



Public Health
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Update on PHE's National Programme

Community centred approaches to
health improvement

Alison Patey

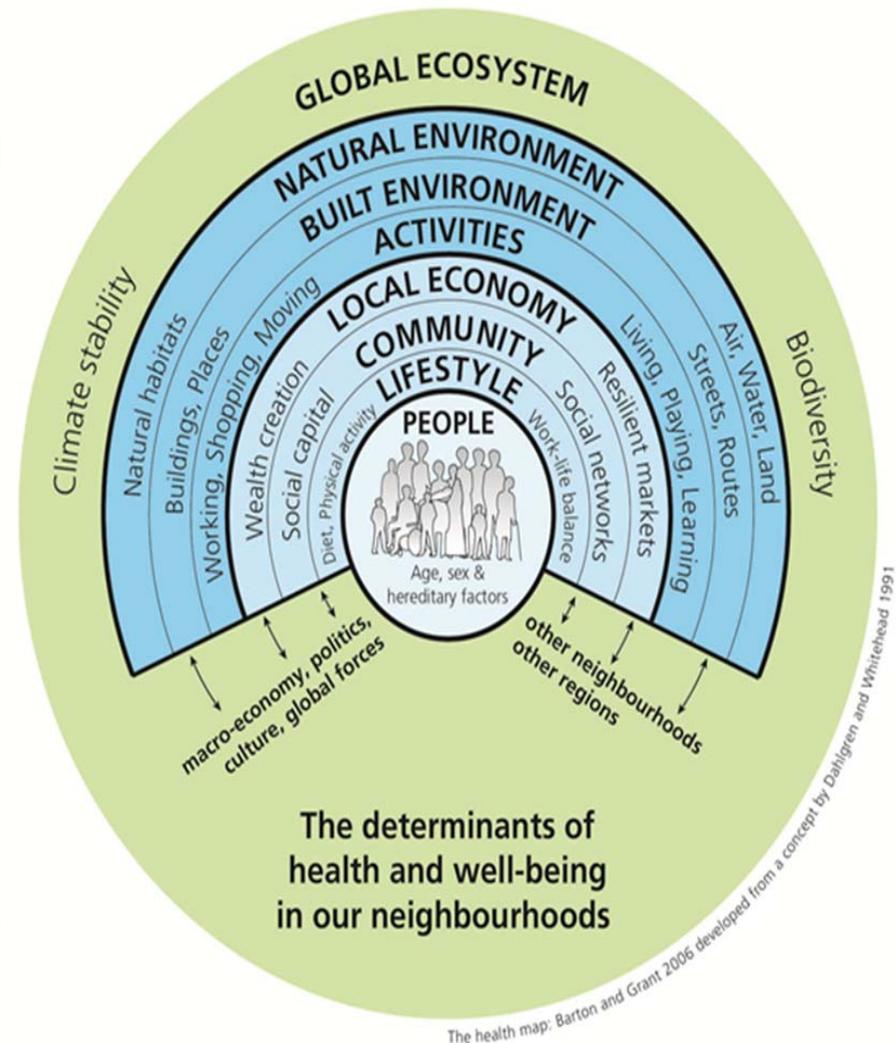
FUSE event 11th January 2018, Newcastle

Introduction - Communities, health and wealth

Much is known about the economic, social and environmental factors that make people and communities flourish and also the conditions that have a detrimental effect on health and drive health inequalities.¹

³ A focus on local assets and community capital is an important part of this local approach to public health.⁴

This narrative helps develop a shared language about the building blocks that lead to healthy, equitable and empowered communities and the range of support that PHE can offer.



A shared vision

A national public health system that is oriented to community strengths and needs, builds resilience and social connectedness, reduces inequalities and helps people and communities have greater control over their health and lives

Many national agencies and local areas share the vision of building connected and empowered communities. We think the time is right to put in place a national infrastructure to make this vision a reality





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Why communities matter for health

The extent to which we have control over our lives, have good social connections and live in healthy, safe neighbourhoods are all important influences on health.¹ These community-level determinants are **protective** of good mental and physical health and can buffer against stressors across the lifecycle.^{5,6} However, socio-economic inequalities negatively affect the quality of community life for many.

This is not only about the **places** where people live, but also about the **connections** between people. Social isolation and loneliness are detrimental to health, with review evidence showing that weak social networks and lack of social support are associated with higher health risks.^{7,8}

There are health benefits from individuals having **control** over their lives and communities having some **collective control** over local planning and allocation of resources. That is why the Due North Independent Inquiry on Health Equity recommended devolution – ‘having the power to make a difference at the right spatial scale’ - as a strategy to reduce health inequalities.⁹

“How people experience social relationships influences health inequities. Critical factors include how much control people have over resources and decision-making and how much access people have to social resources, including social networks, and communal capabilities and resilience.”(p.13)

WHO Europe (2013) Review of social determinants and the health divide¹⁰

Why is it important to engage and empower people and communities?

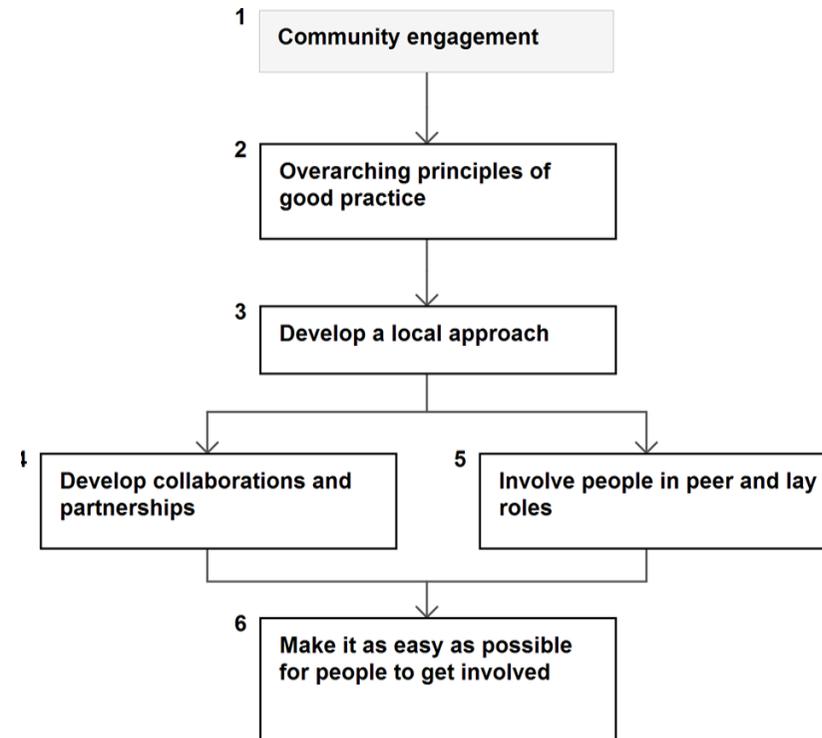
In line with the recommendations of the Marmot review....., Community-centred approaches that actively involve citizens in prevention programmes and give them opportunities to improve local places should be seen as a key strategy helping to improve the health of the poorest fastest.

The evidence base shows that community engagement interventions have a positive impact on a range of health outcomes across various conditions.¹³ Recent NICE guidance on Community Engagement (NG44) signals the importance of working in partnership with local communities to plan, design, deliver and evaluate health and wellbeing initiatives.¹⁴

For the NHS, the Five Year Forward View highlighted the need to ‘fully harness the renewable energy’ of and communities’ as part of a greater emphasis on prevention.¹⁵ From a public health perspective, involving people in volunteer and peer roles can help strengthen social networks and offers a means to access and connect with groups at risk of social exclusion.^{17,18}

NICE Quality Standards for local commissioning: NG44 Community Engagement

1. Members of the local community are involved in **setting priorities** for health and wellbeing initiatives.
2. Members of the local community are involved in **monitoring and evaluating** health and wellbeing initiatives as soon as priorities are agreed.
3. Members of the local community are involved in **identifying the skills, knowledge, networks, relationships and facilities** available to health and wellbeing initiatives.
4. Members of the local community are actively recruited to take on **peer and lay roles** for health and wellbeing initiatives.²⁵



NICE - Community Engagement Overview
<https://pathways.nice.org.uk/pathways/community-engagement>



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Underpinning Concepts

Health assets and asset-based approaches

What is an asset based approach?

- An asset based approach understands health as a positive dimension (salutogenic)¹⁹ and focuses on the factors and solutions that lead to good health. These often lie within the resources of people and communities and the connections between them.
- An asset based approach to public health is therefore based on valuing the factors that promote and protect health and enabling them to be strengthened. This complements the traditional deficit approach to health that focuses on needs and problems.²⁰
- Approaches might include: collecting data on health assets/ protective factors and indicators (joint strategic needs & assets assessments and asset mapping), setting solution-focused priorities for change (living well, ageing well) and delivering community-centred health improvement (asset based community development).



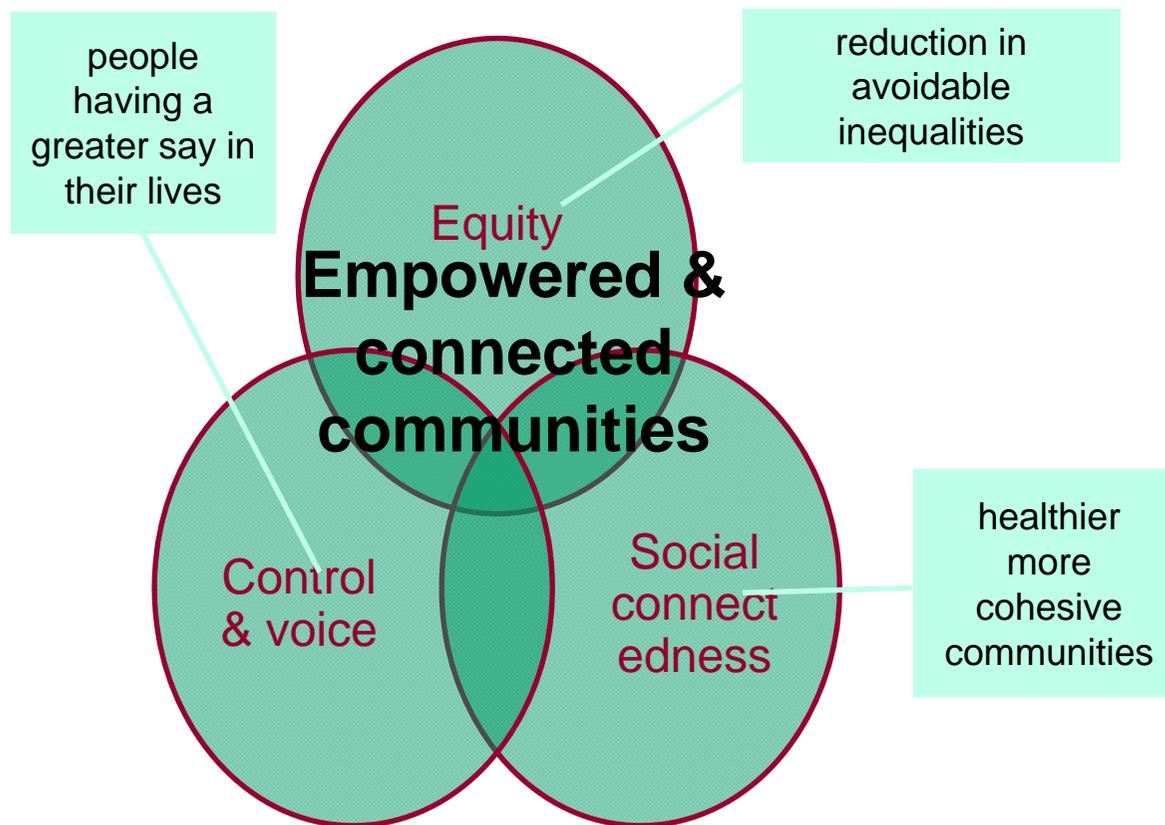
***“A health asset can be defined as any factor (or resource), which enhances the ability of individuals, groups, communities, populations, social systems and/ or institutions to maintain and sustain health and wellbeing and to help reduce inequalities”
(Morgan & Ziglio, 2007)²⁰***



Community-centred approaches for health & wellbeing

The PHE and NHS England (2015) Guide to community-centred approaches for health and wellbeing provides a conceptual framework for working with communities and a family of community-centred interventions.²¹

The evidence presents a compelling case for a shift to more person and community-centred approaches to health and wellbeing. This shift is underpinned by three core concepts: Equity, Social Connectedness and Control & Voice.



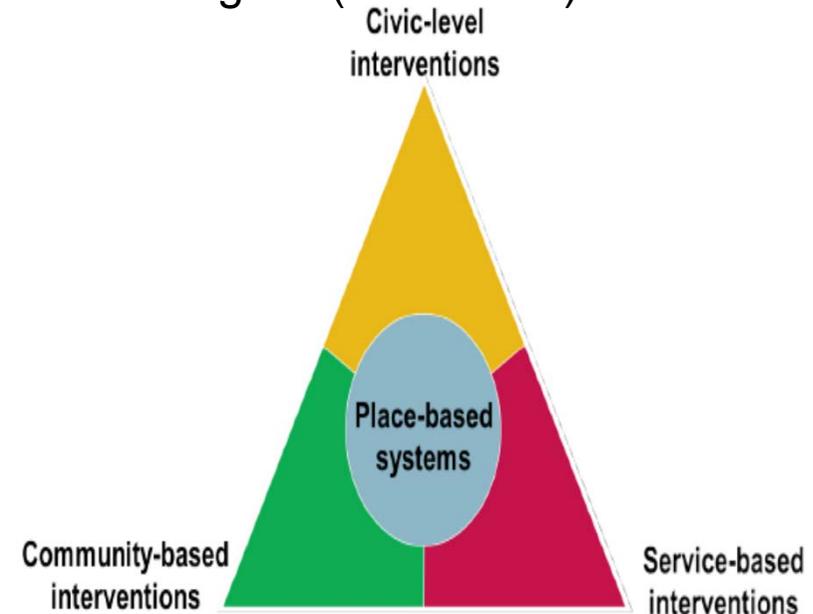
Place-based leadership

Community-centred and asset-based approaches fit within a Health in All Policies (HiAP) approach for local places.⁴

A focus on communities is needed within effective place-based action on health inequalities, implemented at scale. PHE's recent resource for local areas - 'Reducing health inequalities: system, scale and sustainability' - recommends intervening at the **civic level** (healthy public policy), **community level** (building collaborations and community capacity) and **service level** (prevention services) as there will be a greater combined impact.²²

"Developing integrated place-based systems is key to ensuring the long-term sustainability of health and care services."
(22:15)

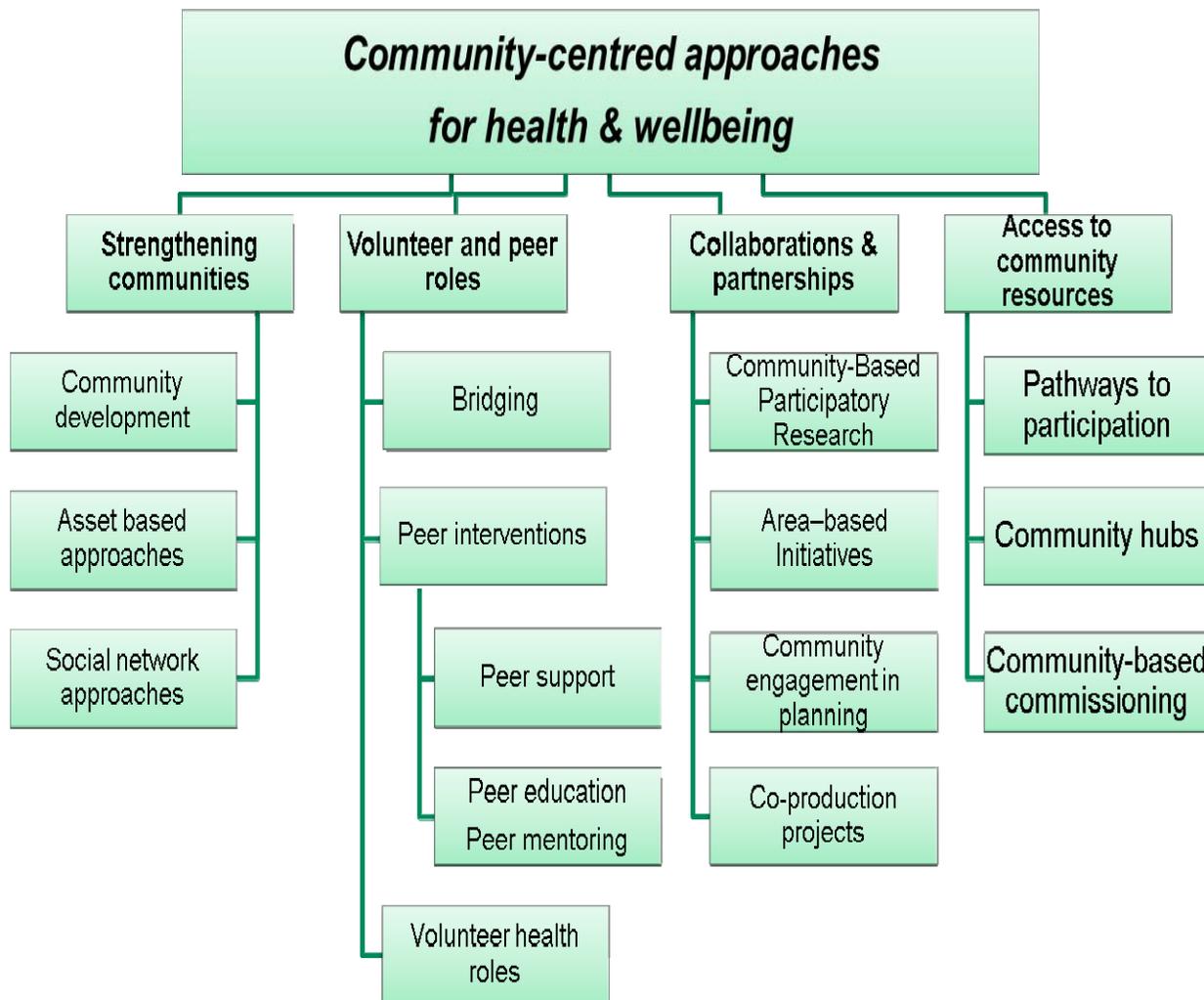
The Population Intervention Triangle²² (PHE 2017)



Credit: PHE Public Health Data Science based on the original concept created by Chris Bentley.



The family of community-centred approaches



What do we mean by community-centred?

- ✓ Promotes health and wellbeing or reduces health inequalities in a community setting, using non-clinical methods
- ✓ Uses participatory methods where community members are actively involved in design, delivery and evaluation
- ✓ Measures are in place to address barriers to engagement and enable people to play an active part
- ✓ Utilises and builds on the local community assets in developing and delivering the project
- ✓ Develops collaborations and partnerships with individuals and groups at most risk of poor health
- ✓ There is a focus on changing the conditions that drive poor health alongside individual factors
- ✓ Aims to increase people's control over their health and lives



Developing a shared narrative on communities, health assets and place

What does a healthy community look like?





What does good look like for local areas?

There is no standard way of taking a community-centred, asset-based approach to improving health at a local level. That is for each local authority, their partners and local communities to determine.

Some authorities have pioneered whole system, community-centred approaches and there is much to be learnt from these examples.

What can be done locally?

- ✓ *Map and mobilise local assets*
- ✓ *Genuine co-design and co-delivery – with, not to, communities*
- ✓ *Build relationships and communication – across partners and residents*
- ✓ *Commission across the four strands of the family of community-centred approaches: strengthening communities, building capacity and skills for volunteer and peer roles, forming collaborations where solutions are developed jointly and improving access to community resources e.g. social prescribing*
- ✓ *Measure health and social outcomes that people say matter e.g. wellness, social connections, improved environment, better services*
- ✓ *Integrate community-centred, asset-based approaches as part of place-based commissioning and strategic planning*

What does a healthy community feel like?

Connectedness

Close support

- 86.7% have someone to rely on

Social networks

- 1 in 10 people feel lonely

Neighbourhood belonging

- 2 in 3 people feel they belong to their neighbourhood

Volunteering

- 1 in 5 people participate in formal volunteering regularly

Neighbourliness

- 2 in 5 borrow and exchange favours with neighbours

Control & Voice

Influencing decisions

- 1 in 3 feel they can influence decisions affecting their local area

Social action

- Nearly 1 in 10 participate in social action

Participation

- 50% are members of organisations

Area satisfaction

- 4 in 5 are satisfied with their area as a place to live

Control

- 2 in 3 people who use social services feel they have control

Equity

Trust

- 2 in 3 feel people in their neighbourhood can be trusted

Cohesion

- 8 in 10 feel people from different backgrounds get along

Integration

- 2 in 5 have ethnically diverse friendship groups

Poverty

- 1 in 5 children are living in poverty

Wellbeing inequality

- 1 in 20 have low life satisfaction

Source
(23):
Community Life
Survey
2016-

2017

The Asset Based Area – Think Local Act Personal (2017)

- 1. Maintains a living map of local assets**
- 2. Actively relocates power to its citizens**
- 3. Invests in early intervention and community capacity building**
- 4. Expects all its activities and services to build people's resilience and social connections**
- 5. Uses the Social Value Act principles by default in all contracting and grant making**
- 6. Builds and sustains social and community enterprise**
- 7. Builds mutualism and shared ownership**
- 8. Thinks in terms of neighbourhoods rather than statutory boundaries**
- 9. Measures all forms of social action including volunteering, and increasing investment in them**
- 10. Has a shared set of outcomes measures for changes in people's lives, such as: wellbeing, resilience, independence, access to peer support and the ability to self-care**





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Protecting and improving the nation's health

A pilot project to develop community-centred public health practice examples, England, UK

South, J.,^{1,2} Outhwaite, H.³, Evans, S.¹, Bell, D.¹,
Manchini, M.¹, Stansfield, J.^{1,2}, Marsh, W.¹.

1. Public Health England, UK

2. Leeds Beckett University, Leeds, UK

3. NHS England, UK

Pitch presentation. 10th EUPHA (European Public Health Association) conference 'Sustaining resilient and healthy communities' 1 – 4 November 2017, Stockholm, Sweden. Stockholm, 1st-4th November 2017.

Project rationale & methods



Research-based evidence

Learning from practice

Community knowledge



Aim: To develop and pilot a system for collecting public health practice examples to address a knowledge gap on local implementation

Pilot gathered a set of community-centred practice examples in the North of England

Local projects completed a new template covering context, project rationale, activities, outcomes and learning.

Multi-disciplinary team assessed against quality criteria

User feedback collected at two regional workshops

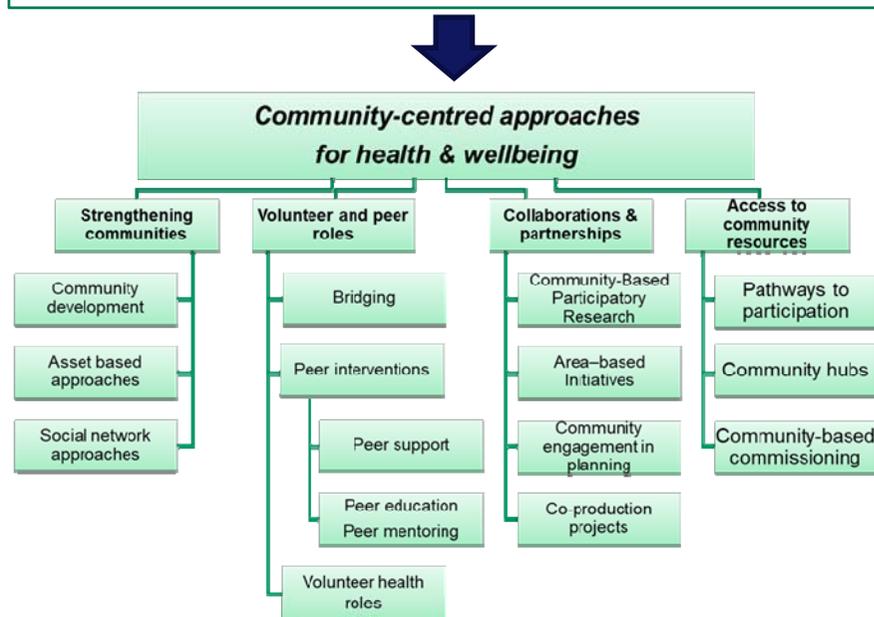


Results – 16 community-centred examples

Examples:

- Stockton navigator service for asylum seekers and refugees
- ‘Dance Action Zone Leeds’ for children and young people
- ‘Our people, our place, our approach’: understanding community assets, Northumberland
- Integrated Wellness: live life well Sunderland
- Auntie Pam’s volunteer scheme helps mums-to-be in Kirklees
- Gypsy, Roma Traveller health needs in Durham

Mapped to family of community-centred approaches [typology of evidence-based approaches]



Source: PHE & NHS England (2015) A guide to community-centred approaches for health and wellbeing: <https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

Practice example: 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.

What was the outcome?

- In first year, 1,100+ referred to service. Outcomes included (a) work, volunteering and other activities, (b) lifestyle and (c) feeling positive.

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.



Link Worker setting goals with client, reviewing healthy eating and activity levels

Where can people find out more?

<http://waystowellness.org.uk/>



The PHE offer around community-centred and asset-based approaches



One PHE : What we Do

System leadership

- System leadership – across sectors and linking national with local
- Providing mandate and commitment to drive change
- Leadership through peer-to-peer networks; fostering partnerships
- Influencing commissioning practice

Evidence and Knowledge Translation

- Evidence synthesis & dissemination
- Knowledge translation & impact activities
- PHE Knowledge & Library Services and practice examples
- Identifying research priorities
- Measurement frameworks, methods and indicators
- Knowledge and Intelligence tools

Implementation Support

- Support to put evidence into practice
- Networks for sharing practice, developing leadership and spreading innovation
- Improvement tools, guidance and reports
- Supporting the development of whole system community-centred approaches e.g. through city plans, STPs, devolution

Capacity Building

- Workforce development & support to competency frameworks
- Training & skills development e.g. conferences, Masterclasses, seminars.
- Development of educational materials e.g. E-learning

Some current products

Evidence and knowledge

- PHE & NHS England Guide & Family of Community-centred approaches; PHE reports on Psycho-social pathways & inequalities; reducing social isolation
- PHE Library – Healthy Communities resources plus Community-centred practice examples
- National Conversations on Inequalities



Capacity & workforce

<https://portal.elfh.org.uk/myElearning/Index?programmeld=38563>

Data & Intelligence

- Health Asset profiles
- SHAPE tool

Public Health England **Practice examples**

Working for Health
<https://www.workingforhealth.org.uk>



Connected people
connected communities:
Newcastle and
Gateshead



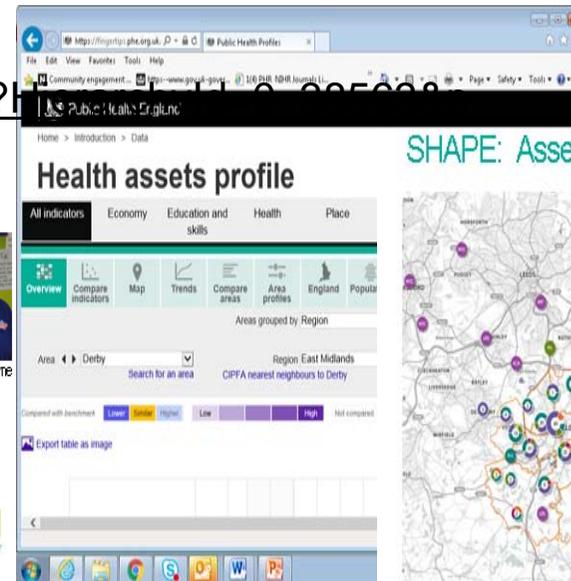
Auntie Paris peer volunteer scheme
helps mums-to-be in Kirkcaldy



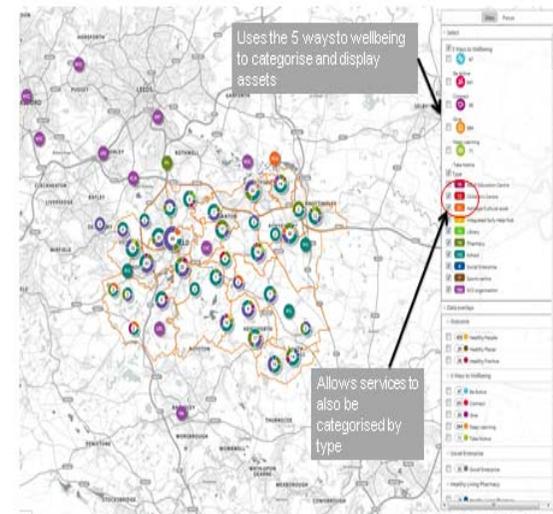
RSPH Youth Champions



Integrated Wellness Services Sunderland
<http://www.livelifevell.org.uk/>



SHAPE: Asset Mapping Tool



Summary

- The time is right to put communities and community action more central to public health. Taking a health asset lens and using community-centred approaches should be integral to local strategies and programmes that address the wider determinants as part of place-based working. This is the focus of this narrative.
- Communities, equity and mental health remain cross-cutting themes for PHE. Across the public health system, there needs to be greater emphasis on protective factors and on outcomes such as social capital, empowerment, reduction of social isolation, employment, skills etc.
- PHE currently deliver a nationwide community-centred and asset based approaches programme focused on providing system leadership, evidence and knowledge translation, implementation support to build good practice and capacity building including workforce development