



Northumberland

County Council

CRAMLINGTON, BEDLINGTON AND SEATON VALLEY LOCAL AREA COUNCIL

DATE: 13 NOVEMBER 2018

Empowering Communities project: asset-based, community-centred approaches to improving wellbeing and health

Report of: Liz Morgan, Director of Public Health

Purpose of report

This report describes a project led by Northumberland County Council and Northumbria Healthcare NHS Foundation Trust (NHCT) that aims to use asset-based, community-centred approaches to improve wellbeing and health. It will initially see five locality coordinators embedded within voluntary and community sector (VCS) or not-for-profit organisations, one in each of the five localities (local area councils) in Northumberland.

Recommendations

It is recommended that Cramlington, Bedlington and Seaton Valley Local Area Council considers the report and provides comment.

Link to Corporate Plan

This project will support all the priorities of the Corporate Plan 2018-2021, and will contribute to many of the plan's success measures. In particular, it is hoped that this project will promote community involvement, decision making at the local level, and connectedness.

Key issues

- **Locality coordinators:** The project (over 30 months) will see a locality coordinator embedded in a VCS or not-for-profit organisation in each of the five localities initially to map and mobilise assets with a view to recommending approaches to improving wellbeing and health that are priorities for the communities and other stakeholders in the locality.
- **Grants for community-centred approaches:** Informed by the work of the locality coordinators, grants will be made available from 2019 for VCS organisations to apply from a range of options, including for: community development, community navigators and connectors, link workers or local area coordinators; other social prescribing initiatives; self-management education; peer support; community asset transfer; and micro-grants, including to support volunteering.

Background

Community-centred approaches to wellbeing and health seek both to mobilise the knowledge, skills and time of individuals and the resources of community groups ('assets'), and to increase the control people have over their lives.¹ Such approaches lead to improved health behaviours, self-efficacy and empowerment, have positive impacts on housing, crime, and social capital, and yield a social return on investment.^{2 3 4} There is also increasing evidence that they reduce health and social care demand and costs.^{5 6 7 8 9}

These approaches are advocated and endorsed nationally by the NHS Five Year Forward View,¹⁰ the National Institute for Health and Clinical Excellence (NICE),¹¹ and the Social Care Institute for Excellence (SCIE),¹² and locally in the draft Joint Health and Wellbeing Strategy, Northumberland CCG Operational Plan, the NHCT clinical strategy and the Northumberland County Council Corporate Plan.

Following wide stakeholder engagement within Northumberland and learning from programmes in other areas, this is a staged project over 30 months to invest in community-centred approaches at the locality level. Communities and stakeholders consistently state that incomplete and inadequate communication and knowledge about community groups and voluntary and statutory services available in their area are barriers to supporting and promoting effective community action. Funding for this project will be from the Public Health ring-fenced grant accumulated underspend.

¹ South J, et al. (2015) A guide to community centred approaches for health and wellbeing. PHE publications gateway no. 2014711.

² Milton, B. et al. The impact of community engagement on health and social outcomes: a systematic review. Community Development Journal 2012;47(3):316–334.

³ O'Mara-Eves A, et al. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Public Health Research 2013; 1(4).

⁴ nef consulting. Catalysts for community action and investment: A Social Return on Investment analysis of community development work, based on a common outcomes framework. Executive Summary. Community Development Foundation, 2010

⁵ Knapp M, Bauer A, Perkins M, Snell T. Building community capital in social care: is there an economic case? Community Development Journal. 2013;48(2):313-31.

⁶ British Red Cross (2012). Taking Stock. Assessing the value of preventative support.

⁷ PPL Consulting. Realising the Value: Impact and cost: Economic modelling tool for commissioners <https://www.nesta.org.uk/publications/impact-and-cost-economic-modelling-tool-commissioners>

⁸ Bickerdike L, Booth A, Wilson PM, et al. Social prescribing: less rhetoric and more reality. A systematic review of the evidence. BMJ Open 2017;7:e013384. doi:10.1136/bmjopen-2016-013384

⁹ Polley M, et al. A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications. 2017:University of Westminster.

https://docs.wixstatic.com/ugd/14f499_75b884ef9b644956b897fcec824bf92e.pdf

¹⁰ NHS England. Five Year Forward View. October 2014.

¹¹ NICE. Community engagement: improving health and wellbeing and reducing health inequalities. NICE guideline [NG44] Published date: March 2016.

¹² SCIE. Asset-based places: A model for development. Published: July 2017.

<https://www.scie.org.uk/future-of-care/asset-based-places>

Aim and objectives

The aim of the proposed model is to use asset-based, community-centred approaches to improve wellbeing and health of the population of Northumberland, reduce health and social care demand, and reduce health inequities.

The objectives are:

- To maximise participation of communities and other stakeholders in developing, delivering and evaluating locality-specific approaches.
- To map and mobilise existing assets within communities, develop new and existing assets, and link people to assets, including those to address socioeconomic determinants of health.
- To increase individual and community participation (including volunteering), involvement in decision making, and feelings of control and confidence.
- To increase community activity, social networks and social capital, thereby strengthening the civic core of our communities.
- To co-create sustainable benefits for individuals and communities.

Description of the project

From October 2018 to April 2021 (30 months), five locality coordinators will be embedded in VCS or not-for-profit organisations, one in each of the five localities (local area councils) in Northumberland. They will be employed by NHCT on band 5 NHS and line managed by Debra Dodds (Operations Manager, Self Directed Support, Prevention and Carers) who also manages the support planners.

From October 2018 to March 2019 (first 6 months), the key roles of the locality coordinators will be:

- To build links with communities and wider stakeholders in the locality.
- To understand and map existing assets and community priorities.
- If necessary, to set up a locality network.
- To collectively develop a county-wide directory of groups, organisations and services that includes locality-specific information.

The outputs from this process of community engagement will inform approaches in the subsequent 2 years from a range of possible options. The needs of communities differ; some will be more self-sufficient than others which will impact on the blend of community centred approaches they will be seeking. Options will include:

- Community link workers, community navigators or connectors (in particular to support volunteer community navigators).
- Local area coordinators.
- Other social prescribing initiatives.
- Community development workers.
- Micro-grants, including to support volunteering.
- Peer support.
- Self-management education.
- Supporting community asset transfer.

From May 2019 to April 2021, the functions of the Locality Coordinators will also include:

- Supporting implementation of agreed recommendations.
- Supporting groups/organisations to secure grants from the range of options above.
- Maintaining locality networks and directory/ies.
- Coordinating and linking activities within the locality.
- Adopting other functions of Local Area Coordination, including building sustainable local, non-service solutions to support needs and developing community leadership.
- If appropriate, working with communities and other stakeholders to develop local area plans.
- Supporting the evaluation.

Evaluation will be a key component of the model. The intention is to both evaluate this project and support the evaluation of a social prescribing project in Northumberland, championed by Gordon Allen, to link people with mental health problems to physical activity opportunities (Being Active Matters). We are finalising discussions with FUSE, the Centre for Translational Research in Public Health (a collaborative of the five North East Universities delivering research to improve health and wellbeing and tackle inequalities) to secure researcher support from Newcastle and Northumbria Universities. A digital solution has been developed to capture intelligence from interactions with the community and professionals. Not only will this act as a digital journal for the locality coordinator to refer back to, it will also be accessed by the researcher who will be evaluating the programme. The tool will also record the location of the interactions to begin the process of forming a community directory and the production of locality reports.

Update on host organisations and recruitment of locality coordinators

Following an application process in July 2018, we are delighted to announce that the host organisations are:

- Ashington and Blyth: Northumberland Community & Voluntary Action (NCVA)
- Castle Morpeth: Community Action Northumberland
- Cramlington, Bedlington and Seaton Delaval: Active Northumberland
- North Northumberland: Bell View
- Tynedale: Hexham Community Partnership

Following a competitive recruitment process, four experienced and enthusiastic locality coordinators have been recruited and are due to start in November 2018. We are currently recruiting the fifth locality coordinator post in North Northumberland.

Governance

A steering group has been set up to project manage the development, implementation and management of the model. Meeting monthly, it includes personnel from the inclusion team, adult social care, wellbeing commissioning, children's services, community regeneration and public health. The development of the model is likely to be a key output of the 'Empowering People and Communities' theme of the new JHWS so strong links are in place with the Empowering People and Communities Stakeholder Group to ensure that this is a community-informed process.

Sustainability

Since funding is only secured for two and a half years, the desired end point is a model which is sustained by communities with minimal funding support from the Council. There seem to be a number of opportunities to lever in funding to support community centred approaches (such as the VCSE Health and Wellbeing Fund) and these will need to be actively exploited.

Implications

Policy	Asset-based, community-centred approaches are advocated and endorsed in the Joint Health and Wellbeing Strategy, Northumberland CCG Operational Plan, the NHCT clinical strategy and the Northumberland County Council Corporate Plan.
Finance and value for money	Funding for this project will be from the Public Health ring-fenced grant accumulated underspend. There is evidence to suggest that asset-based, community-centred approaches offer good social return on investment and may reduce health and social care demand and costs.
Legal	Legal advice will be sought for the administration of grants.
Procurement	An exemption has been sought for the evaluation.
Human Resources	Five locality coordinators will have been recruited by NHCFT on band 5 NHS. Employment by the NHS was found to be less costly than by the Council and permits line management by Debra Dodds (Operations Manager, Self Directed Support, Prevention and Carers) who also manages the support planners (also NHS-employed).
Property	There are no implications for property.
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Asset-based, community-centred approaches have been advocated by NICE and others as a method of reducing health inequalities.
Risk Assessment	A project plan and issues log is maintained and reviewed.
Crime & Disorder	There is evidence to suggest that asset-based, community-centred approaches reduce crime.
Customer Consideration	A key part of this project is to listen and consider the views of residents. Asset-based, community-centred approaches use participatory methods to facilitate the active involvement of members of the public.

Carbon reduction	Although this project has no explicit impact on carbon reduction, it may empower residents to take action on carbon reduction if that is a community priority.
Wards	It is intended that locality coordinators will work with communities in all wards.

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