# CollaborationNI:
## Case Study Four: Neighbourhood Health Improvement Project (NHIP)

Institute for Voluntary
Action Research

# Part One
# Background

## Partners

1. Limavady NRA
2. Outer North NRA
3. Outer West NRA
4. Strabane NRA
5. Triax NRA
6. Waterside NRA
7. Western Health and Social Care Trust
8. Public Health Agency
9. Derry Healthy Cities
10. Department of Social Development

## Background

The Neighbourhood Health Improvement Project (NHIP) aims to develop an integrated and collaborative approach to addressing health improvement across all six Neighbourhood Renewal Areas (NRAs) in the area covered by the Department of Social Development (DSD) North West Development Office (NWDO).

NHIP works by developing a process to enable communities in each NRA to improve their health and wellbeing. The Project Coordinator oversees and supports the work, which is delivered by part-time Health Development Workers in each of the NRAs. NHIP is co-chaired by two members of the collaboration, one from the statutory sector and one from the community sector, who both supervise the Project Coordinator. The Project Coordinator is employed by the Western Trust on behalf of the NHIP communities. The collaboration has been funded through DSD, which meant that the funding had to be spent through a statutory body.

There has been a wide range of activity in the six areas. Having previously had a wider range of programmes, NHIP has now decided to focus strategically upon three main areas: improving mental health, reducing obesity and collaboration. Each NRA develops its own action plan, which is evaluated against the three aims.
The 2014-15 end of year report found that 13 per cent of people across the NRAs had been involved in the programmes.

CollaborationNI offered a range of support services to NHIP, including:

• Five in-house sessions
• Two expert facilitation sessions
• One draft Terms of Reference
• Three draft Memoranda of Understanding (MoU).

At the time of writing, the latest MoU was being discussed by the different partner organisations.

# Part Two
# Summary of interviews[1]

## Drivers to collaborate

A key driver for collaboration was the need to move beyond DSD funding. Individual partners were concerned that without this funding their ability to survive and deliver essential health improvement services would be lost. Partners felt that they would be more likely to secure funding as a group than as several separate groups competing for the same pot: *'the collaboration was secured when funding was threatened'.*

## Hoped for benefits

Interviewees identified three main benefits to working in collaboration.

### 1. Improved service delivery through shared learning

Interviewees described how the six Health Development Workers share good practice between themselves. As a result, residents benefit from both the very local knowledge brought by these Workers, but also from a wider context of practice and learning:

> *'Delivery on the ground has exceeded expectations. Six people doing one thing and talking about it is better than six people doing six things individually.'*

There was a view that some areas are stronger in delivery than others, and that sharing the learning will strengthen them all – and ultimately reduce health inequalities:

> *'We need to get to a point where there is quality and equity across the areas, and to develop responsive services – it should not be the case that there is health inequity.'*

### 2. Organisational survival

The key aim of the NHIP partnership is to survive beyond DSD funding, in order to continue to improve the health and wellbeing of their local communities. To do so, the NHIP partnership needs to be able to find other sources of funding. Interviewees were clear that being part of a larger collaboration has helped the smaller partners to survive and to deliver services that they might not otherwise have been able to do.

### 3. Evaluation

Finally, interviewees said that the ability to evaluate services across a larger area would help strengthen the case for funding support. Strong evaluation frameworks are now in place, and, in turn, this should ensure that local residents continue to benefit from targeted and appropriate interventions.

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[1] Fionnuala McKinney, Western Health and Social Care Trust; Seamus Ward, Bogside and Brandywell Health Forum; Marie McLaughlin, Western Health and Social Care Trust.

# Concerns and challenges

Interviewees identified three main areas of challenge.

### 1. Funding

Interviewees felt that the main challenge has been that the collaboration was funding rather than vision led from the start: *'it's been running since 2009, it was funding led which is sometimes not the best way to be formed, and we're still battling with that'.*
This has meant that it has taken time to develop a vision, and to be clear about what the added benefits of collaboration are, over and above attempting to secure funding.
At the same time, uncertainty over funding continues to be a concern. The DSD funding is currently continuing and whilst this is welcome, one interviewee felt that without the pressure to find more sources of funding the drive to collaborate might *'slacken'.*

### 2. Top down versus bottom up

Interviewees agreed that there was an inherent challenge in attempting to meet varied local needs whilst taking a strategic approach to the whole area. The partnership had found it difficult to agree upon the appropriate level of top down/bottom up approach, and discussions over this had been a source of tension. This is the second year where themes have been agreed and it is now more generally accepted as an approach.

### 3. Relationship between the community and statutory sectors

The NHIP partnership had progressed substantially in strengthening its relationship between the two sectors, which meant the partnership was strong enough to call upon CollaborationNI's support, in recognition that the relationship had already developed positively.

However, it has also been challenging. At times the process has been *'fraught and highly politicised'.* A particular source of tension has been resentment from the community groups about the level of control DSD has over the funding and how it is spent. The power differentials between community and statutory sectors at times made decision-making difficult: *'the statutory organisations are also the funding bodies and without care this can remove the legitimacy of partnerships'.*

Linked to this is concern about the Project Coordinator role. Interviewees perceived this to be a critical element of NHIP's ability to develop and deliver services. However, it is not clear how this will be funded after DSD money comes to an end. Even more challenging is that it is not clear where the post would sit if funding was secured, and interviewees expressed some concern that politics and tensions would resurface over these discussions. However, there was also confidence that the involvement of CollaborationNI has allowed the relationship building process to continue by enabling the members to formulate a strategic joint vision.

# Views of collaboration support

Interviewees were extremely positive about the support offered by CollaborationNI. Having an objective, external body providing free support has in their view been critical to moving the collaboration ahead. In particular, the facilitation sessions helped to focus the different members towards a common goal: *'the facilitators were superb at finding commonalities'.* This helped to develop a shared vision where NHIP is stronger than its individual components:

> *'I thought that this is something worth fighting for.'*

> *'CNI went back to a blank canvas in the early workshops and helped everyone think about core values.'*

The sessions and advice also enabled NHIP to formalise its structure effectively, whereas previously it had been a very loose knit group, with considerable tensions between partners:

> 'It would not have been possible to get to this point without support. We'd got to a stalemate between statutory and community sectors.'

Interviewees agreed that relationships between partners, and particularly between the community and statutory groups, have improved substantially as a result of the support from CollaborationNI: *'the chasm between the statutory and community sectors is being broken down'*. A clear example is that the community groups actively wanted the statutory sector involved and named in the MoU.

# Reflections on collaborative working

Interviewees reflected that the process of developing a strategic joint vision had been key to moving the collaboration forwards, particularly as NHIP had not originally started from this point. It was also clear to interviewees that: *'collaboration takes time – if you want to do it, people have to buy in and make that as a positive choice, no-one can make it work otherwise'*.

Interviewees described how the different partners had had to learn about each other and to understand how the various partners operated. In particular, both the community and statutory sectors had to adjust to different language and organisational cultures. The statutory sector also learnt that the community sector is not necessarily always unified. This learning took time, but has meant that the partners now have greater respect and understanding for one another:

> 'It's not always easy, but it's better to get through the problems so you can move forwards.'

Interviewees were also aware that for all the progress, this is only the start and real challenges remain. However, they were optimistic that the collaboration would work:

> 'We need to get beyond the MoU and to develop a clear action plan for the next three years – this will cement the partnership and give people a sense of commitment.'

> 'It's easy to lose the vision that we are better together, now we really need to make it happen.'

> 'The real benefits will come as the collaboration begins to apply for and access funding as a group – it will become more cohesive.'