



A Guide to Influencing the Health Services CAN (Community Action Network)

May 2007

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Published by
Combat Poverty Agency
Bridgewater Centre
Islandbridge, Dublin 8

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ISBN: 978 1- 905485-43-7

While every effort has been made to ensure that the information contained in this book is accurate, no legal responsibility is accepted by the author or Combat Poverty for any errors or omissions. The views expressed in this publication are the author's own and not necessarily those of Combat Poverty Agency.

Preface

This guide has been compiled by Community Action Network (CAN) on behalf of the Combat Poverty Agency, as part of its work in the area of Health. CAN works for change through community development and is involved in organisational development and training.

Both CAN and the Combat Poverty Agency would like to acknowledge assistance given by many people from the community and the health services in the compilation of the guide. Particular thanks to Sheilagh Reaper Reynolds, Alice O'Flynn and Frank Mills in the Health Service Executive and Anna May Harkin in the Department of Health and Children.

The purpose of the guide is to help community/anti-poverty groups to find their way around the complex structures and services available. It attempts to do this in a number of ways:

- By mapping the health structures, nationally and locally
- By highlighting areas that are of particular interest to those working in social inclusion
- By describing ways in which community/anti-poverty groups can have a say in the delivery of health services
- By supporting dialogue and understanding between the anti-poverty sector and the health services

May 2007

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Health Services in Ireland

Introduction

Health and personal social services are delivered within the legislative framework of the Health Acts 1947 –2004. Prior to 2005 the health services were planned by the Department of Health and Children and delivered by the Health Boards.

The Department of Health and Children was established in 1947 as the Department of Health and changed its name in 1997 to the Department of Health and Children (DOHC). It had overall responsibility for the development of health policy and for planning the health services.

The Health Boards were set up in 1970 with statutory responsibility for the administration of the health and personal social services. A major reform programme was initiated in 2003 to address difficulties within the existing health services. The evolution of the health services is outlined in a publication by Brian Harvey, available from Combat Poverty. (*Evolution of Health Services and Health Policy in Ireland*)

The Health Service Reform Programme

The Health Service Reform Programme set in place a range of reforms to help deliver a more responsive, adaptable health system that meets the needs of the population effectively and at an affordable cost. It set out to address major system priorities which included:

- Creating a national focus on service delivery and executive management of the system
- Reducing fragmentation of the current system to make it more manageable
- Providing clear accountability throughout the system
- Implementing better budgeting and service planning arrangements
- Implementing continuous quality improvement and external appraisal
- Providing robust information gathering and analysis capability
- Preserving and building on the strengths of the existing system

The strategic direction of the Reform Programme was guided by *Quality and Fairness: A Health System for You (2001)*, the national health strategy policy for the next seven to ten years which is governed by the following vision:

A health system that:

- supports and empowers you, your family and community to achieve your full health potential;
- is there when you need it, is fair and trustworthy;
- encourages you to have your say, listens to you and ensures that your views are taken into account.

The structural aspects of The Reform Programme emerged largely from the reports listed in the following table:

Report	Recommendations
Audit of Structures and Functions in the Health System 2003 (The Prospectus Report)	<ul style="list-style-type: none"> ■ Major rationalisation of the system including the abolition of the Health Boards ■ The establishment of a Health Service Executive (HSE) ■ The establishment of a Health Information and Quality Authority (HIQA) ■ Restructuring the DOHC ■ Subsuming a number of agencies into the HSE, HIQA and the DOHC
The Commission on Financial Management and Controls in the Health Service 2003 (The Brennan Report)	<ul style="list-style-type: none"> ■ The modernisation of financial practices ■ Devolution of responsibility for budgets ■ Devolution of authority and responsibility to those delivering the services
The Report of the National Task Force on Medical staffing 2003 (The Hanly Report)	<ul style="list-style-type: none"> ■ A reduction in the working hours of non- consultant hospital doctors (junior doctors) ■ Employing more consultants ■ Reforming medical education and training ■ Radical reform of the organisation of acute hospital services

Further Information

Quality and Fairness: A Health System for You, the reports mentioned above and information on the Reform Programme itself is available for download at www.healthreform.ie/publications.

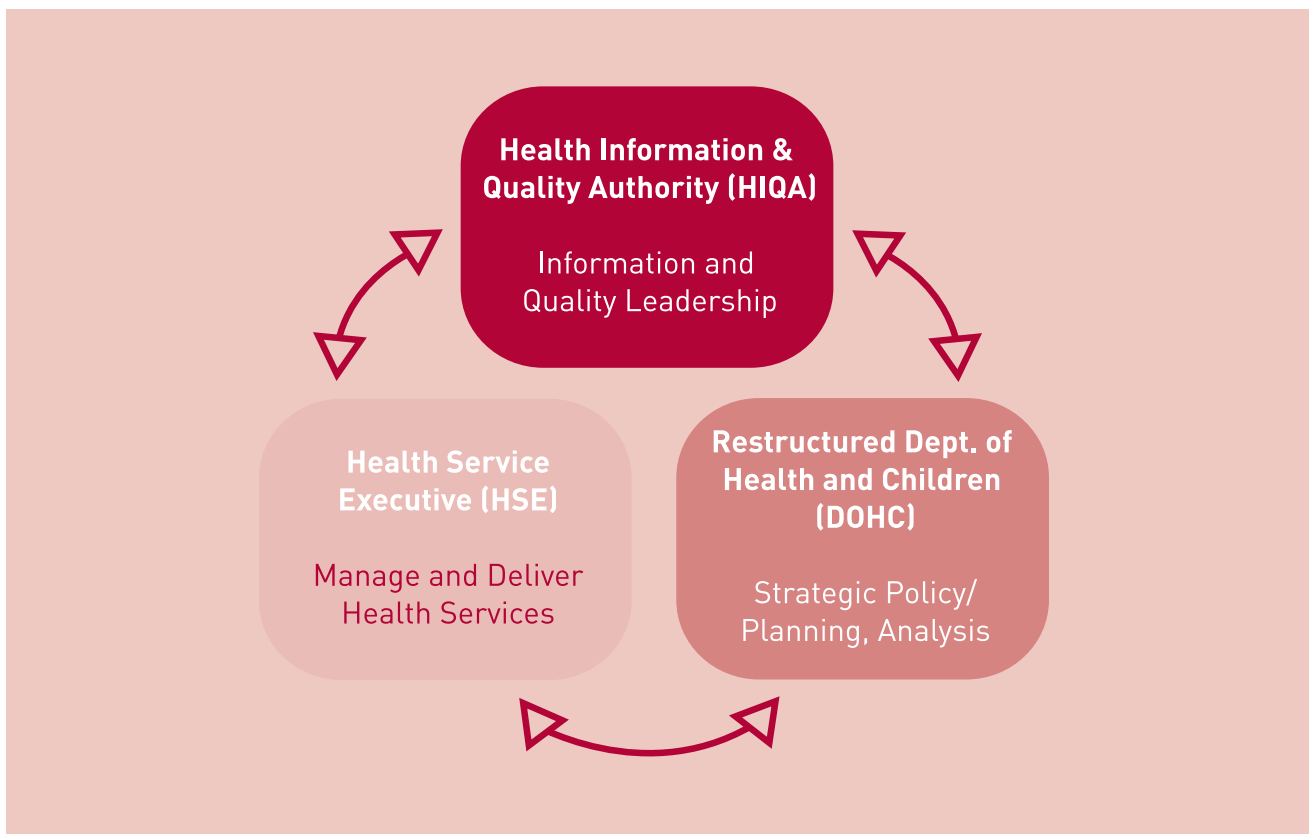
The Reformed Health Services

The reformed health services operate within a distinct **policy context**, are guided by a set of **principles and values** and, when fully operational, will be planned, delivered and monitored by **three key bodies**:

- The Department of Health and Children (DOHC)
- The Health Service Executive (HSE)
- The Health Information and Quality Authority (HIQA).

Policy Context

While *Quality and Fairness: A Health System for You (2001)* is the national health strategy that governs the totality of the health system, other key national strategies are also hugely relevant in shaping how services are planned, delivered and evaluated. Human Rights Covenants and Instruments governing the right to health further contribute to the policy context.



Key Strategies

Examples of some key strategies relevant to the community sector include:

Strategy/Report	Where to find it
<i>Primary Care – A New Direction:</i> This report outlines the strategy to support and promote the health and well-being of the population by providing high quality, locally-based, accessible services, delivered within Primary Care Teams. The services provided will be based on an assessment of local need. It is essential that community groups participate in the needs assessment and in the design and delivery of appropriate local services.	DOHC (2001) Web: www.dohc.ie/publications
<i>The National Health Promotion Strategy 2000-2005</i>	DOHC (2000) Web: www.dohc.ie/publications
<i>The Review of The Health Promotion Strategy 2004</i>	Health Promotion Unit Web: www.healthpromotion.ie/health_promotion_strategy/
<i>National Action Plan for Social Inclusion, 2007-2016</i>	Department of Social and Family Affairs (2007) Web: www.socialinclusion.ie
<i>Planning for Diversity – The National Plan Against Racism 2005-2008</i>	Department of Justice, Equality and Law Reform (2005) Web: www.nccri.ie
<i>National Women’s Strategy 2007-2016</i>	Department of Justice, Equality and Law Reform (2007) Web: www.justice.ie
<i>Homelessness: A Preventative Strategy</i>	Department of the Environment, Heritage and Local Government (2002) Web: www.environ.ie
<i>Traveller Health: A National Strategy 2002-2005</i>	DOHC (2002) Web: www.dohc.ie/publications
<i>The National Drugs Strategy 2001-2008</i>	Department of Tourism, Sport and Recreation (2001) Web: www.pobail.ie
<i>Cancer Services in Ireland: A National Strategy 1996</i>	DOHC (1996) Web: www.dohc.ie/publications
<i>Building Healthier Hearts: The Report of the Cardiovascular Health Strategy Group 1999</i>	DOHC (1999) Web: www.dohc.ie/publications

Further Information

A detailed list of relevant policies, national legislation and E.U. Directives is available in Appendix 1 of the HSE National Service Plan 2006, which is available for download by using the publications search option at www.hse.ie.

More detailed analysis of the policy context is available in two reports from the Community Workers Co-operative (website: www.cwc.ie):

- Community Work Approaches to Address Health Inequalities, Strategy Guide 7, 2004
- Analysis of Social Inclusion/Anti Poverty Measures and Community Work Approaches to Addressing Health Inequality Within the National Health Policy Arena, 2005.

The Combat Poverty Website, www.combatpoverty.ie, also provides useful information and links in relation to health policies.

Human Rights Covenants and Instruments

Examples of Human Rights Covenants and Instruments which contribute to the policy context include:

- The UN Declaration of Human Rights
- The International Covenant for Economic, Social and Cultural Rights

Principles and Values

The principles and values that underpin the current health services are derived from the policies and strategies mentioned above. Of particular interest to the community sector is the commitment to:

- A Population Health Approach
- Participation
- Person-Centred Services

A Population Health Approach

The commitment to underpin the health services by a Population Health Approach acknowledges and takes into account the fact that health is affected by a whole range of social, economic, cultural, political and environmental factors, as depicted in the diagram: The main determinants of health.

The main determinants of health



Source: Dahlgren and Whitehead, 1991

A Population Health Approach is based on the premise that poor people have poorer health. Consequently, this approach sets out to protect and promote the health and well-being of the whole population, or of a sub-group of the population, with particular emphasis on tackling health inequalities. The application of a Population Health Approach puts an emphasis on evidence-based data, including needs assessments in determining priorities and strategies, which are in turn subjected to evidence-based assessments of their effectiveness.

Participation

The commitment given in Action 52 of *Quality and Fairness: A Health System for You (2001)* – and echoed in many of the other strategies since then – states that:

Provision will be made for the participation of the community in decisions in relation to health and personal social services.

This commitment obliges the health services to develop mechanisms and frameworks for making this community participation happen. The publication of the *Community Participation Guidelines* by the Health Boards Executive in 2002 is a direct response to this commitment. More recently, Section 43(1) of the Health Act 2004 reinforces this commitment when it states:

The Executive may take such steps as it considers appropriate to consult with local communities or other groups about health and personal social services.

Further Information

The publication *Community Participation Guidelines* (Health Boards Executive 2002) is available for download by using the publications search option at: www.hebe.ie/Publications/Publications2002/

The report: *The Western Health and Social Services Guide to Public Involvement and User Engagement* (Western Health and Social Services Board [Northern Ireland] 2005) is also a useful source of information on public involvement and user participation. It is available for download from the Publications section of the website at www.whssb.n-i.nhs.uk/index.html

Person-Centred Services

The Commitment to a Person-Centred Services is enshrined in the DOHC's *Quality Customer Service Action Plan 2005 -2007*. The twelve principles of Quality Customer Service that guide this plan are worth becoming familiar with. For example, the principle of equality/diversity is stated as:

ensuring the right to equal treatment established under the equality legislation

and commits:

to identify and work to eliminate the barriers to access to services for people experiencing poverty and social exclusion, and for those facing geographic barriers to services.

The plan also outlines the customer complaints and appeals procedures. Information on eligibility for health services may be obtained from the DOHC.

Further Information

The *Quality Customer Service Action Plan 2005 -2007* (DOHC) is available for download by using the publications search option at www.dohc.ie/publications

For information on health services, see the DOHC web page at www.dohc.ie/public/information

The Department of Health and Children

Role and Responsibility

The mission of the DOHC as set out in the current Statement of Strategy 2005-2007 is:

to help enhance the health and well-being of all to improve the health and well-being of people in Ireland.

The role of the Department is to support the Minister and the Government by:

- Advising on the strategic development of the health system including policy and legislation
- Supporting their parliamentary, statutory and international functions
- Evaluating the performance of the health and social services
- Working with other sectors to enhance people's health and well-being.

Department Structure

The work of the DOHC is structured as described below.

Divisions

There are eight divisions, one of which is Primary Care and Social Inclusion (see the Further Information box below for web link information).

The Primary Care Unit website provides a link to the Primary Care Strategy website, where there are links to the Primary Care Strategy document and summary, as well as other relevant documentation and reports. One such report of interest to the community sector is the *Guidelines for Community Involvement in Health, Position Paper of the National Primary Care Steering Group, 2004*.

The Social Inclusion Unit was established in 2005 and has specific responsibility for making contributions to government policy in relation to social inclusion. This includes policy issues which fall outside the health sector but which strongly influence health outcomes. The Unit is also involved in co-ordinating the health aspects of the social partnership process. Its emphasis is on developing integrated approaches within the health sector to address health inequalities, especially in relation to specific care groups such as homeless adults, Travellers, prisoners, asylum seekers, drug users and people with HIV.

Agencies

The DOHC collaborates with statutory and non-statutory agencies, including the HSE and HIQA (see the Further Information box overleaf).

Working Groups

The DOHC operates within Working Groups which draw membership from a wide range of multisectoral interests and representatives, including the community and voluntary sector.

Further Information

The Department's Statement of Strategy, Business Plan and Annual Report are published on the its website www.dohc.ie

Divisions: Refer to the DOHC web page at www.dohc.ie/about_us/divisions/ for more detailed information on each Division's responsibilities, staff, contact details, relevant reports, and links to individual units.

Primary Care Strategy: Information on the Primary Care Strategy website is at www.dohc.ie

Agencies: See www.dohc.ie/agencies for information on the agencies the DOHC collaborates with

Working Groups: Details on the roles, membership, relevant reports and links to current Working Groups are available at www.dohc.ie/working_groups

The Health Service Executive

Role and Responsibility

The HSE came into existence on January 1st, 2005 following the enactment of the Health Act 2004 and is the first ever body charged with managing the operation of the health service as one unified system. It is accountable to the DOHC for the implementation of policy, as developed by the Department, and for providing expertise and an evidence-base to the Department in the formulation of public health policy.

The HSE has a national, regional and local structure, all interconnected and accountable through the CEO, to a Board which is appointed by and accountable to the Minister for Health and Children.

These structures are evolving and may change but the HSE website is updated with new information at regular intervals.

Further Information

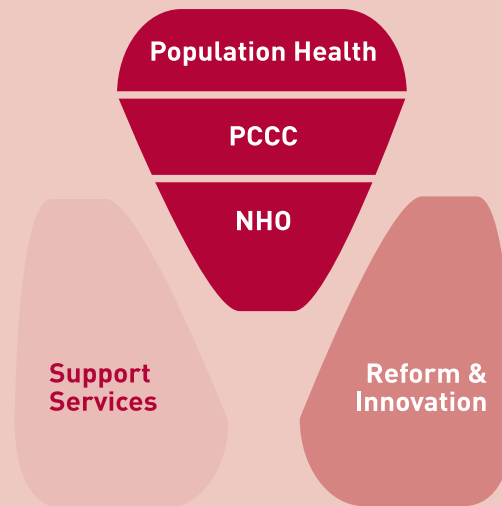
HSE website: www.hse.ie.

Publications available from the site include 'An Introduction to the HSE', which describes the organisational structure and contains the names, responsibilities and contact details of all key personnel. It also includes the Transformation Programme 2007–2010 which is a guide for all HSE staff and related agencies for the transformation of the health services. This Programme identifies the key transformation priorities and how they will be achieved in this period.

National Organisational Structure

The HSE manages its services through clearly defined independent areas:

- Health and Personal Social Services (Population Health, PCCC, NHO)
- Support Services
- Reform and Innovation



Health and Personal Social Services

As indicated in the diagram, Health and Personal Social Services are structured into three service delivery units, called Directorates,

Each one is responsible for a number of key services, agencies and functions. These are:

- The **Population Health Directorate**, which is responsible for the promotion and protection of the health of the entire population.
- The **Primary Community and Continuing Care Directorate (PCCC)**, which is responsible for the delivery of a range non-hospital services, including community-based services. It delivers these services through thirty two Local Health Offices.
- The **National Hospitals Office (NHO)**, which is responsible for the delivery of acute hospital services.

Support Services

Within the support services there are six management units. These units provide the services necessary to enable the organisation to function efficiently:

- Human Resources
- Finance
- National Shared Services
- Information and Communication Technology (ICT)
- Procurement
- Estates

Reform and Innovation

Reform and Innovation drives the HSE's strategic planning process, plays a lead role in major initiatives and creates national consistency.

Of particular interest to the community sector are the **Expert Advisory Groups** which, when fully operational, will be potential arenas for community participation. *An Introduction to the HSE* states that they will:

enable health professionals, clinical experts, patients, clients and service user groups to play an active role in health care reform, operational policy development and monitoring of policy implementation within the HSE.

Expert Advisory Groups are located in the centre of the HSE. They advise the HSE on the organisation and development of health and personal social services. Responsibility for the Expert Advisory Groups rests with the National Director in the Office of the CEO, who is supported by seven Assistant National Directors with responsibility for services to specific groups such as:

- Primary Care
- People with Disabilities
- Older People
- Children, Adolescents and Family
- Mental Health Services
- Palliative Care and Chronic Illnesses
- Social Inclusion

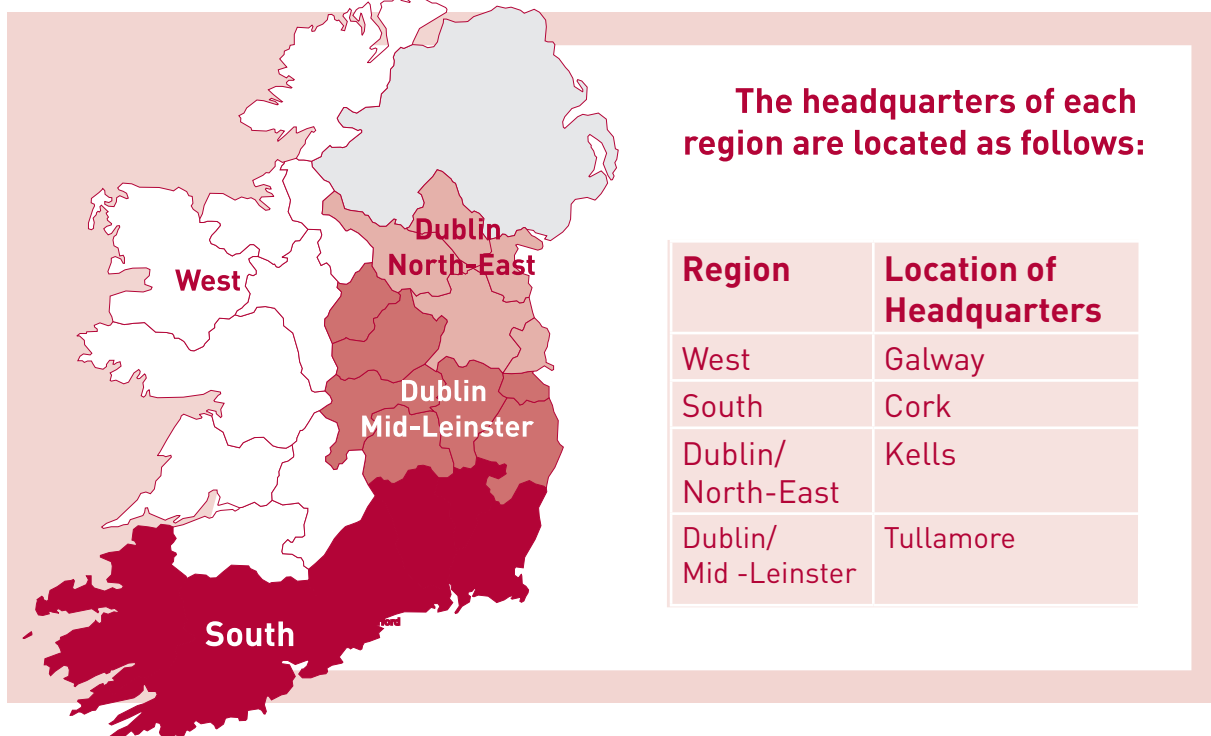
The Assistant National Director with responsibility for Social Inclusion works across the HSE to develop strategies, policies, standards and frameworks which promote best practice, consistency, accountability and a population health approach for tackling health inequalities. The key actions to achieve this include:

- Providing resources to build an awareness and understanding of social inclusion
- Enhancing the participation of those affected in the actions themselves and acknowledging the particular role for community development in this
- Monitoring progress and influencing policy in relation to meeting the NAP/ Inclusion targets
- Prioritising the provision of equal access to services when planning services and standards
- Addressing the link between poverty, educational attainment and health inequalities
- Developing and sustaining partnership work with key stakeholders, especially in relation to Area Partnerships, County Development Boards, RAPID (Revitalising Areas by Planning, Investment and Development) and CLÁR (Ceantair Laga Ard-Riachtanais) programmes.

Further details on the work of the Expert Advisory Groups are available on the HSE website.

Regional Organisational Structure

There are four **Regional Administrative Areas** as shown on the map below.



The role of the Regional Administrative Area is primarily a strategic and monitoring one as it relates to the co-ordination, planning and delivery of the Primary, Community and Continuing Services within its region through the Local Health Office or other agencies, as appropriate. This requires effective integration with the Hospital System.

Within each region and of particular interest to the community sector is a **Regional Health Forum**. This Forum comprises of elected representatives of City and County Councils within the area, who make representation to the HSE on the range of operations and services within that area. Details of membership of your Regional Health Forum may be obtained from the communications department within your Local Health Office.

Local Organisational Structure

There are thirty-two Local Health Offices around the country. The role of the Local Health Office is to manage the delivery of the Primary, Community and Continuing Care Services and the integration of the delivery system with local hospitals and non-health system agencies. In addition, the Local Health Office manages the relationship with service users, facilitates effective participation and makes arrangements for the provision of comprehensive, accessible information on all health and personal social services to communities and individuals. Each Local Health Office must compile a directory of services according to an agreed national template.

A Local Health Manager manages each Local Health Office and has overall responsibility for the delivery of services, using the resources allocated and according to the agreed Business Plan for that area.

Detailed information on the structure, services and responsibilities of the Local Health Offices is available on the HSE website.

Planning the Work of the HSE

The work of the HSE is governed by a complex system of service planning which includes:

- A Corporate Plan
- A National Service Plan which is accompanied by a Capital Plan
- A number of Business Plans
- Service Level Agreements

Corporate Plan 2005-2008

The Health Act 2004 required the HSE to submit a Corporate Plan to the DOHC and its Minister for approval within six months of its establishment. There is a legal requirement on the HSE to submit a new plan every three years. The Corporate Plan:

- outlines and maps out the HSE agenda for the three-year period in terms of high level actions and key deliverables
- identifies the HSE response to *Quality and Fairness: A Health System for You 2001*
- reflects the policy decisions of the Board and other national policies, strategies and priorities.

The current Corporate Plan 2005 -2008 outlines a set of four key objectives, which underpin all the actions of the National Service Plan and which are worth noting:

We will improve people's experience of our services and other outcomes through developing, changing and integrating our services in line with best practice.

We will work to protect, promote and improve the health and well-being of the population, based on identified need and with particular focus to address social exclusion. We will empower staff to deliver responsive and appropriate services, making effective team working a priority.

We will develop the HSE as a dynamic, effective and learning organisation in partnership with service users, patients, staff, the not-for-profit /community/ voluntary sector and other stakeholders.

Further Information

The Corporate Plan is available for download by using the publications search option at www.hse.ie.

National Service Plan

The National Service Plan, which is accompanied by a Capital Plan, is compiled on an annual basis. It must be adopted by the Board of the HSE and submitted for approval by the Minister for Health and Children no later than twenty-one days after the publication by the Government of the Estimates (in July).

The National Service Plan 2006 begins with an analysis of the current population health status, and then goes on to outline its plans in relation to the three Directorates within the HSE. Of particular interest to the community sector are the actions relating to Primary, Community and Continuing Care which include:

- Primary and Community Care Services
- Services for Children and Families
- Services for Older People
- Mental Health Services
- Palliative Care Services and Services for people with chronic illness
- Social Inclusion services, including services for Homeless people, people from minority ethnic communities, Travellers and people with addictions
- Services for people with disabilities

The section within the Plan for each service covers:

- The context
- Profile
- Brief outline of services currently being provided
- How the four objectives outlined in the Corporate Plan will be realised in the year ahead, including actions, budgets and monitoring mechanisms.

The format of The National Service Plan 2007 is different from that of 2006 as it is presented in terms of quantifiable outputs, outcomes and targets and presents a more integrated approach to service delivery. In addition, the different actions are linked, where appropriate, to the Transformation Programme referred to earlier in this guide. The Plan is set out in the following sections:

1. Introduction: Brief outline of the legal and policy framework. This section identifies the key underlying planning assumptions and population health priorities governing the preparation of the plan itself.

2. Outstanding Issues: Review of the items which were committed in 2006 and not fully realised.

3. HR Data: Outline of human resources to be employed in 2007

4. Outputs: The focus of the relevant service areas are outlined in terms of achievements in 2006. The deliverables against which performance will be assessed in 2007 are also outlined.

5. Service Initiatives: Details of service initiatives for which investment funding has been allocated

6. Quality: Outline of some of the initiatives that are planned in each directorate as part of the HSE's commitment to improving quality

7. Value for Money: Specific initiatives which ensure that resources are used economically and efficiently

8. Consistency and Social Inclusion: Specific initiatives that are planned for 2007 to ensure equity and equity of access. Some of these include enabling access by Travellers to mainstream health services, integration of the National Anti-Poverty Strategy into Primary, Community and Continuing Care, enhancing community development and partnership and developing an equality framework

9. Outcomes: Outlines of some of the key health impact areas which will influence health outcomes

Further Information

The National Service Plans 2006 and 2007 are available for download by using the publications search option at www.hse.ie.

Business Plans

These plans are prepared, implemented and monitored as agreed with the Regional Administrative Area and in accordance with the levels of service and accountability laid down by the Primary, Community and Continuing Care Directorate. Each one translates the actions identified in the National

Service Plan into specific detailed tasks and actions to be undertaken within each service unit e.g. Health Promotion Department, Dental Service, Child Care Services, etc. The time frame and lead person for each action is identified and there must be a consistent approach across the whole system. An agreed template for both planning and monitoring progress facilitates this.

While there are variations within each service, planning for ongoing services usually begins some time around July. A detailed analysis of what has and has not been achieved is used to identify what actions need to be carried forward into the next year. Taking the four Corporate Objectives (referred to in the Corporate Plan section above) and the priorities within national strategies, each service prepares a draft plan, using a nationally agreed template. This usually happens in August /September, so that it can make its way through the system to be ready for inclusion in the National Service Plan by December.

Any new service has to be agreed before the end of June with the Strategic Planning and Reform Implementation Group (SPRI), which is set up within the HSE national structure.

Each service unit must submit regular reports which chart progress and identify and give reasons for any variation in the plan. In addition, each service unit must give regular reports on its progress in relation to an agreed National Suite of Performance Indicators.

January	July	September	December
Time of influence	Planning for ongoing services	Draft plan complete	Draft plan included in National Service Plan

Service Level Agreements

These formal agreements are designed to manage the relationship between the health services and the non-statutory sector. There will be a national template which covers the tasks, timeframe, budgets and method of monitoring within each agreement. These Service Level Agreements are the basis of the contracts for community groups in receipt of resources from the HSE. Such contracts can be negotiated locally with specific service units such as Health Promotion, Child Care etc. who have the capacity to issue resources from within their own budgets, provided the contract is for work that has been included in the Business Plan for that service.

The Health Information and Quality Authority (HIQA)

Interim HIQA

The interim HIQA (iHIQA) was established on the 11th March 2005. The functions of the iHIQA were to make the necessary organisational preparations for HIQA. This included developing plans for the organisational design of governance and accountability structures and procedures for the new Authority.

HIQA was established in May 2007 by means of primary legislation. Draft Heads of the Health Bill 2006 provided

for the establishment of the HIQA and the Office of the Chief Inspector of Social Services within HIQA, on a statutory basis.

Role and Responsibility of HIQA

HIQA's functions are, broadly:

- Setting standards on safety and quality of services
- Monitoring against standards
- Measuring outcomes against resources
- Operating accreditation programmes
- Investigating systems failures
- Evaluating health technologies
- Evaluating information and data
- Setting standards on information and data

Further Information

Further information on HIQA is available from the website at www.hiqa.ie.

Having a Say in the Health Services

Introduction

The national strategies referred to earlier in this Guide (see the section on Policy Context) all signal the importance of community participation in addressing health inequalities. There are many ways to have a meaningful say in the Health Services. The table below summarises the ways or methods in which communities can have an input into the Health Services. The following sections expand on each of these methods and give contact details of groups who have used the methods, or who can provide information on using the methods.

How to Have a Say in the Health Services		Overview
<i>Understand the Social Model of Health</i>	<i>Conduct a Needs Analysis</i>	There are many ways of assessing the needs of communities but community development groups believe that people must be central in the analysis of their own needs.
	<i>Work Creatively</i>	Many community groups have researched and used creative methodologies to tackle health issues.
	<i>Conduct a Health Impact Assessment</i>	A Health Impact Assessment is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population.
<i>Understand the Nature of Health Inequalities</i>		Be informed of the facts nationally and internationally that demonstrate the degree to which poorer people have poorer health and die younger than those who are in higher socio-economic circumstances.
<i>Know the Relationship Between Health and Community Development</i>		Current health intelligence demonstrates the interrelationship between a wide range of social, economic, cultural, political and environmental factors that result in gross health inequalities. Community development is concerned with addressing existing inequalities, the denial of rights, the lack of effective mechanisms for participation and the increasing gap between rich and poor.

How to Have a Say in the Health Services	Overview
<i>Identify and Take the Actions that Will Improve the Health of People in Your Community</i>	Identify the actions community groups are taking in relation to health inequalities within their own communities.
<i>Strategically Influence the Policies and Strategies Which Affect Health</i>	Build your knowledge and skills in the area of policies that impact on health. Learn how to translate the issues on the ground into policies that will address the health inequalities of your community.
<i>Know and Influence the Relevant Health Plans</i>	Check to see if your health agenda fits in with any existing health plans and try to influence how they fit together in the future.
<i>Build Alliances</i>	Strengthen your position by building alliances within the health services and with other projects who share a similar health agenda.
<i>Build Capacity for Action</i>	Deepen your understanding of health matters and rights through specific training.

Understand the Social Model of Health

Facilitate a process within your community to identify the factors that impact on its health. Take one, some or all of these factors and subject them to critical analysis to fully understand the relationship between the real life experiences of people in your community and the social, cultural, economic and environmental dimensions of the factors that impact on their health. This can be done in a variety of ways. Examples of some of the methods used by community development groups and contact details for learning from their experiences are listed below.

Conduct a Needs Analysis

Needs Assessments are the starting point for setting in place appropriate local services within Primary Care areas. There are many ways of assessing the needs of communities. Community development groups believe that people need to be the subject of their own development and, therefore, must be central in the analysis of their own needs. The table below lists some groups who have already conducted needs analyses.

Organisation	Overview	Where to find out more
<i>Cairde</i>	Cairde have conducted a self-led needs assessment among minority ethnic communities, with a view to establishing a model of community participation in Primary Care which best meets the needs of disadvantaged minority ethnic communities. The needs assessment also informs the work of the National Health Forum for Minority Ethnic communities.	Web: www.cairde.ie
<i>Clondalkin Partnership</i>	A report on the experiences of the Quarryvale Community Needs Analysis entitled: <i>Quarryvale Community Planning for Better Health</i> is available for download.	Web: www.clondalkinpartnership.ie
<i>HSE</i>	<i>Stepping Forward – A Guide to Local Health Needs Assessment 2005</i> , a HSE publication on conducting Health Needs Assessments, is available for download.	Web: www.hse.ie/en/Publications

Work Creatively

Many community groups have researched and used creative methodologies to identify health needs. The table overleaf gives some examples.

Organisation	Overview	Where to find out more
<i>Mayfield Community Arts Centre</i>	This Cork City based centre used creative means to equip young children from two local schools to lead a process of identifying the factors that impact on the health of young people.	Web: www.mayfieldarts.org
<i>Blue Drum</i>	This Arts Specialist Support Agency researched and developed creative methodologies which enable groups to tackle health inequalities in their community.	Web: www.bluedrum.ie Email: info@bluedrum.ie
<i>Wexford 'Building Healthy Communities'</i>	This project initiated a process to facilitate local people in identifying their health needs and represented the analysis of the health issues creatively via a community arts project.	Email: info@fabcdp.ie

Conduct a Health Impact Assessment

A Health Impact Assessment is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of these effects within the population. It is designed to inform and influence decision-making and to reduce health inequalities.

Organisation	Overview	Where to find out more
<i>Donegal Travellers Project</i>	This project conducted the first Health Impact Assessment to explore the relationship between Traveller accommodation and health status.	Phone: 074 9129281 Email: travcom@eircom.net
<i>Galway Travellers Movement</i>	This group can provide information on using community development methods for evidence gathering in a Health Risk Assessment.	Address: 1, The Plaza Headford Road Galway Phone: 091 765390 Email: info@gtmtrav.ie

Further Information

More information on Health Impact Assessments and details of training in how to conduct them may be obtained from the Institute of Public Health at www.publichealth.ie.

Understand the Nature of Health Inequalities

Be informed of the facts nationally and internationally that demonstrate the degree to which poorer people have poorer health and die younger than those who are in higher socio-economic circumstances. The policies referred to earlier in this document recognise the effect of poverty on health. Sources for further information include:

Organisation	Overview	Web
<i>Combat Poverty Agency</i>	Many accessible publications relating to the social determinants of health and health inequalities.	www.combatpoverty.ie
<i>Public Health Alliance</i>	Committed to advocating and building capacity to tackle health inequalities in Ireland. The website contains useful, accessible information.	www.phaii.org
<i>Ireland and Northern Ireland's Population Health Observatory</i>	First port of call for intelligence about health, the factors that affect it and the interventions that improve it.	www.inispho.org
<i>Institute of Public Health</i>	Works to improve health on the island of Ireland by working to combat inequalities and influence public policies in favour of health. Their website contains useful resources and links.	www.publichealth.ie
<i>Health Research Board</i>	Website gives links to the Cochrane Library whose reviews bring you the combined results of the world's best medical research studies. There is also a link to the National Documentation Centre on Drug Use, which is an information resource on all aspects of drug use.	www.hrb.ie

Organisation	Overview	Web
<i>World Health Organisation</i>	Invaluable for international evidence and material on all aspects of health. Use the search facility to download a copy of <i>The Social Determinants of Health, The Solid Facts</i> , which gives international evidence on the factors that impact on health and on health inequalities.	www.who.int/en
<i>Health Development Agency</i>	Useful source of information based in England (now part of NICE, the National Institute for Health and Clinical Excellence)	www.nice.org.uk

Know the Relationship Between Health and Community Development

Community development is informed by a vision of a more just and equal society, which enshrines the principles of equality, empowerment, participation, justice, human rights and social inclusion in the way it structures and legislates for its citizens. Community development is concerned with addressing existing inequalities, the denial of rights, the lack of effective mechanisms for participation and relative poverty.

Current health intelligence demonstrates the interrelationship between a wide range of social, economic, cultural, political and environmental factors that result in gross health inequalities. Tackling these is an essential part of the community development agenda for change.

A community development approach to health is discussed in detail in the sources listed in the following table, all of which provide signposts for further reading.

Publication	Organisation	Web
<i>Community Development and Health</i>	Combat Poverty Agency	www.combatpoverty.ie
<i>CAN Comment, Community Development is Good for Your Health?</i>	Community Action Network (CAN)	www.canaction.ie
<i>Community Development Approaches to Health Issues in Northern Ireland</i>	Community Development and Health Network – the title given is just one of several relevant publications.	www.cdhn.org

Identify and Take the Actions that Will Improve the Health of People in Your Community

Reference has been made throughout this document to the actions that many community groups are taking in relation to health inequalities within their own communities. Other examples are listed in the table below. All of these groups will be able to provide information on others involved in similar work.

Identify the actions which have been taken by other groups and consider whether any of the actions could be used to improve the health of people in your own community. Below are some projects who can provide some advice.

Organisation	Overview	Where to find out more
<i>Lifford/Clonleigh Resource Centre</i>	In partnership with the North Western Health Board, has considerable experience of developing a model of community participation in Primary Care Teams	Phone: 074 914 1773 Email: liffclonrc@eircom.net
<i>One Parent Exchange and Network</i>	Involved in addressing isolation and stigmatisation among lone parents in a holistic way within the community as a means of improving mental health. This project is an alternative to the medical model of health. The participation of lone parents is essential and all actions are built on the identification of their own needs.	Web: www.oneparent.ie
<i>Irish Deaf Society</i>	Involved in an ongoing project to produce guidelines for health professionals and official policies to ensure health equality for deaf people. This involves the production and availability of materials in the Irish Sign Language.	Web: www.deaf.ie
<i>West Offaly Integrated Development Partnership</i>	Partnership of community and statutory agency representatives who work collaboratively to help communities in west and south Offaly to identify their health needs, draw up action plans to address them and to target statutory responses accordingly.	Phone: 057 9151622 Email: wop@eircom.net

Organisation	Overview	Where to find out more
<i>Galway Refugee Support Group</i>	Works with asylum seekers and refugees in a project called MARTA to build their capacity to identify and voice their health issues through the HSE structures. They are also engaged in building the capacity of HSE personnel to create more effective communication and consultation mechanisms.	Phone: 091 779083 Email: refugee.galway@ireland.com
<i>Fatima Health Initiative</i>	This initiative in Dublin's south inner city is involved in the employment of local women as part-time health workers to drive a resident health agenda within a programme of urban regeneration. They are also involved in setting up a Community Health Forum, which will develop a Community Development Health Strategy for the wider geographical area.	Phone: 01 4534722 Email: fgu@oceanfree.net
<i>Northside Initiative for Community Health (NICHE)</i>	Project in the Knocknaheeny/Holyhill area of Cork City. The focus of this project is on improving both community and individual health through a community development approach. This involves the employment of local Community Health Workers and a broad range of alliances and partnerships with other organisations working in the area.	Phone: 021 4300135 Email: nchi@iol.ie

Strategically Influence the Policies and Strategies Which Affect Health

Policies that impact on health signposted in Section One of this document and their analysis from a community development perspective (also signposted) are essential reading in terms of translating the issues on the ground into policies that will address the health inequalities of your community.

It is often quite a challenge for community groups to strategically use national policies, E.U. Directives and human rights instruments to advance their health agenda. Groups might consider building their knowledge and skills in this area. Useful contacts may be obtained through the *Having Your Say* Programme (formerly known as the Practice to Policy Programme) of the Combat Poverty Agency.

Know and Influence the Relevant Health Plans

The first section of this document outlines the key health plans and the planning process. Check to see if your health agenda fits in with any existing plans and try to influence how they fit together in the future. Essential steps include:

- Identify the service or services relevant to your agenda at a local and national level.
- Build relationships with key health personnel and negotiate how to progress your agenda. In particular, get to know the people involved in Primary Care in your area. Try to influence the development of your Primary Care Team, especially in the conduct of needs assessments and the design and delivery of appropriate local services.
- Be prepared. Quote relevant plans, policies and strategies. Know your facts and know what you want to see changed. Be specific and know what your priority issues are. Make sure that you take action at an appropriate time in the planning process, i.e. generally speaking between January and May each year.
- Try to foster collaborative working across sectors. Try not to allow one disappointing or negative experience of one service influence your views in relation to all services. The HSE is an enormous structure and has many arenas for engagement and collaboration. Use the local, regional and national structures to your advantage and build alliances as you do so.
- Ensure that your health agenda is known to your political representatives and to those that represent your interests on the Regional Health Forums, the County Development Boards and National Health Arenas (such as working groups and negotiating and monitoring bodies). There may be a variety of routes to resource and further your agenda, including Local Area-Based Partnerships, City and County Development Boards and Local Drugs Task Forces etc.
- Build a campaign locally, regionally and nationally to generate a politicised voice in relation to your health agenda.

Build Alliances

Strengthen your position by building alliances within the health services and with other projects whenever possible:

- Network with other projects who share a similar health agenda or who work within similar communities, be they geographic or communities of interest. Build up this network through:

- Programmes such as the *Building Healthy Communities* Programme, The Community Development Programme, The Family And Community Resource Centre Programme etc.
- Anti Poverty Networks such as OPEN, the Irish Travellers Movement, EAPN (European Anti Poverty Network) and others. The EAPN website at www.eapn.ie provides links to these networks and to the Community Platform.

The Community Platform is made up of national networks and organisations within the community and voluntary sector that are engaged in combating poverty and social exclusion and in promoting equality and justice. These groups, in particular the Community and Voluntary Pillar, are a valuable link to those who represent the community sector at a national level in policy arenas. Under *Towards 2016*, the new National Social Partnership Agreement, the DOHC will be holding quarterly bilateral meetings with the Community and Voluntary Pillar.

- Participate in the Public Health Alliance, whose members reflect the breadth of sectors and disciplines that impact on health. The Alliance works for a healthier society by improving health and challenging health inequalities. Details are available at www.phaii.org

Build Capacity for Action

Community groups may need to build the capacity of their members or community at different times. This may include deepening your understanding of any of the areas already discussed. Any of the groups already named will give information about where specific training is available. In addition, you might consider the following training options:

- **Community Development and Health Training:** Community Action Network (CAN) has developed an accredited (FETAC Level 5) Community Development and Health Course which offers community participants a range of modules including the Social Determinants of Health, Community Development Approaches to Health, and Social Analysis. Training can be a very important stage in developing strategies for tackling health inequalities. Contact CAN at www.canaction.ie for further information.
- **Rights-Based Training** is another way of preparing to take action. Useful contacts include Amnesty Ireland (www.amnesty.ie) and the Irish Council for Civil Liberties (www.iccl.ie).

- **Joint Training Opportunities** with local statutory personnel working on health issues is a good way of building understanding and building collaborative ways of working. In relation to a community health agenda, community groups make a very valuable contribution to building the capacity of health service personnel.

Plan, Act, Review, Learn

Remember the cycle of planning, action and reflection that is central to community development practice. Health inequalities are well established in society and making a contribution to tackling them is a challenge. Learning by doing is essential.

Appendix: Bibliography/References

The Health Service Reform Programme

The Health Service Executive

Publication/Organisation	Where to find out more
<i>An Introduction to the HSE</i>	www.hse.ie
<i>Transformation Programme 2007–2010</i>	
<i>HSE Corporate Plan 2005–2008</i>	
<i>National Service Plan 2006</i>	
<i>National Service Plan 2007</i>	

Community, Public and User Participation

Publication/Organisation	Where to find out more
<i>Community Participation Guidelines</i> (Health Boards Executive 2002)	www.hebe.ie/Publications/Publications2002/
<i>The Western Health and Social Services Guide to Public Involvement and User Engagement</i> (Western Health and Social Services Board [Northern Ireland] 2005)	www.whssb.n-i.nhs.uk/index.html
<i>Quality Customer Service Action Plan 2005–2007</i> (DOHC)	www.dohc.ie/publications
<i>Guidelines for Community Involvement in Health, Position Paper of the National Primary Care Steering Group, 2004</i> (DOHC, Primary Care Unit)	www.dohc.ie

Health Services Strategy and Policy Context

Publication/Organisation	Where to find out more
<i>Quality and Fairness: A Health System for You</i>	www.healthreform.ie/publications/all.html
<i>Audit of Structures and Functions in the Health System 2003 (The Prospectus Report)</i>	
<i>The Commission on Financial Management and Controls in the Health Service 2003 (The Brennan Report)</i>	
<i>The Report of the National Task Force on Medical Staffing 2003 (The Hanly Report)</i>	
<i>Cancer Services in Ireland: A National Strategy 1996 (DOHC 1996)</i>	www.dohc.ie/publications/all.html
<i>Building Healthier Hearts: The Report of the Cardiovascular Health Strategy Group 1999 (DOHC 1999)</i>	
<i>The National Health Promotion Strategy 2000-2005 (DOHC 2000)</i>	
<i>Primary Care – A New Direction (DOHC 2001)</i>	
<i>Traveller Health: A National Strategy 2002-2005 (DOHC 2002)</i>	
<i>The Review of The Health Promotion Strategy 2004 (Health Promotion Unit)</i>	
<i>National Action Plan for Social Inclusion 2007-2016</i>	
<i>Planning for Diversity – The National Plan Against Racism 2005-2008 (Department of Justice, Equality and Law Reform 2005)</i>	
<i>National Women’s Strategy 2007-2016</i>	www.justice.ie
<i>Homelessness: A Preventative Strategy (Department of the Environment, Heritage and Local Government 2002)</i>	www.enviro.nie
<i>The National Drugs Strategy 2001-2008 (Department of Tourism, Sport and Recreation 2001)</i>	www.pobail.ie
<i>HSE National Service Plan 2006</i>	www.hse.ie
<i>Community Work Approaches to Address Health Inequalities, Strategy Guide 7 (Community Workers Co-operative 2004)</i>	www.cwc.ie
<i>Analysis of Social Inclusion/Anti Poverty Measures and Community Work Approaches to Addressing Health Inequality Within the National Health Policy Arena (Community Workers Co-operative 2005)</i>	

Human Rights Covenants and Instruments

Publication/Organisation	Where to find out more
<i>The UN Declaration of Human Rights</i>	www.un.org/Overview/rights.html
<i>The International Covenant for Economic, Social and Cultural Rights</i>	www.unhchr.ch/html/menu3/b/a_cescr.htm

Having a Say in the Health Services

Needs Analysis

Publication/Organisation	Where to find out more
<i>Cairde</i>	www.cairde.ie
<i>Quarryvale Community Planning for Better Health</i> (Clondalkin Partnership)	www.clondalkinpartnership.ie
<i>Stepping Forward – A Guide to Local Health Needs Assessment 2005</i> (HSE)	www.hse.ie/en/Publications

Health Impact Assessment

Publication/Organisation	Where to find out more
<i>Health Impact Assessment – an Introductory Paper</i> (Institute of Public Health 2001)	www.publichealth.ie
<i>Health Impact Assessment Guidance</i> (Institute of Public Health 2006)	
<i>Wraparound, the Health Impact Assessment of the All-inclusive Wraparound Scheme, Summary Report</i> (Southern Health and Social Services Board /Institute of Public Health 2002)	

The Relationship Between Community and Health Development

Publication/Organisation	Where to find out more
<i>Community Development and Health</i> (Combat Poverty Agency)	www.combatpoverty.ie
<i>CAN Comment, Community Development is Good for Your Health?</i> (Community Action Network [CAN])	www.canaction.ie
<i>Community Development Approaches to Health Issues in Northern Ireland</i> (Community Development and Health Network)	www.cdhn.org

Health Inequalities

Organisation	Where to find out more
Combat Poverty Agency	www.combatpoverty.ie
Public Health Alliance	www.publichealthallianceireland.org
Ireland and Northern Ireland's Population Health Observatory	www.inispho.org
Institute of Public Health	www.publichealth.ie
Health Research Board	www.hrb.ie
World Health Organisation (Reports include <i>The Social Determinants of Health</i> , <i>The Solid Facts</i>)	www.who.int/en
Health Development Agency	www.nice.org.uk



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