Connected and empowered communities – strategies and tools for a whole system, community-centred approach to health and wellbeing

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PHE From Evidence into Action: game-changer and underpinning theme: community-centred and asset approaches

PHE practice examples pilot

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Today

- explain about the PHE practice examples project as a way of improving access to practice-based knowledge
- show learning from the examples gathered
- show a film of one of the projects (technology permitting)
“When we work with organizations and communities to advance prevention, we also learn new strategies and examples that become part of our ever-growing understanding of the best ways to practice prevention.”

About the project

- The project aimed to:
  - pilot a way of improving access to practice-based knowledge as it is often not documented
  - spread learning about the different ways that local areas use community-centred and public health approaches
  - collect examples from local authorities and the voluntary sector across the north of England
- Informed by a literature review and work undertaken on community centred approaches
- Involved establishing governance arrangements within PHE
- Steering group signed off examples
- Template 13 questions with prompts developed to gather examples
- Workshop held at the Due North conference in Hull
The family of community-centred approaches

Community-centred approaches for health & wellbeing

- Strengthening communities
  - Community development
  - Asset based approaches
  - Social network approaches

- Volunteer and peer roles
  - Bridging
  - Peer interventions
    - Peer support
    - Peer education
    - Peer mentoring
  - Volunteer health roles

- Collaborations & partnerships
  - Community-Based Participatory Research
  - Area-based Initiatives
  - Community engagement in planning
  - Co-production projects

- Access to community resources
  - Pathways to participation
  - Community hubs
  - Community-based commissioning
Practice Example Template

The template is for submissions to the Public Health England Public Health Practice Examples collection. Sub-questions are for guidance only and are not mandatory.

1) Title (word count: 85 characters with spaces) and author
   What is the title of this practice example? Who is the author?
   You can also include the names of the responsible organisation(s), any co-authors and funding sources in this section.

2) Brief summary [Word limit: 140 characters with spaces]
   Please can you summarise this practice example in no more than 3 sentences? This summary may be used in a stand-alone form to describe the project. Readers will be able to link from this to the rest of the practice example.

3) What was the timescale for the project? [Word limit: 20]
   When did this project start and if complete when was it completed?

4) What was the setting and population covered? [Word limit: 100]
   Where did this project take place and can you briefly describe that place? E.g. town, county.
   Did the project take place in a particular setting? E.g. hospital, school.
   Who was included in the project? E.g. Sex, age, other demographic characteristics.
   Were there any inclusion or exclusion criteria?

5) What were we seeking to achieve? [Word limit: 100]
   What was the purpose of the project? If a research project what were the specific research questions asked?

6) Why did we decide to take action? [Word limit: 100]
   What led to this project taking place? Was the project informed by a particular health need?
   Were there particular political or social factors which influenced the initiation of this project?
   Did this project follow any specific related projects?

7) What did we do? [Word limit: 200]
   Please include details which might be useful for others wanting to conduct similar projects.
Examples gathered so far

- Minded to Help Darlington
- Ways to wellness Newcastle
- Stockton navigator service for asylum seekers and refugees
- Fire and Rescue service: safe and well visits Greater Manchester
- Our people, our place, our approach: Northumberland
- Dance Action Zone Leeds (DAZL) for children and young people
- Integrated Wellness: live life well Sunderland
- Community health champions Redcar and Cleveland
- Connected people connected communities: Newcastle and Gateshead
- Auntie Pam’s volunteer scheme helps mums-to-be in Kirklees
- Gypsy, Roma Traveller health needs in Durham
- Skelmersdale international: welcoming new arrivals
- All Together Better: health champions
- Volunteer led walking group and alcohol recovery
- Dementia friendly Kirklees: memory loss support group
- Men at risk of suicide
Minded to Help Darlington

Summary

Peer support promotes positive mental health in the workplace to help employees

Advice for others starting similar project

Find a partner who works with the sector/setting that you are aiming at and align the objectives of the project with their objectives.

Family of interventions does the project relate to?

Peer support
Stockton navigator service for asylum seekers and refugees

Summary

Peer support, personalised assessments, action planning, signposting, information and handholding help new arrivals to access services and improve their wellbeing.

Advice for others starting a similar project

Identify stakeholders before the start of a project to help to establish the service.

Family of interventions does the project relate to?

Social network approaches

Peer support
Ways to wellness Newcastle for people with long term conditions

Summary
Social prescribing helps patients to manage their long term conditions through one-to-one support from a link worker.

Advice for others starting a similar project
Establish a group of strong willed, like-minded people with local influence and credibility who are prepared to push perceived boundaries.

Family of interventions does the project relate to?
Social prescribing

Link Worker setting goals with client, reviewing healthy eating and activity levels
Dance Action Zone Leeds (DAZL) for children and young people

Summary

Dance leaders run programmes in their local communities and improve health and wellbeing through peer education and community development.

Learning

Consult, engage and empower local communities to provide fun engaging dance programmes with performances to celebrate and bring communities together.

Family of interventions does the project relate to?

Community development

Peer education / mentoring
Auntie Pam’s peer volunteer scheme helps mums-to-be in Kirklees

Summary

Peer volunteers help pregnant women and new mums in a local community to give their children the best start in life.

Advice to others starting a similar project

Local services should be user led and not service driven to achieve the best results in a cost effective way.

Which family of community centred approaches does the project relate to?

Volunteer and peer roles: bridging, peer interventions, peer support, peer education/mentoring, volunteer health roles

Co-production projects

Community hubs
Auntie Pam’s
Acknowledgements

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• All those who have taken part in the pilot and provided information on their projects
For further information

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Whole system asset based strategies

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Chair ADPH North East
Community led approaches to health and wellbeing

Significant work has been undertaken within the North East to develop community centred and asset based approaches as an area of Sector Led Improvement

Aim

• To embed and maximise opportunities for community centred approaches to improving health in the North East

Objectives

• To understand and share the current approaches being delivered in the North East
• To explore barriers and enablers being experienced
• To develop shared areas for joint action across the region
• To work closely with PHE on emerging framework for community led approaches
• To embed asset based approach within STP’s and Health and Wealth NECA/NHS Health and Social Care Commission
Framework for community centred approaches

Leadership

• Community led and asset based approaches is one of the NE Sector Led Improvement areas of work
• Scoping exercise with all 12 Local Authorities to collate current practice, common challenges, areas for collaboration
• Community of practice with integrated wellness programmes established
Progress

• Annual conference identifying key areas for development - workforce, evidence, sharing of practice, evaluation
• Mapped existing activity/projects against the 'Family of Community Centred Approaches for Health & Wellbeing'
• Secured a small amount of funding for VONNE to undertake a mapping/scoping of social prescribing activities
• Been part of the pilot to collate practice examples onto the PHE Knowledge service to share with others across the country - we have 8 examples including Northumberland DPH Annual Report which was shared at the Due North Conference also.
• Shared posters at the last 2 PHE conferences
Annual Conference 2017

• Engaging the NHS – 28th March
• Community led and assets based approaches prioritised within the STP’s and also NECA NHS Health and Social care Commission Report
• Opportunity to link to MECC explicitly into community led approach
Social prescribing for long term conditions in the west of Newcastle: An outcomes approach

Chris Drinkwater, Chair, Ways to Wellness
North East implementation of the Family of Community Centred Approaches—A partnership between PHE North East and Association of Directors of Public Health North East

Catherine Parker, Health and Wellbeing Programme Lead; Michelle Mancini, Public Health Officer (Public Health England North East Centre), Amanda Healy, Director of Public Health (South Tyneside Council) and Chair of the ADSPH Network, North East

INTRODUCTION

Community-centred approaches are not just community-based, they are about mobilising assets, promoting equity and increasing people’s control over their health and lives. Community-centred and asset-based working has gained increasing popularity since the Marmot Review and the increase in evidence that addressing the social determinants of health is needed to reduce persistent health inequalities. However, much of the philosophy behind these approaches has been practiced for many years, through fields such as community development. Community-centred working is an underpinning theme and game-changer for PHE’s seven priorities within From Evidence to Action. There is a significant amount of work already being undertaken in the North East which aligns to community-centred and asset-based approaches. The North East is seen as a lead in this area and has been recognised as such through the “What Works Centre for Wellbeing”. In many areas this is not new work, and has been embedded in the approach of councils and voluntary sector organisations for many years. However, the language used to describe these approaches differs from area to area, and in many cases the work is not led by public health.

METHODS

In order to explore what community and asset-based approaches were currently being used across the North East, the North East PHE Centre undertook a scoping exercise with all 12 Local Authorities. Local Authorities were asked to refer to the ‘family of community-centered approaches for health and wellbeing’ identified in ‘A guide to community-centred approaches for health and wellbeing’ report to describe what approaches they were using, how well they were working, what barriers and challenges they faced, and how they were evaluated. A steering group was then established to plan a regional event to share learning, show case examples of good practice, and discuss opportunities for collaborative working.

RESULTS

A second annual event was held in March 2016 showcasing a number of regional, national and international approaches including: a strengthening communities model based in Nepal; a volunteer and peer roles initiative in Redcar & Cleveland, a national Healthy Cities programme in Newcastle; and an access to community resources model in South Tyneside.

Examples of interventions being delivered included the use of social impact bonds to establish a social prescribing programme and the development of the workforce linked to Making Every Contact Count. The event was also used as an opportunity for the four integrated wellness services in the North East to share their lessons learnt one year on, from a practitioner perspective.

Figure 2. A ‘Healthy Cities’ approach promoting community engagement in their local environment

CONCLUSION

A shared programme of work not only promotes the development of a community practice focussing on health and wellbeing, but helps to foster an emerging workforce. Working with Northumbria University, and with the North East, Ways to Wellbeing, the project is essential to help the North East to develop a competency framework and to identify emerging workforce.

Working with Fuse (the Centre for Public Health) on the development of a competency framework which balances consistent practice with what matters to local communities and wellbeing.

Host a third annual conference to share learning.

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REFERENCES

Working together to improve health and wellbeing
Challenges

• Investment and a ‘shift to prevention’
• Acknowledging that difference is good
• Developing the ‘wider public health workforce’ and investment to this
• Embedding community led approach into commissioning
• Supporting leadership at all levels
Questions

• What needs to happen to make the shift to a whole system, community-centred approach to health and wellbeing that builds on local assets? What does good look like?

• What levers can we use in the current climate to ensure that communities play an active part in local priority setting, service design and delivery?

• How can we learn from the local and amplify that learning so others can improve their commissioning and practice?
Closing Remarks

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