



# **Community Development in Health and Wellbeing**

## **Scrutiny Inquiry Report**

# Introduction and Scope



## ***Introduction***

Engaging and empowering local communities in identifying their health and wellbeing needs and being part of the solution in addressing these needs is a key message within current health policy.

Community development is a way of working that starts from local people's agendas, supporting people to articulate their needs and ways they might be met and enabling action by local people. This in turn builds local skills and encourages a sense of community action.

We set out to explore the underlying principles of community development and to raise awareness of this particular approach in addressing health inequalities and promoting healthier lifestyles within different communities across the city.

In May 2006, we were successfully awarded funding from the Centre for Public Scrutiny (CfPS)<sup>1</sup> to assist with our inquiry, as part of its Action Learning Support Programme.

Action learning encourages 'learning whilst doing' and so, in working closely with the Leeds Metropolitan University, we actively engaged with our key partners within the health and social care sector to develop a much firmer understanding of community development and to identify and

<sup>1</sup> The CfPS is a government body which supports Overview and Scrutiny Committees in England

address potential barriers and gaps in delivering effective community development work across Leeds.

A community can be where someone lives (geographically) or based around a shared concern, issue or identity (communities of interest). However, it is important to recognise that individuals have multiple identities and therefore may feel that they belong to more than one community.

Community development is a specific way of working and by adopting this, we have found that health can be improved as an outcome. Within our report, reference is also made to a 'community health development' approach. This incorporates a community development approach, but its activities are more focused around health and health outcomes.

As part of our inquiry, we visited numerous projects across the city that adopted a community development approach to help address particular health needs. We have welcomed the opportunity to meet with people who have really benefited from the work of these organisations. We also met with staff from these organisations who have demonstrated a real commitment and dedication towards their organisations and to community development work in general.

We also set up a small grants scheme where community organisations could bid for funding to support a community health development project, which

# Introduction and Scope



could then be used as case study evidence for our inquiry. Details of these projects are referenced later in the report.

Our inquiry very much links into the Government's wider agenda to revitalise community empowerment and engagement across the broad range of public services and we strongly agree that people's opinions, preferences and views need to be heard in order to shape improvements and generate greater fairness in service provision.

One of the key successes arising from our inquiry has been the development and formal launch of a **Community Health Development Network** for Leeds, which the Scrutiny Board helped to fund during its early development stages. The Network was formally launched in March 2007 with an event held at the local Carriageworks Theatre. A DVD and detailed report of the launch event was produced and is available from the Healthy Leeds Partnership.

We would sincerely like to thank everyone who contributed to our inquiry and particularly the Centre for Public Scrutiny for its support, which provided unique opportunities to use different methods of gathering evidence and helped us to achieve our inquiry aims.

## Scope

The aim of our inquiry was to make an assessment of and, where appropriate, make recommendations on:

- existing community health development work in Leeds and comparisons with other areas;
- the methods used by local organisations in engaging communities;
- potential barriers and gaps in community development approaches to improve health, including structural, organisational and resource issues;
- the development of a sustainable Community Health Development Network to help identify training needs;
- supporting the implementation of the Leeds Initiative Framework for Effective Community Participation;
- how the lessons being learned around community development can help shape the role of Scrutiny in terms of establishing closer links with local communities.

# Conclusions and recommendations



## **Principles of Community Development**

We learned that community development is based upon specific values and principles which include:

- *Empowering* to promote self determination and community action
- *Encouraging* and *enabling* participation at all stages and all levels
- Working to promote *social justice* and *equality*, prioritising those in most need.

A community development approach enables communities to act for themselves to bring forward their own agendas for change and to influence decisions that directly affect their communities. Strong social support and social networks is often referred to as 'social capital'.

Just having somewhere for people to get together is often a catalyst for community development and such an approach can be self sustaining because skills and resources are left within the community.

It is vital that we appreciate and use the skills, experience, interests, knowledge and ideas that already exist within communities.

We recognise that approaches that simply involve the passive transfer of

information from communities to organisations, or vice versa, are likely to have a marginal impact on health at the individual level or population level.

The more support a community is given to take control over their lives, the more likely there are to be positive impacts on social and health outcomes.

## **Raising the profile of community development.**

During our inquiry, we visited numerous projects across the city that have adopted a community development approach to help address particular health needs.

We very much welcomed the opportunity to speak with some of the individuals in receipt of these community development services and gained an insight into how such services were making an impact on people's health and wellbeing.

As part of our inquiry, we also set up a small grants scheme where community organisations could bid for funding to support a community health development project.

We were particularly interested in exploring different methods of community development and to use this as case study evidence for our own inquiry. A total of eight projects were funded and a summary of these can be found in the evidence section of this report.

## Conclusions and recommendations



Engaging with communities, particularly those from socially and economically disadvantaged groups, is central to national strategies for promoting health and well-being and reducing health inequalities.

In particular, we noted that the role of community development is highlighted within both the public health white paper 'Choosing Health: making healthy choices easier' (Department of Health 2004) and 'Our Health, Our Care, Our Say: a new direction for community services' white paper (Department of Health 2006).

The Choosing Health white paper sets out the context for improving public health and reducing health inequalities. Central to the delivery of Choosing Health is strengthened relationships between communities and NHS staff and effective partnership working between the NHS, local government and the voluntary and community sector.

The Our Health, Our Care, Our Say white paper (2006) also states that service providers and commissioners must continuously find out what people want from their services. It emphasises the strengths of community-based health provision and the importance of giving people a choice in services.

The more recent Local Government white paper 'Strong and Prosperous Communities' (October 2006), also seeks to enhance local leadership

through new duties for local authorities and the NHS to work together on health and wellbeing.

In welcoming the increasing demands placed on local authorities and other agencies to work with each other and engage more effectively with communities, we recognise the need to raise greater awareness of the value that community development approaches can bring, particularly amongst statutory providers and commissioners.

Equally, we encourage the community development sector to use its experience, skills and understanding to help deliver on the opportunities raised by these recent white papers.

At the beginning of our inquiry, we were very interested to learn that the National Institute for Health and Clinical Excellence (NICE) had been asked by the Department of Health to develop guidance on a public health programme aimed at promoting community engagement and community development approaches to health improvement. This guidance will provide recommendations for good practice based on the best available evidence of effectiveness. In the absence of such national guidance, we very much welcomed this initiative and look forward to receiving this once available. In the meantime, we intend to share the findings of our own inquiry with NICE.

## Conclusions and recommendations



Locally, we acknowledged that one of the key principles of the Compact for Leeds is to recognise and value the diversity that exists in society and in Leeds specifically. It aims to 'include all groups that find themselves under-represented and excluded, for the benefit of people who make up those groups and for communities and individuals as a whole'. It emphasises the importance of investing time and resources into developing these individuals and communities so that they can act together and participate in addressing their priorities. Community development creates innovative ways of preparing people for this level of activity.

As part of our inquiry, we heard examples of how community development approaches were being adopted across the council in addressing health and wellbeing issues. Such examples included the Health for All schemes and the Neighbourhood Network schemes.

We also heard how Leeds Primary Care Trust (PCT) contributed to community development in health and wellbeing. Whilst it was noted that the activities of the PCT were not 'pure' community development approaches in the sense that they had a health and wellbeing agenda, they did use community development approaches in relation to identifying and finding solutions to health issues.

The PCT's portfolio of community development activity was described as

combining two main elements: firstly developing, leading or commissioning specific community programmes and initiatives, and secondly using community development principles to inform mainstream 'core' functions of the PCT, including commissioning and strategic planning.

However, it was acknowledged by the PCT that it would need to increase its involvement in community development processes in order to meet new policy requirements and to do so in partnership with local authority and voluntary sector colleagues.

We also learned that prior to the reorganisation of PCTs in Leeds during 2006, the former five Leeds PCTs had developed their own approach to community development on health and wellbeing. As a result we noted that there was no current cohesive community development strategy for Leeds PCT in relation to health and wellbeing. In view of this, we recommend that such a strategy is developed immediately and that the Leeds PCT works jointly with Adult Social Services in developing this strategy.

### **Recommendation 1:**

That Leeds Primary Care Trust, jointly with Adult Social Services, progresses immediately the development of a cohesive Community Development Strategy for Health and Wellbeing.

## Conclusions and recommendations



During our inquiry, we also learned that the Local Strategic Partnership (Leeds Initiative) and Leeds Voice were developing an 'Effective Community Participation Strategy' for Leeds, which includes a dedicated community development section. We considered the draft version of this strategy in September 2006.

We were pleased to note that this draft strategy recognised that deciding together, acting together and supporting communities to act for themselves required investment and the support of a community development approach, for such aspirations were unlikely to be reached without this.

The community development section of the draft strategy lays out the need to develop communities in Leeds, to identify the effects that community development can have on issues facing both communities and agencies, and to highlight the values and methodologies of community development and where to go to find further information and support.

The strategy is aimed at Leeds Initiative partners who wish to make better and more successful use of community development processes. It is not intended to replace individual organisations' strategies towards community development or community engagement, but to encourage sign up to a set of shared principles and joined up working.

Whilst we welcome this strategy, we feel that more can be done to raise the profile of community development and embed community development values and principles within health and social care organisations, particularly within the statutory sector.

We recognise the important role of the Local Strategic Partnership in achieving this locally and recommend that the Local Strategic Partnership proactively challenges the level of commitment and investment made from all partners towards community development and develops an action plan aimed at further embedding community development values and principles across the partnership.

### **Recommendation 2:**

That the Local Strategic Partnership proactively challenges the level of commitment and investment made from all partners towards community development and develops an action plan aimed at further embedding community development values and principles across the partnership.

## Conclusions and recommendations



### ***Long term sustainability of community development***

As the statutory sector moves towards commissioning models, and particularly joint commissioning, it is vital that commissioners of services have an understanding of community need, which they can then convert into outcome-based commissioning plans. In view of this, it is important for commissioners to establish a much firmer understanding of community development.

Community development should never be regarded as a quick fix. Long-term investment in community development is required in order to see positive health outcomes.

However, during our inquiry we found that many community development programmes are based on short-term funding. This creates instability, making it difficult for such programmes to achieve their desired outcomes.

We found that many of these community development programmes are delivered by Voluntary, Community and Faith (VCF) sector organisations.

All organisations should recognise and understand each other's potential and actual contribution to services and we would particularly emphasise the value of using the knowledge of the VCF sector as a tool to engage with communities as they are often based within communities and therefore have already established strong links.

Commissioners and the VCF sector need to better understand each other's values, risks and needs. By involving the VCF sector in commissioning at a local level, this will lead to better mutual understanding between commissioners and the sector. We feel that the VCF sector would also benefit by better demonstrating its value and impact on delivery or strategic outcomes to commissioners.

Commissioners must recognise that the majority of VCF sector organisations are small, local bodies which are not used to the commissioning and contracting process. Short-term funding is a major threat to the work of VCF sector organisations, particularly smaller ones, as short-term funding can make it very difficult for organisations to retain staff.

With the shift from grants to contracts, the worry is that small VCF groups may find it difficult to survive properly in a world of tendered services, but they have a massive role to play in keeping people active and engaged.

We are aware that some umbrella organisations broker relationships between commissioners and small providers. However, they are rarely able to represent all of their members' diverse views and therefore it is vital that smaller VCF sector organisations also have direct access to local commissioners.

## Conclusions and recommendations



We learned that in May 2006, Leeds Initiative commissioned Pulse Regeneration to undertake a study of the VCF sector in Leeds as part of a wider strategy for the development and sustainability of the sector in Leeds.

In consideration of the review findings, we noted the reported barriers in relation to the sector's involvement in contracting. These included different models for contracting and a lack of consistency, complex procurement processes, short term nature of contracts and contracts not covering the full cost of delivery, grant dependency and an unwillingness to change, as well as additional barriers faced by the black and minority ethnic (BME) sector.

The review also recognised the need to support smaller VCF sector organisations and the role of community development in the future in order to retain the vibrancy of the sector and the valuable activities which are often difficult to measure.

In view of the issues raised, we recommend that all health and social care service commissioners in Leeds commit to 3 year minimum contracts for community development programmes, which take into account the full cost of delivering these programmes, including contributions to core costs.

### **Recommendation 3:**

That all health and social care service commissioners in Leeds commit to 3 year minimum contracts for community development programmes and that the full cost of delivering these programmes, including contributions to core costs, is recognised with these contracts.

### ***Establishment of a Leeds Community Health Development Network.***

Our inquiry has highlighted that Leeds has some well established health projects adopting a community development approach. However, there are many other projects also adopting this approach which are isolated and not connected into the bigger Leeds picture in terms of access to information, training, opportunities to network and share best practice as a city. In particular, we noted that Leeds had no forum where community development workers could come together and share information, celebrate achievements, brainstorm and solve issues and look at opportunities for joint working and joint funding.

One of the objectives within the Healthy Leeds Partnership's 'Health and Wellbeing Plan 2005-2008' was to establish a Community Health Development Network for Leeds to help address the main issue of isolation and lack of cohesiveness and

# Conclusions and recommendations

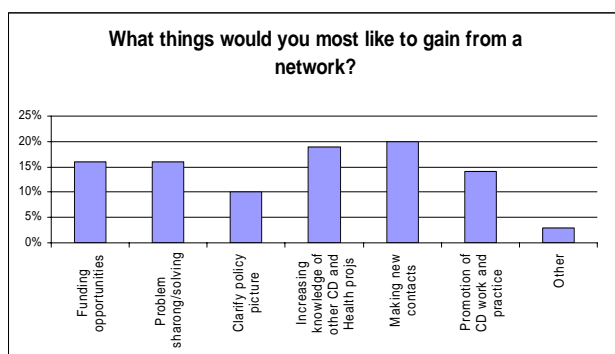


networking opportunities for community development workers.

A questionnaire was circulated to community development and community health development projects by the Healthy Leeds Partnership, which was based around the establishment of a network.

In November 2006, we received feedback from this questionnaire. A total of 73 questionnaires had been received from a minimum of 59 different organisations in Leeds. It was clear from this feedback that the demand for a network was also coming from community development workers themselves.

The chart below highlighted what community development workers in Leeds most wanted to gain from a network.



It was proposed that such a network could also help to map community development work across the city and enable different projects to share best practice and identify training needs.

We were very supportive of this initiative and keen to see this being progressed as soon as possible. We therefore allocated funding to help resource the network during its early stages of development.

In March 2007, the Leeds Community Health Development Network was formally launched with an event held at the local Carriageworks Theatre. The launch event proved very successful and provided an opportunity for a wide range of agencies to help shape the role of the Network, encouraging greater ownership. A DVD and detailed report of the launch event was produced and is available from the Healthy Leeds Partnership.



CHD Network Launch Event

In view of the feedback received, we would recommend that this Network continues to provide opportunities for community development projects to share best practice, celebrate achievements and actively encourage joint working initiatives across the city.

The Network should also develop a themed training programme based on

## Conclusions and recommendations



the needs of community development workers and encourage broader education and understanding of community development across the city.

We would like to see the Healthy Leeds Partnership continue to champion this Network for Leeds.

### **Recommendation 4:**

That the Healthy Leeds Partnership champions the Leeds Community Health Development Network and ensures that it provides opportunities for community development projects to share best practice, celebrate achievements and actively encourage joint working initiatives across the city.

The Network should also develop a themed training programme based on the needs of community development workers and encourage broader education and understanding of community development across the city

To ensure the long term sustainability of this Network, we also recommend that the Healthy Leeds Partnership carries out an evaluation of the Community Health Development Network during its first year and explores joint funding opportunities to maintain the sustainability of the Network in the long term. The results of this evaluation will be reported back to the Scrutiny Board (Health and Adult Social Care) in April 2008.

### **Recommendation 5:**

That the Healthy Leeds Partnership carries out an evaluation of the Community Health Development Network during its first year and explores joint funding opportunities to maintain the sustainability of the Network in the long term. The results of this evaluation will be reported back to the Scrutiny Board (Health and Adult Social Care) in April 2008.

In relation to other forms of communication for community development workers, we were also pleased to note that a regular Community Health Development



Newsletter has also been set up by the Healthy Leeds Partnership and we fully support the continuation of this newsletter.

### ***Community development capacity building.***

Whilst we have already highlighted the need to raise awareness of the benefits associated with community development, we also recognise the importance of capacity building to ensure that community development is being delivered effectively.

## Conclusions and recommendations



We found during our inquiry that a person does not necessarily have to have 'community development' in their job title to be undertaking community development work. Similarly a person does not have to be employed to be undertaking community development work as they may be a volunteer or a local activist. Due to funding, targets, politics and localities, the community development work is sometimes undertaken in an ad hoc way.

This therefore poses a question in terms of staff development, management and sharing of good practice.

The Community Development Xchange (a national body supporting community development) undertook a national survey of people who identified themselves as undertaking community development work. The survey found that many of the managers of these workers did not understand or were unaware of the values of community development. It also identified that many workers undertook community development in addition to their role.

We believe it is important to identify work as community development and ensure that there is adequate support for it within organisational structures or within the community.

Community development is a key building block for community involvement and an effective way to tackle inequalities. We therefore

strongly believe that community development should be seen as an integral part of any continuing professional development across all partners and particularly within the health and social care sector.

### **Recommendation 6:**

That Community Development is seen as an integral part of any continuing professional development across all partners and particularly within the health and social care sector.

There is now an increasing demand on community development practitioners to work with councils and other agencies to help them improve their understanding of communities and community engagement work.

As a Scrutiny Board, we have found it invaluable to learn about the principles and benefits of community development as this has helped us to establish closer links with local communities.

We recognised that Area Committees also have a vital role to play in terms of promoting and improving the economic, social and environmental wellbeing of their areas. In view of this, we actively engaged with all Area Committees to share experiences of where community health development projects have made a difference to a community and to identify and address potential barriers and gaps in delivering effective community health development work in Leeds.

## Conclusions and recommendations



However, we feel that community development training should be undertaken by all local councillors to help them understand community development values, outcomes, purpose and processes. As well as using community development practitioners to deliver training, we believe there are also added benefits in involving service users as part of such training.

We therefore recommend that the Council's Member Development Working Group includes community development training within the Member training programme.

### **Recommendation 7:**

That the Leeds City Council Member Development Working Group includes community development training within the Member training programme.

## Evidence



As part of the Scrutiny Board's inquiry into Community Development in Health and Wellbeing, £4000 of the Board's funding was allocated to set up a small funding scheme to support locally based community health development initiatives across Leeds, in the form of a grant of up to £500. The fund went live in November 2006 and ended in March 2007. The aim of the fund was to provide examples of local work to support and raise awareness of community health development practice in Leeds. A total of 8 projects were successful and a summary of these projects is set out below.

**Organisation:** Healthy Living (Inner East Healthy Living Centre)

**Project name:** "Women's keep safe residential course"

**Activity/project location:** Inner East Leeds (particularly Lincoln Green, Ebor Gardens, Burmantofts)

**Brief description:**

Funding was requested towards the cost of a Residential Keep Safe/ Self Defence Course at the Women's Holiday Centre (WHC). Healthy Living and Sure Start also contributed towards this initiative.

The women who applied for this grant stated: *"This is a way of strengthening our group, which only started in October last year. It is already helping people feel more sense of belonging: someone to say hello to in the playground or at the shops and now we are working together to make this weekend away happen and taking that risk of going away together with all our children!!!"*

*"As single parents we feel at high risk in this area in the day time as well as at night, so we had the taster to learn some self defence and now we want to take it further by going away to do a whole course. People in this area do not have the chance or means to get out of the city so that will be really good. Its something to look forward to and work for."*

The project enabled the women to sample the Women's Holiday Centre (WHC) in the safety of a familiar group, and from previous experience, it was expected that afterwards the women would start to visit on their own. The holiday centre, founded on community development principles provides a healthy, safe, inexpensive holiday in the Yorkshire Dales.

It was reported that the whole process and the weekend itself was a great success despite several problems beforehand and during the weekend with difficult dynamics between various members. It was exhausting but really heart warming to see women decide to take space for themselves and take huge risks in order to do so: in deciding to try and set it up, fundraising, to sign up at all, committing themselves to the course, going away for the weekend; leaving their children in the crèche; really opening up to the content of the course and making it such fun as well.

# Evidence



**Organisation:** DOSTI  
**Project name:** Kushi Group  
**Activity/project location:** West Leeds

## Brief description:

The project was targeted at Asian women and set out to promote healthier lifestyles by offering opportunities to participate in healthy classes such as yoga, swimming, aerobics etc. At the request of some of the participants, activities for relieving back pain were also being made available, for example saunas and steam baths. At each session, the user group was given the opportunity to try different healthy snacks. In participating in these activities, the project hopes to encourage self-confidence and develop social skills that will have a long-term impact on participants. The project was widely publicised with 200 flyers being distributed across the community. The project had focused on exercising and healthy cooking and eating and involved the following activities:

- Healthy Cooking: Fruit Smoothies, Cauliflower Soup, Fruit Salad, and Fruit Milkshakes.
- Exercise: Walking in local parks (Golden Acre, Harewood House, Roundhay Park), Learning yoga, Sauna and Swimming at Quarry House, hand and body massages and Turkish baths.
- Visiting local groups (Dosti, Hamara Living Centre, Local library)

It was reported that by providing these activities, the users learnt extremely valuable skills and abilities. They were introduced to healthy lifestyles that they had not previously experienced, such as making healthy foods from scratch and participating in easy exercises, such as walking and simple yoga. The feedback from such activities showed that the users were impressed at the effortless things they had learnt to improve their lifestyle, and said that they would continue with these activities.

As well as adopting this new lifestyle, the users developed their confidence in activities they previously felt insecure in, for example using public transport and visiting places like local parks by themselves.



# Evidence



**Organisation:** Feel Good Factor (Healthy Living Centre)  
**Project name:** "Feel Good Factor Community Consultation Event"  
**Activity/project location:** Harehills and Chapeltown but is now branching out to other areas of North East Leeds

## **Brief description:**

The funding was being used for a workshop, which had been designed to help shape future Feel Good Factor provision over the next 6-12 months.

The Feel Good Factor requested funding to cover the costs of setting up an event to bring people together to talk about the issues which affect their health locally. Workshops were a key part, enabling people to access taster sessions ranging from therapeutic activities such as hand massage to active participation in floral workshops/arts and crafts. Feel Good Factor publicised this event and encouraged people to complete questionnaires and evaluation forms. The event enabled FGF to improve people's awareness of health issues by active consultation and actively engaging local people and partners in the design and scope of activities to run in the near future and beyond.

The event incorporated a community development approach by consulting with people and using a questionnaire to find out about their health needs/issues and to aid its project in identifying further services that could be provided within the community. Such an event also enabled people to define their own health needs and find ways of setting up services/projects to address them.



Just some of the key findings arising from this project were reported to be as follows:

*It was felt that not enough information was being fed into the community regarding health issues. Users, unsure about where to start looking for information, people clearly needed advice and guidance.*

*There is indication that steers to areas of support and advice where the local community can easily access i.e. a drop in centre to find out more and possibly be sign posted.*

*Many lacked motivation in eating healthily. They looked at fast food, convenience and time constraints. There is a real need to promote quick and easy ways of cooking healthily and possibly being able to store for their own convenience. Possibility of looking at ways of preparing what they are used to but adding tips to incorporate a healthier method.*

# Evidence



**Organisation:** Hamara Healthy Living Centre

**Project name:** "Apni Seth" (one's own Health)

**Activity/project location:** Beeston and other areas in Southern Leeds

## **Brief description:**

This project was aimed at young people aged 5-14 years, the majority being from the Pakistani and Bangladeshi communities. The project incorporated two strands. The first was a short consultation exercise to obtain the views of young people, their parents and carers on issues such as health, exercise, physical activities etc. The findings from this initial work would allow for the delivery of the second strand of the work, which involved practical sessions (e.g. advice and support on diet and nutrition), providing after school physical activity sessions for both children and their parents. Support was also given to families to access mainstream services.

The Project aimed to make a positive difference through:

- Providing both parents and children with the skills to learn about a healthy lifestyle and therefore attempting to eradicate the poor pattern of diet which transfers from one generation to the next
- Enabling the children, young people and parents to have a say in health issues affecting them
- Encouraging the uptake of physical activity within children (and parents) thus promoting closer family relationships while also changing the sedentary lifestyle of many Asian families
- Children and parents gaining knowledge of health promotion and more importantly of implementing changes, which will ensure a healthier lifestyle
- Raising awareness and encouraging uptake of other voluntary and mainstream services thus enhancing quality of life
- The mainstream services are not being accessed because of language and cultural differences (something which has been fed back to us from the young people we are already in contact with)
- The project will help further develop, and identify gaps in service provision

# Evidence



**Organisation:** Alzheimer's Society  
**Project name:** "Pot-a-tea dementia café"-  
**Activity/project location:** South Leeds

## **Brief description:**

Funding was requested to support costs of a non institutional support service for people with dementia and their carers in South Leeds. South Leeds currently does not have such a service and consistently is shown to have an inequality of health service provision in comparison to the north and west of the city. The café was led by volunteers made up of carers and professionals. Its aim was to provide an opportunity for carers to meet with one another and receive advice and support in relation to the support they are providing to a relative/friend who experiences dementia.

It was reported that the experience gained from the café to date has led to the establishment of a new carers' support group for carers of people affected by dementia, living in South Leeds. The project is now fortunate to be able to use the same venue for this group but on a different date. This should complement the café by providing a more formal group to give information and support to carers, separately from the café which aims to reduce social isolation and provide relaxation and enjoyment in a "normal" social setting.

In future, the project hopes that the café will lead to carers in South Leeds being empowered to run their own support networks and the local community becoming more aware of support issues surrounding dementia and mental health.



# Evidence



**Organisation:** Building Bridges Project, East Leeds Health For All

**Project name:** "Take the challenge"

**Activity/project location:** Lincoln Green (Burmantofts and Richmond Hill Wards)

## **Brief description:**

Funding was requested to replace an existing pool table in the community flat which ELHFA works from, as well as a contribution towards the cost of translating publicity material for planned pool tournaments into key community languages. The current pool table was very old and, despite being repaired many times, was rapidly becoming unusable.

The idea for hosting a series of community pool tournaments came from users of one of the existing tower-block drop-in services. Members of the *Tuesday Drop-in* thought that a pool tournament would be a great way both of meeting new people from within the community, and of introducing those new people to all the services currently on offer through the *building bridges project*. This includes: access to advice and health information (e.g. local groups and services, sources of support and specialist advice), general information (e.g. the promotion of local courses and free access to the internet), awareness-raising of the availability of individual and community group support, as well as promoting the use of the two building bridges project flats as a community space and resource.

The pool table is already a central and popular feature of the drop-in services and is used by both young and old of varying ethnicity. It has proven to be a very natural way in which barriers are broken down between excluded groups, and enables people who would not otherwise socialise with each other to do so.

The *building bridges project* set out to organise several initial pool tournaments open to all the community. With the enthusiasm generated by these tournaments, support and encouragement will be given to local people to take responsibility for organising similar local sport events and competitions in the future.

# Evidence



**Organisation:** Bramley Sure Start

**Project name:** "Post natal depression support group for women"

**Activity/project location:** Armley and Bramley areas of West Leeds

**Brief description:**

The project adopted an integrated approach where staff from Leeds PCT, NSPCC and Bramley Sure Start provided a support group for women suffering with Post Natal Depression. The group met locally for 2 hrs every week over a 12 week period. A crèche was provided for pre-school children to enable the mothers to reflect on their health without the interruptions and demands of their children. Each weekly session focused on a different exercise that promotes the mothers' self esteem and confidence and provided the opportunity for Arts and Crafts. The mothers were encouraged to lead session discussions and choose activities.

The funding was being used for Arts and Craft materials and refreshments of teas, coffees and biscuits. To accommodate school holidays previous groups had organised day trips out which helped towards family bonding and alleviated stressful holiday times.

**Organisation:** St Matthew's Community Centre

**Project name:** "Healthy Older Active People" (HOAP)

**Activity/project location:** Holbeck

**Brief description:**

This funding would be used to run HOAP classes at various venues throughout the Holbeck area. The events run for 6 weeks at each venue, and then move on to the next venue. The events incorporate a variety of health related issues starting with healthy eating (smoothie making) etc, what makes a good balanced diet (practical recipes to make at classes), the importance of exercise (chair based Aerobics or Tai Chi tasters), District Nurse talks and a free blood pressure check, relaxation techniques and aromatherapy. The funding was covering the costs of independent tutors to run the sessions.

The project developed groups to provide a range of activities for older people, consulting each group of older people as to which particular activities they would like to incorporate into their 6-week sessions.

The project will work using local venues to attract older people to our HOAP classes. Examples of venues would be Sheltered Housing Community Rooms, Residents' Association Community Rooms, Community and Youth Centres.

# Evidence



## Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

## Reports and Publications Submitted

Report from Healthy Leeds on Community Health Development – July 2006

Effective Community Participation Strategy – Community Development Section. Final draft, 18<sup>th</sup> August 2006.

Evaluation of Healthy Living Centres. Labyrinth Consultancy and Training. December 2005

Report from Healthy Leeds on Community Development – November 2006

Report from Leeds Primary Care Trust in relation to community health development activity – November 2006

Executive Summary of Leeds Initiative report 'Voluntary, Community and Faith Sector Sustainability Review', 30<sup>th</sup> November 2006

# Evidence



## Witnesses Heard

Mary Green, Principal Lecturer, Faculty of Health, Leeds Metropolitan University  
Rachel Swindells, Joint Health Programme Manager, Leeds Initiative  
Christine Farrar, Policy Director - Health Improvement and Public Involvement, Leeds Initiative  
Corrina Lawrence, Co-ordinator for Feel Good Factor Healthy Living Centre  
Tatum Yip, Co-ordinator for MEMHO Healthy Living Centre  
Pat McGeever, South Leeds Health for All  
Lisa Parkin, Participation Manager, Leeds Voice  
John England, Deputy Director – Strategy and Performance, Adult Social Services  
Victoria Eaton, Head of Health Inequalities and Regeneration, Leeds PCT

Representatives from the following local Community Health Development Projects:

Belle Isle Family Centre  
Hamara Living Centre  
Women's Health Matters  
BARCA  
Jigsaw  
Community Health Educators, West Leeds Healthy Living Network

## Dates of Scrutiny

<b>24<sup>th</sup> July 2006</b>	<b>Scrutiny Board Meeting</b>
<b>18<sup>th</sup> September 2006</b>	<b>Scrutiny Board Meeting</b>
<b>20<sup>th</sup> November 2006</b>	<b>Scrutiny Board Meeting</b>
<b>December 2006</b>	<b>Consultations with all Area Committees</b>
<b>22<sup>nd</sup> January 2007</b>	<b>Scrutiny Board Meeting</b>
<b>From October 2006 to November 2006</b>	<b>Visits to local Community Health Development Projects</b>
<b>29<sup>th</sup> March 2007</b>	<b>Leeds Community Health Development Network Launch Event</b>