentreforinvolvement.nhs.uk/linksguides/

Background

LINKs have been set up to give communities a stronger voice in how their health and social care services are delivered. Run by local people and groups, the role of a LINK is to find out what people like and dislike about local services, monitor the care they provide and use their powers to hold services to account.

Key points

- Community development helps people become involved through their own priorities.
- Community development helps strengthen people's motivation and ability to work together to overcome disadvantages and achieve benefits.
- Guidance by NICE emphasises the importance of community development and engagement to improving health and well-being.
- World Class Commissioning advice recommends community development as a key approach to improving Patient and Public Involvement.
- LINKs should consider influencing Local Authorities, Strategic Health Authorities, Primary Care Trusts and General Practices to embed community development principles into their work.

A quick guide to community development

Community development (CD) helps to strengthen people's motivation and ability to work together to overcome disadvantages and achieve benefits for themselves and others, both directly in their own groups and organisations and through interaction with public authorities. Community development initiatives bring people together in groups, help groups to grow and become more effective, help them form networks and alliances, supporting community representatives in decision-making forums and advising professional agencies on how to understand and respond to their users' collective needs and wishes.

Community development is usually undertaken by people employed by Local Authorities, other public agencies or voluntary and community organisations.

Community Development (CD) works mainly with groups, organisations and networks of local residents (the voluntary and community sector). Because LINKs also seek to work in this way, they can influence Primary Care Trusts and Local Authorities to embed CD in to the work they do to meet targets set out in the Local Area Agreement (the local planning framework for Local Authorities and their partners).

Guidance by NICE on community engagement in health¹ provides a useful overview of CD and community engagement as a whole, and emphasizes how important this process is. NICE uses the terms 'community engagement' and 'community development' almost interchangeably. However, the terms can be distinguished by saying that community engagement is the *top-down* effort to involve people in a given agenda, while community development is the *bottom-up* stimulus and facilitation for people to become involved through their own priorities. Community development is a highly skilled practice, and given the wide demands on existing workers, it is important that health and care bodies take up the NICE recommendation to invest to create new capacity for community engagement in health.

A common assumption about community engagement is that communities are simply 'there', ready and waiting to be engaged. Community development addresses the fact that a sense of common purpose, together with the groups, networks and communications that spring from it, needs to be built up in order to move people towards readiness for engagement.

The Community Development Challenge, published by the Department for Communities and Local Government, clarifies the principles and methods of community development in relation to current government policy on engagement and empowerment, and sets out aims for growth of effectiveness and visibility in the community development field itself².

¹ *Community Engagement to Improve Health*, London: National Institute for Health and Clinical Excellence, 2008 (Feb).

² *The Community Development Challenge*, available from the Community Empowerment Division, Department for Communities and Local Government, http://www.communities.gov.uk/pub/971/TheCommunityDevelopmentChallenge_id1504971.pdf or from the Community Development Foundation (www.cdf.org.uk).

How does community development apply to health and care?

A survey by the NHS Alliance and BMA's Doctor Patient Partnership in 2006³ found that:

- 93% of health professionals said that ordinary people should have a say in how their health service is run, and felt that involving patients would improve services; and
- 74% of the public wanted to have a say in how their GP surgery is run.

However:

- 50% of people thought that ordinary people couldn't influence their local health service;
- 76% said they had never been asked for their views on health services; and
- 68% did not know how to feed in their views.

There is reluctance amongst some health and care professionals to share power, coupled with a fear that wide involvement may generate unrealistic or inefficient demands. Community development is a discipline designed specifically to overcome these kinds of problems. It actively tackles the divisions, social exclusion and discrimination that deter some people in communities from participating in activities and decision-making. Outcomes from community development can help public authorities and agencies understand and engage with the communities they serve.

Community development helps communities:

- define key local issues for themselves, either on a neighbourhood basis (eg a housing estate) or as a community of interest (eg people with heart disease across a wider locality);
- identify the changes that need to be made to improve the situation from their point of view;
- make those changes by themselves or get the changes made by others;
- build trust and joint working between communities and institutions;
- build social networks which are themselves health protective; and
- reach those groups whose health problems are more likely to be serious and chronic or who might otherwise be overlooked or 'hard to reach' and get their voice heard.

Healthy lifestyles are critically affected by patterns of community activity – by social networks, by peer norms, by participation in local community and voluntary groups. Self-care and prevention are fundamentally affected by the mutual aid and mutual awareness generated by community groups and networks. The strength of community groups and networks, in turn, depends, especially in deprived areas where most needed, on community development support.

³ NHS Alliance and National Association of Practice Participation Groups (NAPP), *Effective practice-based commissioning: engaging with local people*. See www.napp.org.uk

How can LINKs encourage community development activities?

LINKs will boost local people's involvement in health and social care, channelling views and experiences from communities to commissioners and providers of services and referring relevant issues to local Overview and Scrutiny Committees. The overall aim of LINKs is to improve accountability and responsiveness of services to users.

There may be existing local community development networks that LINKs can tap into, or LINKs might be a vehicle for starting one where they don't exist. LINKs will harness existing networks, organisations, groups and individuals and build new ways of working without cumbersome new structures. Community development can help LINKs achieve this objective by strengthening people's motivation and ability to work together to overcome disadvantages and achieve benefits for themselves and others.

LINKs should collect evidence and local testimonies of the beneficial health effects of community development and use these to champion the case for wider investment in community development by health and care agencies. LINKs are also able to facilitate community development action themselves.

Ways for LINKs to facilitate community development

- working with schools, sports clubs and youth clubs on obesity prevention;
- working with women's groups, carers' groups and mother and toddler groups on nutrition and mental health;
- working with the BME communities on detecting hypertension; and
- working with Asian communities on diet and diabetes.

LINKs are charged with facilitating proactive involvement across health and social care organisations, and gathering information from communities to pass on to commissioners, providers and Overview and Scrutiny Committees to improve accountability and responsiveness to users. There is correspondingly a new duty placed on commissioners to respond to patients and the public.

There is an inevitable tension in trying to cover the whole spectrum of community engagement and development, and it is up to each LINK to work out the balance of its functions. An engagement process which does little more than consult can only have a limited effect. It is unlikely to capture responses from some of the people with the most acute health and care needs or from hard to reach sections of the population; it is unlikely to generate popular changes towards more healthy lifestyles; and it may do little to change the culture of the health and care institutions or their relationship with their users. To achieve these more penetrating effects requires complementary action at the community development end of the engagement-development spectrum.

An example of how community development is being applied in the field of mental health with members of BME communities can be found at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100931.

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Third sector organisations, notably local community groups as the voice of users, and local voluntary organisations as supplementary providers, are key vehicles for mobilising and transmitting local people's views and contributions on health and social care. LINKs should work with them both directly and through community development workers.

LINKs should use their influence to ensure that funding for third sector organisations from health and care sources stresses maximising user participation and supports community development through VCS organisations.

How LINKs can influence Local Authorities, Strategic Health Authorities and Primary Care Trusts

In comparison with these major public sector bodies, LINKs have tiny resources, but they have a remit which puts them in a position to advocate and negotiate for substantial improvements in the way these bodies invest in (and make use of) community development in the planning and delivery of services.

LINKs should consider working with Local Strategic Partnerships (LSP) to boost the connections between health, care and empowerment, particularly around the Local Area Agreement indicators focusing on participation and 'citizen perspective'.

The empowerment objective is supported the National Empowerment Partnership (NEP)⁴ which has a cross-sector consortium in each region. These disseminate good practice on community development and participation. LINKs should contact them and influence their health and care component.

In relation to **Strategic Health Authorities** (SHAs), LINKs could develop similar high-level objectives. Six SHAs are already involved in 'Pacesetters', a programme to reduce health inequalities and boost Patient and Public Involvement in the design and delivery of services. LINKs should make direct connections if they are in one of the relevant areas – East Midlands, London, South East Coast, South West, West Midlands, Yorkshire and Humber⁵.

⁴ NEP regional contact details can be obtained from Jane.Dobie@cdf.org.uk

⁵ [www.dh.gov.uk/en/Policyandguidance/Equalityand humanrights/Pacesettersprogramme](http://www.dh.gov.uk/en/Policyandguidance/Equalityand%20humanrights/Pacesettersprogramme)

Checklist for influencing Primary Care Trusts

Here are some suggestions about how Primary Care Trusts (PCTs) can put community development at the heart of their practices.

LINKs could consider encouraging PCTs to:

- have community development (CD) representation on the PCT Board, Management Team and the Professional Executive Committee (PEC);
- employ CD health workers of their own or pay for health agencies to employ them;
- develop a CD strategy in cooperation with the Local Authority⁶;
- ensure that CD underpins Patient and Public Involvement (PPI) work across the range of PCT activity;
- ensure that the PCT develops a CD strategy in cooperation with the Local Authority, and support the PCT in implementing it⁷;
- work with CD workers and local third sector networks to develop key tasks for the PCT each year, which should align with the health targets set out in the Local Area Agreement; and
- have other health workers such as Health Visitors and District Nurses trained in CD methods.

How LINKs can influence General Practices

The process of commissioning, where much of the real power in the NHS lies, has far-reaching potential for public involvement which has so far largely lain dormant. Every General Practice (GP) has been given a budget with which to buy care for its patients and many have banded together to carry out this 'Practice Based Commissioning' more effectively. There is considerable flexibility in how the budget may be spent, and practices should involve their patients in making these decisions. LINKs should help support practices to develop such mechanisms, and community development workers should be in touch with Practice Participation Groups.

A GP practice's list of patients is not a community just because the people on it live near each other. There may or may not be existing community groups of users or carers connected with the practice, but even if there are, these may be known only to a few patients. Through community development practices can find ways to foster or widen such groups and networks and enable a more collective voice for the practice. In addition, community development can also help address issues that are familiar to GPs such as housing, environment, safety and employment.

The influence of an active community network may not only lead to better services but is also health-protective in itself. One approach is to work with existing or new community development workers or health trainers to gather local views on behalf of a cluster or practice, working with any existing Patient Participation Groups. The Primary Care Trust and Local Authority may already fund such workers.

⁶ One example is that developed by Lewisham. See http://www.valewisham.org.uk/lcn/community_development_strategy.php

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A community development worker could be attached to each GP commissioning cluster, brokering a dialogue between local people, community groups and practices. Practices could band together in a formal structure with a board that includes patient representatives.

Here are some key issues that commissioning practices or clusters should discuss with their populations:

- the pathways or issues to be prioritised by the Practice Based Commissioning (PBC) group;
- how patients perceive the relative convenience or problems of existing services and clinical pathways;
- whether local people can provide comment on the design of new approaches;
- how to spend savings made by PBC; and
- how to guarantee and measure quality from the patient viewpoint⁸.

LINks should ensure that every general practice or cluster knows its local community development workers and VCS umbrella organizations and develop a programme of community development action in clinical areas.

These could include, for example:

- outreach work in hypertension with the black community focusing on detecting hypertension and discussing its nature and treatment and listening to how the black community would want services best delivered; and
- working with Asian communities on diet and diabetes.

These clinical areas should partly be chosen by the practice and partly by the practice's population.

Checklist for influencing general practices or clusters

LINks should consider encouraging practices to discuss locally:

- the pathways or issues to be prioritised by the Practice Based Commissioning (PBC) group;
- how patients perceive the relative convenience or problems of existing services and clinical pathways;
- the design of new approaches;
- how to spend savings made by PBC; and
- how to guarantee and measure quality from the patient viewpoint⁹.

⁸ see www.modern.nhs.uk/improvementguides/patients/3_8.html

⁹ see www.modern.nhs.uk/improvementguides/patients/3_8.html

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Contact us

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www.nhscentreforinvolvement.nhs.uk/links/

A simple explanation of LINks

www.direct.gov.uk/localinvolvementnetworks

Information about Government policy

www.dh.gov.uk/patientpublicinvolvement