



COMMUNITY DEVELOPMENT PERFORMANCE MANAGEMENT FRAMEWORK

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Contents

	Page
Introduction to the Performance Management Framework	3
Ensuring Strategic Level Commitment	6
Resources	6
Monitoring and Evaluation Arrangements	7
Timescales	7
The Community Development Performance Management Framework	8

Introduction to the Performance Management Framework

This framework was developed by Community Development and Health Network and Community Development Managers (2007) from the Wanless Report (2002). This Performance Management Framework document is lodged online at www.hscboard.hscni,net

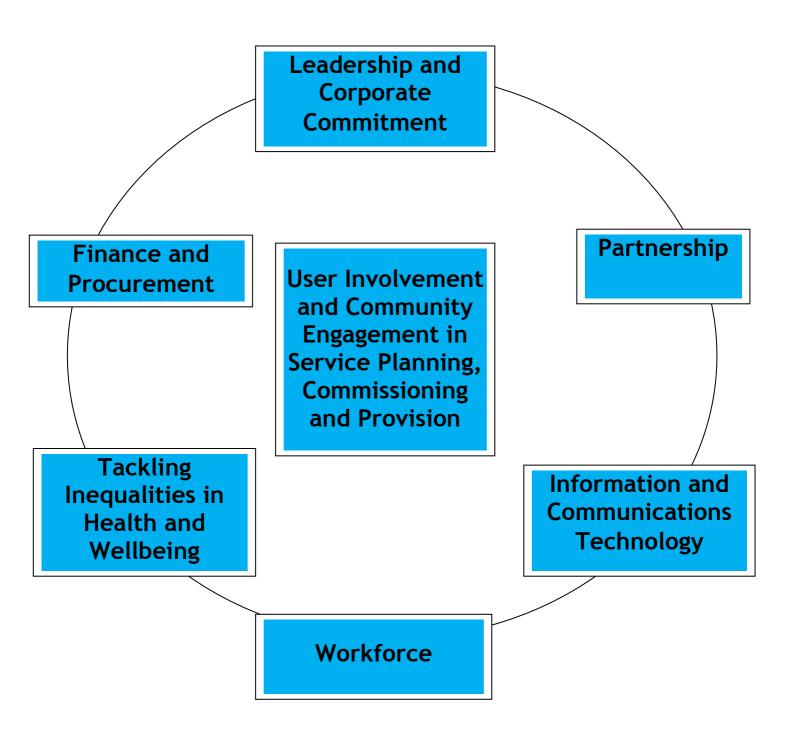
There is a need to bring about a critical edge to community development activity which emphasizes outcomes and this framework will assist in this regard. The following performance management framework supports health and social care organisations to:

- Systematically develop community development approaches in all aspects of their business;
- Ensure a realistic development route for community development;
- Measure progress on mainstreaming community development approaches; and
- Incorporate community development into performance management arrangements.

The ability to positively impact on health and social inequalities cannot be exclusively addressed by the Health and Social Care Board (HSCB) and Public Health Agency (PHA). Meaningful partnerships and a common agenda need to be developed with our Health and Social Care (HSC) Trusts, our colleagues in local government, housing, education and the environment, and our communities if we are to effectively deliver on improving the health of our population.

The PHA will have a key role in developing programmes to drive this agenda forward in the context of the new public health strategy to be produced in 2012. Strong performance management will be key to achieving an outcome which is positive and publicly understood, and ensures compliance with standards, statutory obligations and Priorities for Action targets set annually by the Department of Health, Social Services and Public Safety (DHSSPS).

The seven aspects of the Performance Management Framework are:



Benefits of Performance Management

Improving performance on community development approaches and capacity can have the following benefits:

- Innovation and leadership in tackling health inequalities through empowerment. Communities, local service users and groups are strengthened through community development and prevention, particularly the most vulnerable and excluded.
- Identification of key health inequality needs, problems and development of creative solutions to these through partnerships between (HSC) staff, service users and communities so that they are codesigners, co-commissioners and co-providers of services.
- Link excluded individuals, groups and communities and help to develop social capital and community ownership, taking a person centred approach to the design, commissioning and provision of services.
- Link HSC organisations and the community and voluntary sector, and support and encourage the community and voluntary sector to deliver services and tackle health and wellbeing inequalities.
- **Leverage funding** by providing access to a range of funding in partnership with other organisations.
- Identify, develop and support numbers of volunteers, thereby promoting active citizenship in communities in addition to enhancing service delivery.

It supports organisations to:

- Take stock of their attitudes, aspirations, and practice in relation to community development;
- Systematically develop needs and asset based community development approaches in all aspects of their business;
- Ensure a realistic progress route for community development;
- Measure progress on mainstreaming community development approaches; and
- Incorporate community development into performance management arrangements.

Ensuring Strategic Level Commitment

The framework ensures a Management Board level strategic commitment to mainstreaming community development and this is crucial in order to guarantee fulfilment of Commissioning Plans and Priorities for Action. It has been developed to provide strategic advice and guidance at Management Board level within HSC organisations on how to mainstream community development approaches through performance management. Mainstreaming community development approaches enables HSC organisations to ensure that user involvement and community development are at the heart of their organisations.

It is important to ensure that there is a commitment to community development across all Senior Management Team areas of responsibility in the HSCB, PHA and HSC Trusts rather than a narrower, less accountable approach to mainstreaming community development. In this way, it becomes the responsibility of each Management Team member to define how their directorate is progressing asset based community development approaches.

The outcomes reflect what mainstreaming community development would look like in practice for staff, users, communities and partners. Each outcome area specifies three levels of community development performance, progressing to the 'fully engaged level' where the organisation acts as an exemplar of and champion for community development approaches. The organisation would aim to progress through these levels of performance. We recognise that not everything can be achieved at once, so the framework is realistic and practical but also sets challenging targets.

Specific quantitative outputs under each outcome must be set by agreement within each organisation. The framework sets the context for that more detailed process to take place.

Resources

Every effort will be made to bring this proposal forward within existing resources. However, it is recognised that there may be inequities across HSC Trusts in terms of investment in community development. This will be considered within the baseline audit.

We would expect HSC Trusts to allocate a percentage of their resources overall to community development, distributed between headings such as:

- Support to community sector;
- Appointment or deployment of specialist community development staff;
- Training; and
- Evaluation of community development.

We would expect to see an Action Plan which reflects the output and outcomes set out in this strategy and performance management framework

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¹ Wanless 2002

Monitoring and Evaluation Arrangements

Each outcome area is structured to allow a three-step approach to full achievement. Within each of these three steps, a list of indicators against which to measure progress has been listed. A baseline audit against the seven key outcome areas will be completed by the relevant Director, Senior Manager and Community Development personnel within each HSC Trust. From this audit, action plans will be drawn up for each HSC Trust to ensure a measurable approach to achieving outcomes in full.

Progress will be monitored through annual monitoring meetings with HSC Trusts. This process will be managed by HSCB representatives (most likely to be the Community Development Lead and Director of Social Care and Families).

Timescales

The following table sets out the initial timescales and responsibilities for the implementation and monitoring of this framework.

Action	Responsibility	Timescale
Baseline Audit within HSC Trusts against seven outcome areas	Trust Staff	December 2012
Development of HSC Trust Action Plans	Trust Staff	March 2013
Implementation meetings with HSC Trusts	HSCB Community Development Lead(s)	April 2013
Monitoring Meetings	HSC Trust / HSCB Staff	September 2013 and bi-annually thereafter

The Community Development Performance Management Framework is on the remaining pages.

Expected Outcomes	Measures of Progress		
1. Leadership and	Stage 1	Stage 2	Stage 3
Corporate Commitment	Slow Uptake	Solid Progress	Fully Engaged ²
The organisation is	The organisation agrees a Community	The organisation incorporates	Community Development is
recognisably committed to	Development Strategy.	community development strategy into	integral to way organisations sets
promoting asset based		each corporate priority.	priorities, reviews progress and
community development	The organisation's Community		makes decisions.
principles and practice.	Development Strategy is agreed by the	Dedicated resources (funding and staff)	
	Management Board, is disseminated	to implement Community Development	The organisation provides
The organisation individually	and accessible to staff, partners, the	Strategy.	evidence of inputs, outputs and
and corporately ensures	community and voluntary sectors and		outcomes/impact of community
community development is	the public and includes actions and	Targets for increases/improvements in	development strategy.
mainstreamed as part of its	timescales.	community development approaches are	-
core business at all levels		part of departmental performance	The organisation acts as a
and across all relevant activities.	Organisation nominates a Senior	management frameworks.	champion for community
activities.	Management Board level accountable	Th	development approaches within
The amount of money and	person for the Community Development Strategy.	There is a non-executive sponsor for	area and partner organisations.
other resources invested in	Development strategy.	community development.	The erganisation uses its leverage
community development.	Senior Management Team accountable	An officer with expentice in community	The organisation uses its leverage and resources both locally and
community development.	for community development strategy	An officer with expertise in community	more widely to influence and
Appointment of Community	and mainstreaming community	development supports the accountable senior lead.	encourage community
Development specialist staff	development.	Sellioi lead.	development across health and
if needed, and ensuring that	development.	The Management Board is trained in	social care family.
an appropriate element of		awareness of community development.	social care rainly.
Community Development is		awareness of community development.	
written in to the remit of all		The Management Board receives	
posts, and all departments		progress reports and reviews	
consider what their		implementation of the Community	
appropriate input would be.		Development Strategy.	
		Takes action on under performance of	

² 'Securing our Future Health: Taking a Long-Term View', Final Report by Derek Wanless 2002

Expected Outcomes	Measures of Progress		
1. Leadership and Corporate Commitment	Stage 1 Slow Uptake	Stage 2 Solid Progress	Stage 3 Fully Engaged ²
		community development strategy/approaches. The organisation utilises its Community Development Strategy to create cohesive community engagement at all levels ensuring that links between consultation events, personal and public involvement and wellbeing initiatives all contribute to the overall corporate Community Development Strategy.	

Expected Outcomes	Measures of Progress		
2. User and Carer Involvement and Community Engagement in Service Planning, Commissioning and Provision	Stage 1 Slow Uptake	Stage 2 Solid Progress	Stage 3 Fully Engaged
The organisation ensures that users, carers and communities are meaningfully engaged in service planning, commissioning and provision.	The organisation can: Set out how diverse and changing local communities are involved in: - Baseline assessment of need; - Policy development; - Planning of services and the commissioning process; and - Reviews of provision of services.	The organisation sets objectives on ensuring that users, carers and communities are meaningfully engaged in service planning, commissioning and provision for managers and teams and reviews them regularly. Report to the Management Board on consultations and findings of monitoring and assessment of	The organisation can demonstrate that all staff across all service areas are involved to some extent in reviewing activities and policies for effect on user involvement and
Service planning, commissioning and providing processes are fair, accountable, transparent and inclusive. The organisation ensures (and shows) that the views of service users actually have an impact	Develop local arrangements with community and voluntary organisations. Identify potential exclusion of local community groups and barriers to user involvement as well as increased involvement and the effect of that involvement taking account of Section.75, urban rural dimensions etc. Reports include updates on progress in user	impact of community development policies and functions on health inequalities. Ensure reports are available to employees and the public in a 'user friendly' way. Take action on findings from monitoring and assessment and track progress over time. A range of community development methods built into people's core business, for example, user panels, focus groups, public meetings in community	community engagement. There is full engagement with communities - equal partnerships, fully supported and (long-term) resourced - where users, carers and communities are integral to planning, commissioning and service provision.
(change) on service planning and commissioning. Local people know	involvement and community development. The organisation monitors existing functions and policies and prospectively assesses new policies and services to see	venues and open forums between Senior Management Teams and community/voluntary sector. The organisation develops knowledge and skills of	Increasing public confidence in the organisation across local communities.

Measures of Progress		
Stage 2 Solid Progress	Stage 3 Fully Engaged	
staff in community development approaches - effective user involvement and community engagement. The organisation actively builds capacity of local users, carers and communities to engage with organisation. The organisation sets criteria, standards and targets for user involvement and community engagement in partnership with local people and actively uses all mechanisms available (see above). The organisation develops a user and volunteers expenses policy. The organisation trains staff on the implementation of policy. The organisation sets targets for levels of volunteering. The organisation supports development and maintenance of volunteering in community and voluntary sector partners.	The organisation is seen to welcome and respond to participation of all users, carers and communities in service planning, commissioning and provision. The organisation can give examples of the public's views on the organisation's commitment to user involvement and community development. Volunteers are integral to planning and delivery of services.	
	mechanisms available (see above). The organisation develops a user and volunteers expenses policy. and The organisation trains staff on the implementation of policy. The organisation sets targets for levels of volunteering. The organisation supports development and maintenance of volunteering in community and	

Expected Outcomes	Measures of Progress		
2. User and Carer Involvement and Community Engagement in Service Planning, Commissioning and Provision	Stage 1 Slow Uptake	Stage 2 Solid Progress	Stage 3 Fully Engaged
		opportunities. Long-term resources are committed to developing internal, and external capacity to support volunteers. The organisation sets objectives at all levels to ensure a consistent approach in utilising consultation, Personal and Public Involvement and wellbeing to support robust community and individual engagement.	

Expected Outcomes	Measures of Progress		
3. Tackling Inequalities in Health and Wellbeing	Stage 1 Slow Uptake	Stage 2 Solid Progress	Stage 3 Fully Engaged
The organisation is knowledgeable about the health and wellbeing inequalities experienced by local people/communities. Priorities are influenced by the need to tackle health and wellbeing inequalities in (that) particular geographical area or between communities and groups. Evidence based strategies (quantitative and qualitative) and action plans are used to reduce inequalities. Community development approaches are used to tackle health and wellbeing inequalities. Inequalities in health and wellbeing between groups are narrowing. And the contribution of Community Development to this is testified by staff and community members	The organisation has published up to date information on the health and wellbeing inequalities experienced by local people/communities of its resident/catchment population. The organisation complements quantitative data sources with qualitative data obtained from its community development activities, local consultation, needs assessments and research. The organisation has arrangements in place to monitor and analyse: - Changes in the population; - Health and wellbeing experience by local community; and - Health and wellbeing inequalities experienced by local people/communities and groups.	The organisation sets objectives and targets for health inequalities and community development approaches to health and wellbeing inequalities in its public health and regeneration programmes. The organisation sets objectives and targets on health and wellbeing inequalities and community development approaches to health and wellbeing inequalities within its strategies and other implementation plans. The organisation analyses and interprets information gathered and reports regularly on progress. The organisation works with other public health colleagues and the relevant public health institute to identify and use effective interventions and improve the quality of and access to information on health inequalities. The organisation has a community involvement and engagement programme that provides insight into the health and wellbeing experience of local users, carers and communities and their felt health and social care needs.	The organisation ensures staff, throughout the organisation, are aware of the diversity of the local population and their health and social care needs. The organisation fully promotes community development approaches to tackling health and wellbeing inequalities as an integral part of its public health and regeneration programmes. The organisation demonstrates the effect of its activities on population health and wellbeing and their root causes. The organisation works effectively with others on the root causes of health and wellbeing inequalities across local areas and partnerships.

Expected Outcomes	Measures of Progress		
4. Workforce	Stage 1 Slow Uptake	Stage 2 Solid Progress	Stage 3 Fully Engaged
The organisation is committed to improving knowledge and skills of staff to apply community development approaches to their work. Staff in all services, directorates and partnerships actively promote community development in their work, and are confident in their ability to apply community development approaches to waiting practice. Staff reflect the users and community they service at all levels in the organisation. Specialist community development staff address major community issues and priority areas and guide other staff in contributing the overall community development effort	The organisation has arranged for all staff to be trained in community development approaches. The organisation ensures that staff training and ongoing workforce support on community development approaches is an integral part of the overall Human Resources Corporate Strategy.	The organisation works closely with staff on creative approaches to promoting community development approaches. The organisation ensures that staff receive ongoing support on community development in the form of practice-based learning, peer support, coaching and mentoring etc. The organisation sets performance targets to ensure that staff who have received benefit or experience detriment as a result of performance assessment procedures on their implementation of community development approaches are monitored.	Workforce includes a complement of staff highly skilled in community development, and appropriate levels of community development are present throughout the workforce Local community and voluntary groups increasingly participate in community development and professional development of staff. The organisation links with local social economy and economic regeneration activities to ensure its recruitment strategies support local employment needs.

Expected Outcomes	Measures or Evidence of Progress		
5. Partnership	Stage 1 Slow Uptake	Stage 2 Solid Progress	Stage 3 Fully Engaged
The organisation is committed to supporting and maintaining local and/or community-based partnerships especially at neighbourhood level. The organisation is committed to resourcing in the long-term partnerships with the community and voluntary sector. The organisation successfully exercises its influences outside its direct partnership activities, for example, using the local private sector employers or local media.	The organisation seeks out and develops maintaining local and/or community based partnerships. The organisation actively promotes community development within its Local Strategic Partnerships and initiates joint activities and shared targets. Provision of funding for community and voluntary sector partnerships.	The organisation develops capacity of partner organisations to be providers of services. Partner organisations develop their own community development strategies. Partner organisations incorporate action on community development in action plans with measurable objectives and milestones. The organisation develops long-term, recurrent and stable funding for community and voluntary sector partnerships.	Partner organisations demonstrate progress on assetbased community development and successfully monitor and communicate their progress on promoting community development. Neighbourhood partnerships flourishing. Long-term, recurrent and stable funding for community and voluntary sector partnerships is ensured. The organisation has agreed targets for increasing voluntary/community sector provision of services. Partner organisations testify that their contributions to health and wellbeing improvement are also beneficial in terms of reciprocal effect on their own agency objectives, be they education,

Expected Outcomes	Measures or Evidence of Progress		
6. Finance and Procurement	Stage 1 Slow Uptake	Stage 2 Solid Progress	Stage 3 Fully Engaged
The organisation invests to promote asset-based community development approaches. The organisation ensures funding (within partnership arrangements as appropriate) for community-based provision of services. The organisation uses its economic power to tackle health and wellbeing inequalities.	Financial plans take account of investment needed to implement community development approaches (for example, management time, training, partnership activities, building capacity in partners). Contracts with other bodies include commitment to community development (user involvement and community engagement). Monitoring for finance and procurement arrangements are in place.	Mainstream budgets take account of the implications of identifying and meeting the health and wellbeing inequality needs of users and communities. Mainstream budgets take account of the implications of promoting asset based community development approaches. Mainstream budgets take account of the implications of developing capacity in community and voluntary sector partnerships to become service providers. Mainstream budgets take account of the implications of long-term, recurrent and stable funding for community and voluntary sector partnerships.	The delivery plan quantifies appropriate funds to promote community development approaches (user involvement and community engagement). The delivery plan quantifies funds to support long-term, recurrent and stable funding for community and voluntary sector partnerships. The delivery plan quantifies funds to develop capacity in community and voluntary sector partnerships to become service providers.

Expected Outcomes	Measures or Evidence of Progress		
7. Information Communications Technology	Stage 1 Slow Uptake	Stage 2 Solid Progress	Stage 3 Fully Engaged
 The organisation: Establishes baseline data on local population health and wellbeing needs; Documents progress on narrowing health and wellbeing inequalities between groups in all relevant aspects of its business; and Maximises opportunities for staff to access information to support their work, for example, internet, library, research findings and national policy. Improved communication between the organisations, users and communities. 	The organisation arranges to ensure access to timely, accurate and complete data on community development approaches to both staff and users, carers and communities as an integral aspect of its data quality work. The organisation arranges to ensure access to timely, accurate and complete data on health and wellbeing inequalities to both staff and users, carers and communities as an integral aspect of its data quality work. The organisation arranges to ensure staff has the skills to collect and analyse the data and has identified resources to support this.	High quality community development good practice data is available in accessible formats to health and social care professionals and service managers and the community. High quality health and wellbeing inequality data is available in accessible formats to health and social care professionals and service managers. Teams demonstrate how data is used to identify areas of concern and monitor progress on action taken.	The organisation can demonstrate 'joined up working' between departments and ICT on meeting the information needs of staff and users and communities.