# Digging deeper, going further: creating health in communities

## What works in community development?

The Health Creation Alliance findings from York and Wakefield uncovered by Merron Simpson, Chief Executive and Bill Graham, Community and Innovation Consultant

# Acknowledgements

We are very grateful for the generosity of all the participants from York and Wakefield who made time to attend the workshops and impart their deep knowledge and insights so that others can learn from their experiences. Special thanks to Joe Micheli and Anna Hartley for their leadership and support for this programme.


## Contents

# 1.0 Introduction

The Universal Personalised Care (UPC) strategy actions eight and nine focus on the recruitment and training of social prescribing link workers and helping build the capacity of communities to support the wellbeing of local people.

There are many organisations already working to build and strengthen community capacity, including grass-roots community groups, and this work has been going on for many years. It is important that everyone involved in strengthening individuals and communities – including the new link workers, commissioners, primary care networks and many others – understand what community strengthening and capacity building is all about, what actually works and what their roles might be in support the process that enables communities, and the individuals that make them up, to take control of their lives and environment.

The purpose of the project is two-fold:

- to draw out from communities and those undertaking community strengthening roles within statutory and voluntary sectors, precisely what it is that works in community development. By this we mean 'what it is that makes people well' or 'how health is created'.

- to frame this so that NHS frontline workers, strategic leads and decision-makers fully understand the processes involved in community Health Creation and can see ways in which they might adapt their practice or adopt new practices to play these roles well and to support others to do so.

***"Each community is different … they must lead what they want to do to support their communities, they know best."***

The Health Creation Alliance (previously New NHS Alliance) led this work because of its long-standing deep connection with communities and its focus on Health Creation.

Health Creation enables people and communities to improve their health and wellbeing through creating the conditions in which people can live healthy lives. It comes about when individuals and communities achieve a sense of purpose, hope, mastery and control over their own lives and immediate environment.


Health Creation is enabled when people and professionals work together as equal partners and focus on what matters to people and their communities. Providers step away from established top down approaches to act as facilitators and catalysts that enable people and communities to come together to decide and deliver what is right for them.

***"Local people doing what is best for local people without stigma, judgement or eligibility criteria."***

Enabling people to increase their levels of control and confidence, through meaningful and constructive contact with others, helps to build protective factors and keeps people as healthy and productive as possible. They characterise those communities that have demonstrated resilience during COVID-19. More information on Health Creation available here.

# 2.0 The Health Creation Alliance recommends:

**1** That the Universal Personalised Care (UPC) programme formally recognises, and builds into its narrative, the fact that **individuals and communities need to have Control over their lives and environments in order to maintain good health and wellbeing in the long-term.** Being in control is 'health creating'.

**2** That UPC programme recognises, and builds into its narrative, that **Taking Control** over their lives and environments is only something that people and communities can do – they need to do it for themselves, not as part of a government-driven programme (or badged as such). Professionals need to shift power to and share power with communities.

**3** That UPC programme builds into their narrative that professionals can support the process by shifting power to and sharing power with communities. Specifically, they can:

- **help people to Connect** with others and themselves (the things they care about)
- **offer communities spaces** where they feel comfortable being – including space to reflect and 'systems space' to create their own solutions
- **spot and bring out their strengths and enable them to employ and enjoy using their skills** (because it can be hard to spot your own strengths)

**4** COVID-19 has strengthened networks and capacity for communities to act and take control and this will help to support Health Creation in many (but not all) communities. The NHS needs to respond by working as equal partners with communities to support their efforts in a range of ways. This could include providing funding or commissioning community groups, however, it must not try to control how the outcomes are achieved.

**5** That specific investment is made to employ community development workers – leading to community-led development – in places where community networks are not well developed (see Communities of Trust, the APPG report on 'left behind' neighbourhoods ). This is a role in itself and requires a skilled and experienced individual who the community has confidence in and who has to their best interests at heart. It must not be an 'add-on' to another patient-facing role.

**6** That the UPC programme (and broader NHS) builds into its programmes the following elements to support informal groups and community networks to emerge and strengthen:

- **Get to know your community**: Don't assume you know what will work for local people
- **Encourage staff members to work with people as fellow human beings**: Drawing on and sharing their own experiences to develop more of a peer-to-peer relationship
- **Train staff to listen and respond**: And explicitly permit them to respond and have the systems flexibility to do so
- **Support communities to upskill and build confidence**: So people can do more for themselves and each other
- **Develop community leaders (identify/develop people ready for next step)**: Talent-spotting (often raw talent) and employing people who have done it to train up others
- **Educate people on a friendly level**: Not using professional 'jargon'

# The Health Creation Alliance recommends cont.…

**7** That the UPC programme (and broader NHS) builds into its programmes the following elements to make sure resources are focused to support the principles of good community development:

- **Encourage 'generous leadership':** Make time for relationship-building, collaborative design
- **Design around 'lived experience':** People were brave to tell their story to help design it
- **Create 'safe spaces'**: Especially where few exist already
- **Listen before you fund:** Assumptions are made … you need to listen carefully, attentively
- **Invest in connectors and relationship-building**: Keep connecting with people, it is a job! You need paid people to do it.
- **Invest in existing community hubs/structures**: So they continue as places of connection
- **Resource the small stuff as a matter of course:** Trust your front-line (and communities) with resources to deliver whatever will make the difference

**8** That the DHSC, UPC programme and NHS England and NHS Improvement makes and encourages the following changes to commissioning practice (and policy/legislation where necessary) to support commissioning for community-based models of healthcare:

- **Change (or reinterpret) NHS procurement rules**: They are distorting the process of collaborative design
- **Practice collaborative commissioning**: Encourage partnership working and sharing of local priorities (between commissioners?)
- **Reward/incentivise sharing and employment of ideas, skills**: Fund coalitions where partners working together are bigger than the sum or their parts
- **Offer match-funding to get behind community-led projects**: NHS resources can 'make more' of community-secured funds (e.g. Big Lottery)
- **Build the confidence of commissioners**: To commission new things
- **Trust community groups with larger sums of money**: Once you are confident they handle small sums well

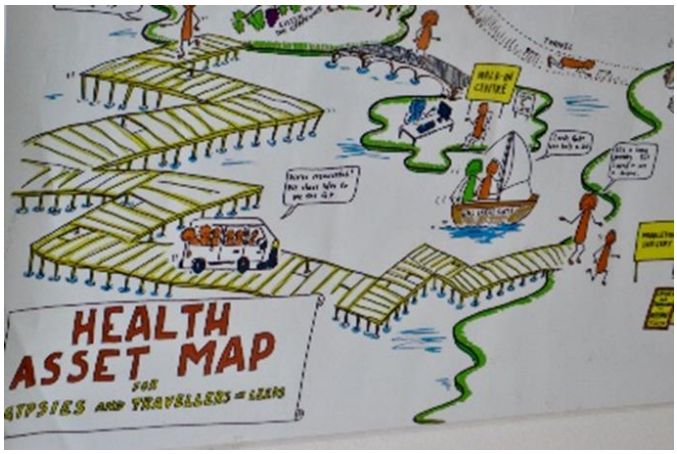

# 3.0 What we did

We facilitated two structured ‘deep dive’ workshops into community strengthening activity, one in York and the other in Wakefield, both of which have well developed approaches to community strengthening. Our work involved conversations with over 40 participants from a range of backgrounds including community providers, VCSE anchor organisations, statutory bodies, grass-roots community groups, commissioners, activity leaders and other community representatives bringing the community and front-line experience to life. Our in depth style in which we encouraged people to ‘dig deeper’ gave everyone the space to think about what it is that actually works from their own experience – the key moments of change and the key building blocks that allowed positive changes and for communities to start to thrive and take lead to make the things they care about happen.

The richness of the stories and experiences articulated within the workshops provided many inspirational real-life examples that demonstrate elements of the process through which people become well. It is clear, from these conversations, that the starting point for community strengthening is that “People need to believe change is possible”. This is a key part of the work of anyone involved in community strengthening, to draw people into a place where they have sufficient confidence to believe their lives can change.

From what we heard we developed a ‘story’; a process or theory of change – supported by real-life examples – of ‘How people start to believe that change is possible and what happens after that’. We have provided examples of actions and attitudes that have helped to create the conditions for this change to happen. It is clear that ‘this process takes time’ because it involves creating the conditions for communities to thrive in partnership with communities. It is not a normal ‘programme’ and cannot be shoe-horned into an organisational timescale. This is set out in Part 1 of this report.

We also drew out a series of recommendations that can support systems change in several ways – enabling professionals and services across the system to work successfully with communities, making the most of the community connections and capacity that exist in all communities around the UK to create health. This is set out in Part 2 of this report.




We have also provided a range of examples to open up and illustrate the reality of how key moments of change happen. We have linked these to the actions and attitudes set out in the in Part 1 (Illustration 2) have on people. This is set out in Part 3.

We tested our story and recommendations at a third event attended by people who had attended the previous sessions to test it and confirm that we had got it right.

# 4.0 FINDINGS PART 1: What works in community development

## 4.1 What works?

Through the workshops we heard that, to become well and stay well, people and communities need four things:

- **People need to be connected** – the process by which individuals become community
- **People need space** – as an individual and as a community
- **People need to employ and enjoy their skills, talents and passions** – as an individual and as a community
- **People need to take control over their lives and environments** – as an individual and as a community

Figure one shows these four key building blocks and provides a little more information about each of them, also drawn from the workshops. While the precise journey will look different for different people and communities, this is a sequence that is so common, it is possible to map a change process or 'theory of change'.

**Being connected** is the first step. This means being connected to other people but also being connected to the things that we love and, in fact, to ourselves. Being meaningfully connected is essential for good health. People need to belong to a family and/or community. Connecting people and enabling communities to self-organise is the principal skill in community development and community strengthening.

Then **the spaces** where people feel comfortable to share experiences and stories, somewhere they people feel listened to and where there is time for reflection and understanding.

Individuals and communities also need 'systems space' so that the system doesn't let them what to do but enables them to find their own solution.

These building blocks of connection and space allow for the conversations around 'what matters to people / what matters to me' where people can discover or rediscover their strengths, hobbies, gifts and talents and start to **employ and enjoy their skills and passions.** The skills and passions of the community are the prize that needs to be unlocked.

The final and crucial element in community development and capacity building is for people and communities to take control so they themselves drive local agendas and create positive futures for residents and communities. This is when lasting community Health Creation becomes possible. It is only something that people and communities can do and they need to do it for themselves. At this stage, statutory services become equal partners, working with communities to continue creating the conditions for communities to thrive. For example, access to a range of resources – including funding and access to spaces – are ways in which other organisations can continue to support, but this must come with the flexibility for communities to decide what to do and how to do it.

We have seen many communities **taking control** and making things happen during the COVID-19 pandemic; this should be a goal for all communities.

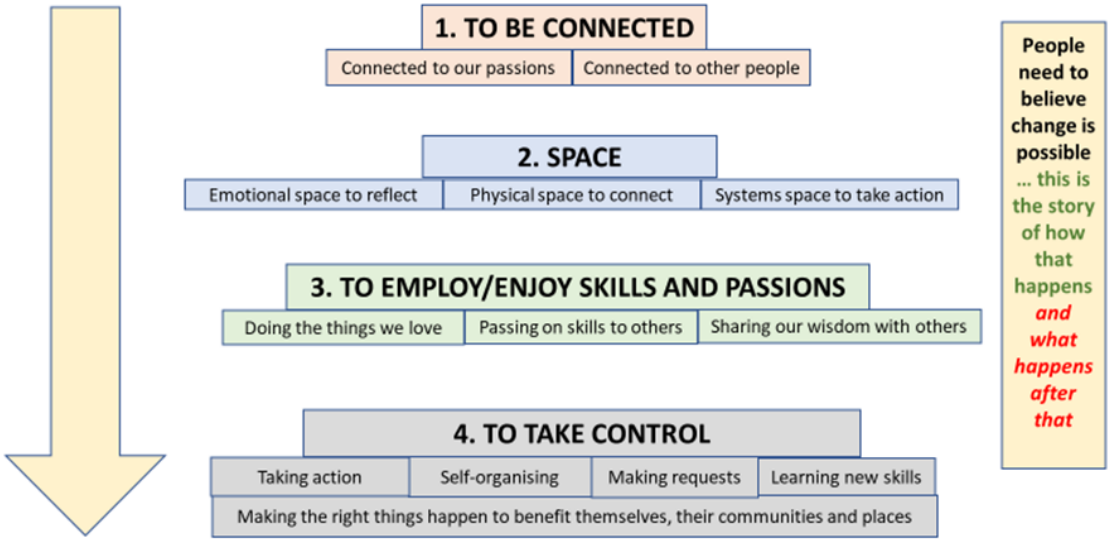



Figure one. Digging a little deeper… what people *really* need

## 4.2 How can professionals support this process

Through our 'digging deeper' approach we also extracted a wide range of real-life actions and attitudes that led to key moments of change. We listened and probed the examples to understand what works. We extracted a richness of examples and key moments – all which helped to motivate and inspire people and that helped create the conditions for community strengthening and Health Creation. Many of them are highly nuanced and it is important to take note of the nuances if it is to lead to positive changes.

Figure two includes those actions and attitudes that led to key moments of change, as described by the workshop participants.

These tangible examples can be used to develop an approach to community strengthening that is shared by many professionals working within places. Be prepared to spend time cultivating and developing key relationships – this should be the main role of any professional who supports community strengthening. Then the proof is in the pudding: are those relationships starting to offer new opportunities within communities led by communities? This is where real change can happen.

Part three provides come great examples of those key moments of change, drawn from the workshops, that should also help when developing a place-based approach to community strengthening.

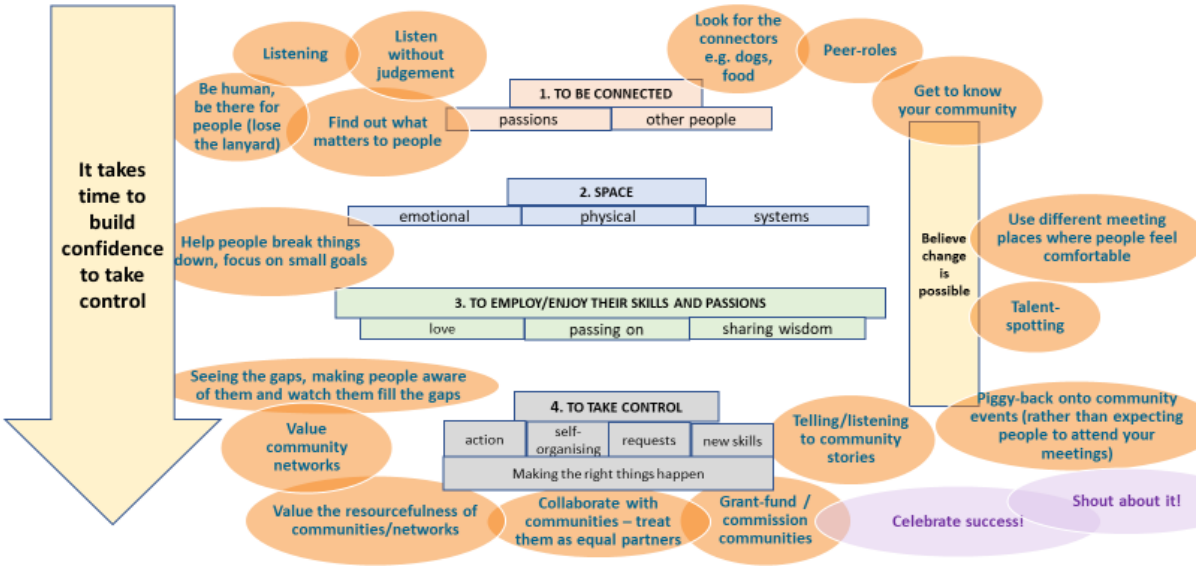



Figure two. What can professionals do to support this process?

## 4.3 The opportunity of COVID-19

COVID-19 has brought isolation, hardship, distress and illness to many people and a huge burden on our health and social care systems. Mental and physical ill health are increasing. However, it has also:

- Spawned new relationships between individuals in some places
- Prompted new organisation partnerships and networks to emerge in some places
- Increased the connection between VCSE and people who didn't connect before
- Caused 'the system' to become more aware of the potential of the community
- Provided a prompt to get everyone online
- Brought resources into community based solutions

The changes prompted by COVID-19 have been rapid. In many places, the response has often come from the 'bottom up' with communities responding rapidly and professionals or the services then reacting to their response and working with those local initiatives.

Our examples show how communities have often led and found creative ways of offering support within their communities and how services and paid professionals have spotted opportunities to support this work. This has built trust and relationships at a faster speed than was previously possible.

What happens next depends on whether those communities continue to be supported to take control and develop their role still further. There are also many instances in which communities haven't yet developed sufficient capacity to respond energetically to COVID-19. They are starting from a lower base and require intensive community development provided through dedicated roles, to start the process of connecting people.

# 5.0 FINDINGS PART 2: Systems change to support community strengthening

The second part of each workshop was given over to breakout sessions that explored several questions relating to systems change to support communities strengthening. The key messages from each of these sessions are set out below. It was also apparent through the whole workshop that the matter of developing 'connections' deserved special attention.

## 5.1 Invest in connection

Being meaningfully connected is essential for good health in communities. It is also essential for good, integrated and coherent health systems.

Systems need to 'invest in connection' – at both the community and the system level – to enable community strengthening and efficient, coherent, integrated systems..

Figure three considers the importance of investing in connection.

'We heard about the need for 'generous leadership to make the connections and this is one way of investing in relationship building, although there are many others. As one workshop participant put it: "It's about being in the sessions, hearing about others' work, believing in it and wanting to support it".

These and making things happen during the COVID-19 pandemic; this should be a goal for all communities.


Figure three. Invest in connection

## 5.2 Support emerging informal groups and networks

We focused in on the question 'How might we support more informal groups & engage with the emerging strong network of relationships?' because we are aware that one of the criticisms of social prescribing is that it is very focused on the link worker role; it is much less focused on the informal groups and social infrastructure within communities to which patients might be 'referred' or through which they might be supported".

This is often expressed through the metaphor … "We are at risk of having too many travel agents and not enough holidays".

In this session, therefore, we were interested to find out what actions participants were taking and attitudes they were adopting that to support emerging information groups and networks to strengthen. Ideally, these would be built into systems and become 'how we do things round here'.

The responses were closely related to the actions/attitudes:


- **Get to know your community**: Don't assume you know what will work for local people
- **Encourage staff members to work with people as fellow human beings**: Drawing on and sharing their own experiences to develop more of a peer-to-peer relationship
- **Train staff to listen and respond**: And explicitly permit them to respond and have the systems flexibility to do so
- **Support communities to upskill and build confidence**: So people can do more
- **Develop community leaders (identify/develop people ready for next step)**: Spot people's talents (often raw talent) and employ people who have done it before to train up others
- **Educate people on a friendly level**: Not using professional 'jargon'

## 5.3 Focus resources to what works

We focussed on the question "How can we make sure resources are focused to support the principles of good community development?" because good community strengthening work done in the community will improve community health and help to reduce demand for NHS services. COVID-19 has also shown that communities can help support the NHS to deliver better for local communities in many ways.

Community strengthening work doesn't just happen. While it needs to be widely understood and elements of it practiced by everyone, there is also a need for dedicated resources to do it well. This question, therefore, is about focusing resources in the broadest sense on activity that helps to strengthen communities.

The responses were closely related to the following actions/attitudes:


- **Encourage 'generous leadership'**: Make time for relationship-building, collaborative design
- **Design around 'lived experience'**: People were brave to tell their story to help design it
- **Create 'safe spaces'**: Especially where few exist already
- **Listen before you fund:** Assumptions are made… you need to listen carefully, attentively
- **Invest in connectors and relationship-building: Keep connecting with people, it is a job**! You need paid people to do it.
- **Invest in existing community hubs/structures**: So they continue as places of connection
- **Resource the small stuff as a matter of course**: Trust your front-line (and communities) with resources to deliver whatever will make the difference

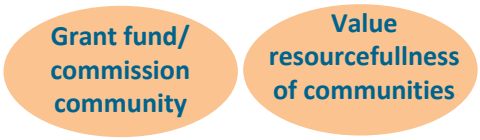
## 5.4 Commission community-based models of healthcare

Asking the question "How do we commission for community-based models of healthcare?" we were able to focus in on the specific issue of how commissioning and procurement might work differently to support community strengthening and community-based models of healthcare.

The responses were closely related to the following actions/attitudes. .

Community strengthening work doesn't just happen. While it needs to be widely understood and elements of it practiced by everyone, there is also a need for dedicated resources to do it well. This question, therefore, is about focusing resources in the broadest sense on activity that helps to strengthen communities.

The responses were closely related to the following actions/attitudes:




- **Change (or reinterpret) NHS procurement rules**: They are distorting the process of collaborative design
- **Practice collaborative commissioning**: Encourage partnership working and sharing of local priorities between commissioners
- **Reward/incentivise sharing and employment of ideas, skills**: Fund coalitions where partners working together are bigger than the sum or their parts
- **Offer match-funding to get behind community-led projects**: NHS resources can 'make more' of community-secured funds (e.g. Big Lottery)
- **Build the confidence of commissioners**: To commission new things
- **Trust community groups with larger sums of money**: Once you are confident, they handle small sums well

## 5.5. Overcoming tensions and bridging gaps between community and health & social care systems

We focused on the question How do we overcome tensions and bridge gaps between community and health & social care systems? because it is one that emerged during part one of the York workshop and participants wanted to focus on it. It is also a commonly expressed difficulty and it seemed appropriate to explore it in the session.

- Support unlearning of established practice
- Understand the landscape, systems and language
- Demonstrate value of not working in siloes, overcome hierarchy and challenge barriers
- Engage with people at all levels; build and maintain relationships and trust
- Share information, knowledge and power and expect the same
- Demonstrate value of community capacity, strength and intelligence
- Financial /resource benefit to healthcare system to keeping people well through community resilience; ask for this money to fund services


# 6.0 FINDINGS PART 3: Examples illustrating key moments of change

**Find out what matters to people**

*"Sheila is 70. She has been a lifelong flower gardener. Her husband died and she was not coping well with her bereavement. Sheila transformed our allotment and became part of our team. She supported young and old alike".*

**Further Insight**

**Listen what people and communities want (not what you think they want)** because that is what drives their behaviour. One participant talked about getting to know the community of Clifton in York by going to local shops, striking up conversations with people and talking to them about the things that matter to them. Another found some money to pay for a different hall in another church that suited the community better for its new hub. "The person with the dog, didn't have the motivation to change his lifestyle but knew if he was evicted, he wouldn't be able to take his dog to temporary accommodation so when faced with that he changed for the dog".

**A recurring theme was around finding out what matters to people and communities** – a principle at the heart of community development. Key things include listening to people, active 'interested' listening, to hear the things that are not being said as well as those **that are.**

"A Community Dog Café started with an individual struggling with mental ill-health and alcohol issues. He connected to community through love for his dog and a shared interest with others and helped set up this new initiative in York. A. They were in control so that meant it worked!"

**Look for the connectors**

**Further Insight**

**Develop community leaders**. In one example, a Community Health Champion role was created and these individuals support all sorts of services through different programmes. There are also examples of people being appointed as 'peer mentors'. It is important to draw on these local skills, experiences.

**Finding the connectors –** both the people and the things that connect them – and investing in them is vital to build the links between statutory services and local communities. We noticed how people with lived experience can really make the best use of their experience and of the relationships they have to connect up services and build the confidence of other local community members to take part or be active. Noticing the 'connectors' and getting behind them can be a way to build trust and relationships within communities.

## Help people break things down into small goals

"A skilled worker listening and taking time to understand someone's despair; then building together with small steps never expecting too much."

**Further Insight**

**Identify individuals that are ready and help them to take the next step** by giving them confidence.

Sometimes we wonder where to start and the scale of the problem or challenge can appear insurmountable. But we can help people to break down the goals into smaller steps and accept there will be a journey and the person will take over time to an overall goal. Don't expect too much from people, accept that small steps are the way to succeed. Sometimes people take two steps forwards and one back – this is perfectly OK, looking back after a prolonged period of time will show the progress or enhanced relationships and activities.

"Using empty retail outlets in a local shopping centre. People came in because they saw something they connected with - words and paintings about Covid-19. For many these were things they felt but couldn't express themselves."

## Use different meeting places where people feel comfortable

**Further Insight**

**Groups always need suitable spaces to meet**. Some groups are using online spaces now to meet to be safe, but some groups struggle to use online spaces and have stopped meeting. Physical space is going to remain very important going forward.

**So much of individuals' 'service experiences' takes place in a hierarchical space**; a council meeting room or a GP consultation room. Make people feel an equal part of the process by meeting them in the spaces they feel comfortable where possible, whether that is in a community setting, an allotment or on a bench in the park.

## Talent spotting

"Seeing the person and their skills rather than focussing on the complexities. This person is an amazing artist and with the right support is beginning to trust 'the system"

**Further Insight**

**Talent-spotting is way to empower other people** because it's often hard for people to spot their own strengths. "We can do better than that … you can run it!" and "I need your help" are good approaches to take.

Make the most of people's talents and gifts, these are the assets that lie within communities and there is a richness to liberating the talents that people have.

"I'm in awe of the informal network of community groups and leaders who have mobilised in times of crisis. They have come together quickly, sharing resources and building collaborative relationships without the bureaucracy which characterises formal systems. Local people doing what is best for local people without stigma, judgement or eligibility criteria"

## Value Community Networks

**Further Insight**

**People from the community can be the eyes and ears out in the community**. They can 'hand hold' those who are more vulnerable and they can identify people who need support.

If one thing has become clear during COVID it is the value of the community networks, not just in how they relate to the wider system but for the support and help they offer their local communities.

## Being human, being there for people

Having equal relationships, taking the lanyard off. Spending 'quality' time with people. Not seeing people as a list, a number or a problem"

**Further Insight**

**Being human as a 'professional' works when the relationships are real, human to human**. Just being 'you', sharing something of your own experience in the right moment, can be enjoyable.

The example of 'losing the Lanyard' when discussing suicide with teenagers across a kitchen table, perhaps allowing the conversation to lead in directions that may be uncomfortable but will build trust between the parties. That human connection can be the key moment of change for someone; it can also be lost in the professional spaces and language we allow to be used.

## Grant fund / commission communities

"One example of a grant programme that created new and established relationships was the Cultural Commissioning pilot that recognised the wellbeing benefit and imaginatively captured the difference a small grant can make to delivering improved outcomes"

**Further Insight**

**Commission creatively or collaboratively.** Funding is vitally important to keep organisations going and maintain the community connections. Without it, connections may be lost locally. In Wakefield, there is a joint funding framework to help fund community groups and organisations, set up by NOVA that takes a longer-term view and that helps partnerships work. City of York Council recruited a grants officer to look at local solutions where there might be gaps

Commissioning for this type of work is not easy or straightforward; it means letting go and commissioning for outcomes rather than outputs. It involves a lot more trust between communities and commissioners.

"Making connections with others in the local community regardless of protocol – just doing what is right in the moment. Asking someone that you know can make it happen rather than following a hierarchy. There has been a lot of ,just getting on with it, instead of waiting for boxes to be ticked."

## Collaborate with communities as equal partners

**Further Insight**

**The community can do many things.** One crafts/activities organisation that brings people together through s shared interest has also become a way to talk about Mental Health.

Building those trusted relationships ensures collaboration can happen and communities don't feel as though they are not rewarded for taking part or providing support and services. There has to be a conversation about how relationships can be equal and based on making good things happen.

## Listening

"One example of a grant programme that created new and established relationships was the Cultural Commissioning pilot that recognised the wellbeing benefit and imaginatively captured the difference a small grant can make to delivering improved outcomes."

**Further Insight**

**Listen and respond.** Be flexible with resources so you can respond to immediate requirements, which are often small. In conversation, one participant found a man who didn't have a can opener so couldn't eat what he had. So next time they delivered him a can opener along with the food.

Being willing to listen and to respond. Sometimes we hear what we want to hear, but having the time an listening and responding authentically is so important. In many communities, professionals have tried to fix problems without much success; by listening to the community first we gain in depth understanding and see different potential solutions that are not necessarily the obvious ones.

## 7.0 Next steps

The Health Creation Alliance is currently engaged in two projects supported by The Health Foundation.

### Primary Care Networks and place-based working to address health inequalities in a COVID-19: A Coalition Perspective

This project provides a 'coalition perspective', from a wide range of local partners who are working in partnership with general practice, on the question of how PCNs, communities and local partners can address health inequalities in a COVID-19 world. It aims to inform practice and policy by going further and deeper, within the new context presented by COVID-19, than was possible through this event series.

### Community responses to COVID-19, learnings for NHS

This project provides insight and learning on how the NHS can better work with local people and communities based on community learnings from their response to COVID-19.

The first publications will be published in March 2021, and the second in April 2021.

Please contact us if you would like to receive a copy of either one or both of them by e mailing Neil@TheHealthCreationAlliance.org

We have also recently released a report from a series of multi-stakeholder events held between February and September 2020
:

### Health Creation. How can Primary Care Networks succeed in reducing health inequalities?

Download a copy here.

### Discovery Learning Programme for Primary Care Networks

The Health Creation Alliance and RCGP HISG are offering a 'Discovery Learning Programme' for PCNs who are ready to explore how to go about implementing some of the elements in this project.

Find out more about the opportunity for learning here.

### Become a member of The Health Creation Alliance

The Health Creation Alliance

Join our national cross-sector movement for Health Creation, access our resources and get information about all our activities here.

## References

1 Communities at risk: the early impact of COVID-19 on 'left behind' neighbourhoods - APPG for Left Behind Neighbourhoods (appg-leftbehindneighbourhoods.org.uk) .