

Date: Wednesday 7 February 2001

Venue: Committee Room 3, The National Assembly for Wales

Title: The Health Aspects of Communities First

Purpose

1. At its meeting of 25 May 2000 the Health and Social Services Committee received a paper which discussed Health Action Zones. The discussion identified the importance of the proposed Communities First programme in helping to address health inequalities and the Committee called for a paper to note on the health aspects of the programme.

Summary/Recommendation

2. The committee is asked to note the contents of this paper.

Timing

3. The paper has been prepared at the request of the Committee.

Background

4. *Better Wales* recognises that a country's public health is closely linked to its standard of living and the strength of its economy and what applies to countries tends to apply to its local communities. It states a determination to tackle the root causes of ill health, including poor housing, unemployment and the stress and strains that are often linked to living in rundown, threatening communities with high levels of crime. The Assembly is committed to combating poverty and social disadvantage and to bridging the gap between the most deprived communities in Wales and the more affluent ones. Communities First is the Assembly's non-prescriptive, community-centred approach to community regeneration.

5. *Better Health, Better Wales* seeks to tackle the underlying causes of ill health through a new approach that recognises and addresses the factors that impact on health. It aims to enable the formulation of collaborative policies that address health and well being by:

- Ensuring that health impact is a consideration on everyone's agenda in policy development and implementation;
- Using new forms of collaboration to achieve better results and better value for money;

- Directing efforts at local level to ensure health and social care decisions are taken together by local representatives, professionals and administrators;
- Making better information on health at local levels available to the public and others to inform healthy choices;
- Directing research programmes to address the links between poor health and other factors that contribute to health and well being.

6. The Assembly debated the Action Plan for Promoting Health and Well Being on 30th November last year. The plan reflects the reality that health improvement, and reducing inequalities in health by tackling the underlying causes of poor health, can only be achieved by concerted and sustained working across policy areas. Action to persuade people to adopt healthy lifestyles is important, but only as part of an integrated approach that seeks to address their wider social and economic circumstances.

7. Communities are the prime focus of action both to promote health and well being and to reduce inequalities in health. Communities are where health and ill-health are generated and experienced and where, consequently, some of the best opportunities exist to protect, promote and improve health. It is at community level that the complex personal, socio-economic and environmental factors combine. The worst health in Wales is seen in many of its poorest areas where social, economic and environmental deprivation creates circumstances that do not help to foster healthy living.

8. Local and national organisations need to help communities to take action to address health and related problems as an integrated part of wider community regeneration. The key requirements of effective and sustainable community health development include:

- Encouraging local people to talk about health issues;
- Helping communities to identify their own needs and priorities;
- Enabling local decision making;
- Identifying leaders and champions for action;
- Ensuring the active participation of members of the community;
- Strengthening local networks, support and grass roots action;
- Working through partnerships between agencies organisations and communities to facilitate action;
- Developing skills and expertise within agencies, organisations and in the community;
- Reorienting and developing services.

9. Local Health Alliances are now established in 21 of the local authorities in Wales to engage partners in:

- Gaining a wider understanding of how the determinants of health and well being can be influenced;
- Increasing co-ordination between local health and environmental services;
- Strengthening local public health capacity and skills in public health;

- Increasing health promotion capacity;
- Creating networks for sharing information leading to health gain and better access to services;
- Promoting community action that improves health, living conditions and life chances.

10. Communities First sets out to address in a new way the multi-dimensional problems from which our most deprived communities suffer. The programme aims to identify around 100 of the most deprived communities using a combination of the Index of Multiple Deprivation and local knowledge for inclusion in the first phase of the programme. The aims of the programme include:

- Capitalising on existing good practice and extend this wherever it is appropriate;
- Establishing partnerships to develop the community's vision and plan its delivery; and then manage, review and evaluate its implementation;
- Engaging with the community and local agencies to ensure that the local plan continues to meet local needs and priorities;
- Establishing capacity building as an integral aspect of the programme, to ensure lasting and sustainable change is achieved;
- Including everyone (of all age groups) within the community in the process;
- Delivering outcomes which lead to sustainability – particularly jobs; skills, education and lifelong learning; recreation, sport and involvement in the arts; physical improvements and access to amenities; reducing health inequalities and meeting the needs of children and young people, and,
- Creating sustainable and lasting solutions, with multi-agency commitment to the implementation programme.

11. Communities First represents a long term commitment to providing support and resources to the most deprived communities in Wales (£83million, which will be made available over three years in specific grant and through the Assembly's mainstream Programmes).

12. Progress will be measured by means of a system of benchmarking against a set of thirty measures (covering the fields of economic activity, education and training, environment, health, active community and community safety) which would be externally validated.

13. In terms of health services and facilities, it is expected that:

- accessible, responsive and relevant health services and facilities are available to all sections of the community;
- health advice and information is provided at community level by appropriate agencies;
- active membership of community partnerships is engaged in by all key health service providers;
- contraceptive and sexual health services are available to all, but especially delivered to young

people in appropriate and culturally sensitive ways;

- residents have access to healthy foods at reasonable cost and to exercise and leisure facilities.

Discussion

14. *Better Wales* and *Better Health, Better Wales* recognise that influencing the determinants of health and achieving health gain depends on partnership and collaboration at strategic and local levels. The ethos behind health improvement is the strengthening of community action through the creation of supporting environments and the development of personal skills to help people to improve the quality of their lives by increasing their control or influence on the determinants of health that affect them. This must be underpinned by healthy public policy dealing with social, economic and environmental factors.

15. Community health development is about helping communities define their own agenda and to achieve improvements by harnessing all the resources that can be mustered to deal with the agreed priorities. This needs local ownership, commitment, support and stamina. It needs new approaches that lead to action and which support learning and experimentation. It will also need to be supported by new streamlined and flexible ways of funding and often new types of partnership.

16. Communities First offers a vehicle with which health and well being can be considered at a micro level. Its concept and ethos fits exactly that of community health development. As health has no boundaries and the determinants of health are exactly those to be addressed by Communities First, it is clear that health improvement must be amongst its key aims.

17. As Communities First provides health improvement with a 'micro' focus, Local Health Alliances could provide Communities First with a 'meso' level on which to plan, monitor and review community action. Local Health Alliances will be invaluable in helping local authorities to focus action to improve the social, economic and environmental determinants of health. They provide an arena in which to engage a wide range of organisations and groups to provide a local perspective on health and well being and to bring together those that can act to make things happen. However, Local Health Alliances will still, in local terms, be strategic groupings offering a population perspective and they will need to find ways to drill down into the community to be clear about the diverse and differing needs that each neighbourhood may have. Local Health Alliances will therefore have a significant role in taking forward the Communities First agenda.

Next Steps

18. The Assembly has consulted widely on the Communities First vision, and has involved a broad range of participants in the process of policy development through developmental seminars and discussion sessions across Wales. In addition, 160 written replies were received in response to the initial consultation document. These have been analysed thoroughly, and the ideas and comments they contained have helped to form the proposals for implementation, which are now set out in the second

consultation document. This consultation exercise was launched in December 2000 and the consultation period ends on 16th March 2001. The Health and Social Services Committee will wish to consider its response to these proposals.

19. The Local Government Partnership Council's Health and Well-being Task and Finish Group will wish to consider the opportunities offered by Communities First and explore how these may be taken forward in their report, due in April this year.

20. The development of Local Health Alliances continues across Wales and the Assembly will issue further guidance this year, reflecting the experiences and lessons learned so far. The Assembly is providing just over £2 million to support the development of alliances over the next four years.

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