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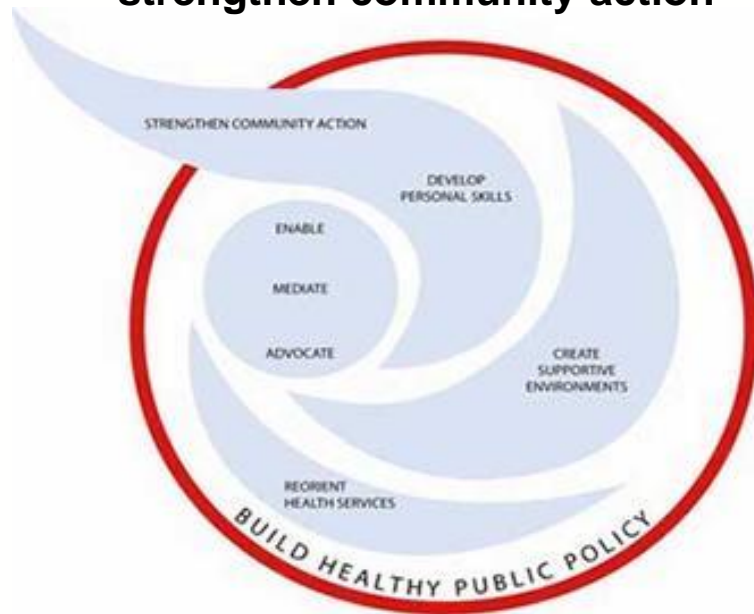
Whole system community-centred approaches for health and wellbeing: evidence into action

Professor Jane South
Leeds Beckett University
Public Health England

'Making the link: evidence and practice', Sector-led improvement
conference, Association of Directors of Public health Yorkshire & Humber,
17th February, York

Working with communities – why, what and how?

Ottawa Charter 1986:
strengthen community action



Health 2020
**Creating resilient
communities;
strengthening people-
centred health systems**

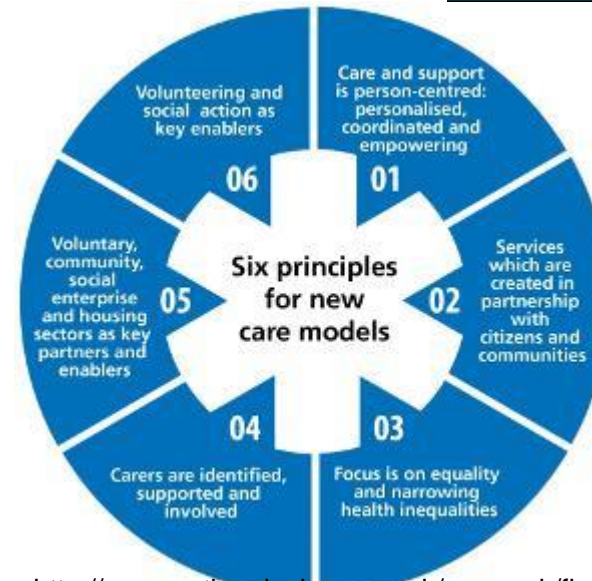
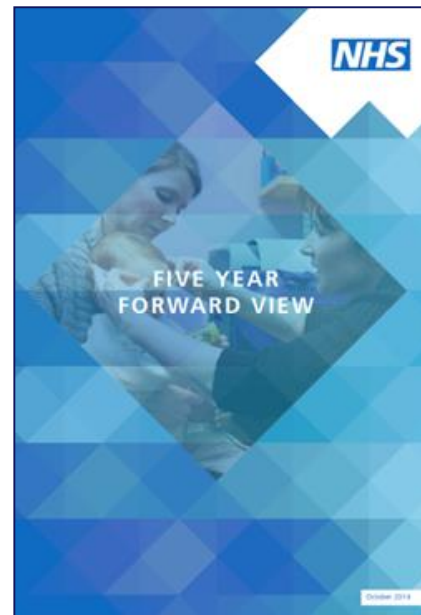
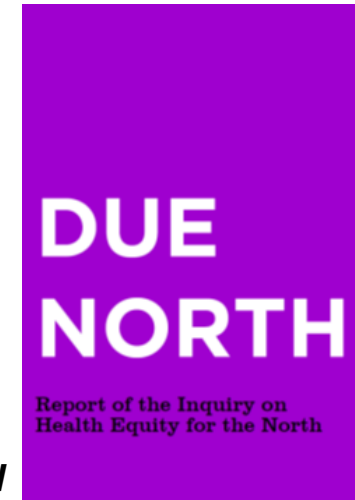
‘Whole-of-government – whole-of-society’



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

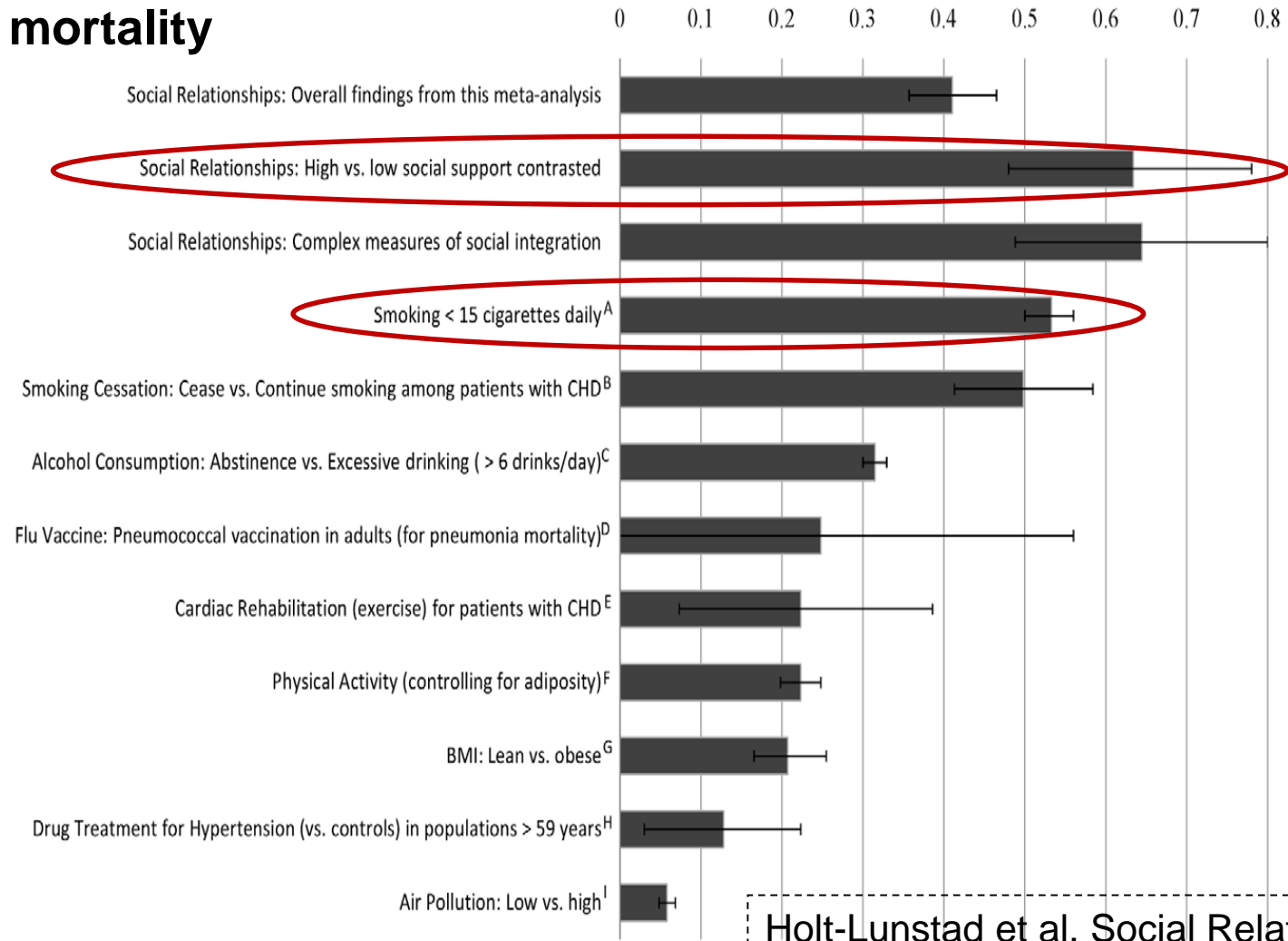


<http://www.nationalvoices.org.uk/our-work/five-year-forward-view/new-model-partnership-people-and-communities>



Social relationships have big impacts – not just on mental health and wellbeing but also ‘hard’ impacts like mortality

Meta analysis: comparative odds of decreased mortality



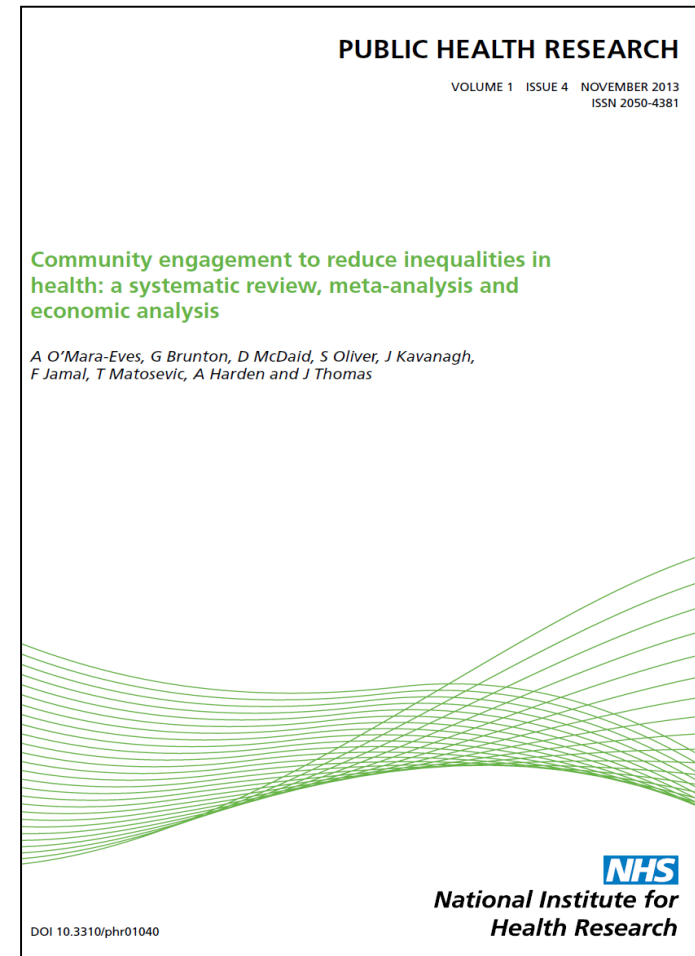
Holt-Lunstad et al. Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med. 2010;7(7):



Evidence base

A NIHR funded systematic review and meta-analysis of community engagement and health inequalities - 315 effectiveness studies concluded:

‘community engagement interventions are effective in improving health behaviours, health consequences, participant self-efficacy and perceived social support for disadvantaged groups.’
[xvii]





NICE Guidelines Community engagement (2016) NG44



Overarching principles of good practice

1.1.1 Ensure local communities, community and voluntary sector organisations and statutory services work together to plan, design, develop, deliver and evaluate health and wellbeing initiatives



Four challenges for evidence into action

- integration and scale
- enabling people to get involved
- evidencing impact
- achieving a shift in power



Source: Hunter. D.J, et al (2007), The Public Health System in England a Scoping Study, Durham University

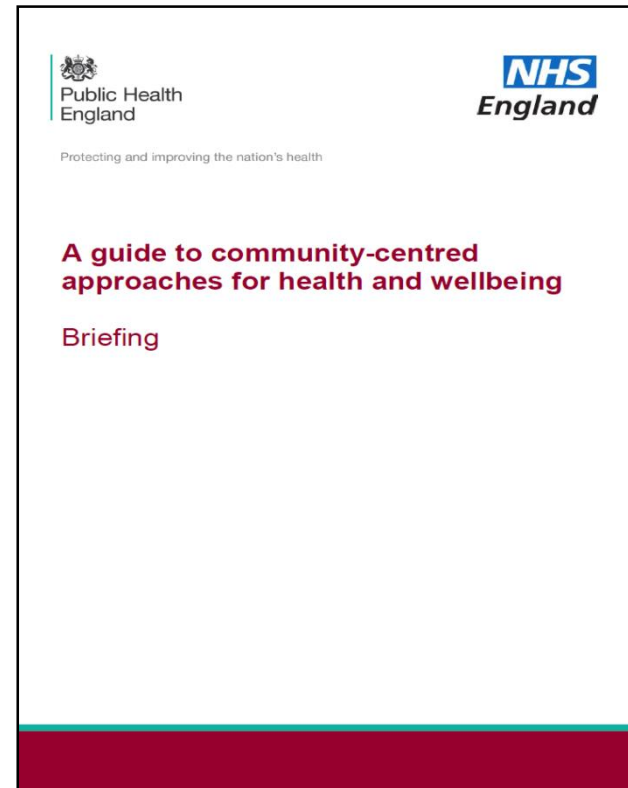


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Guide to community-centred approaches for health and wellbeing

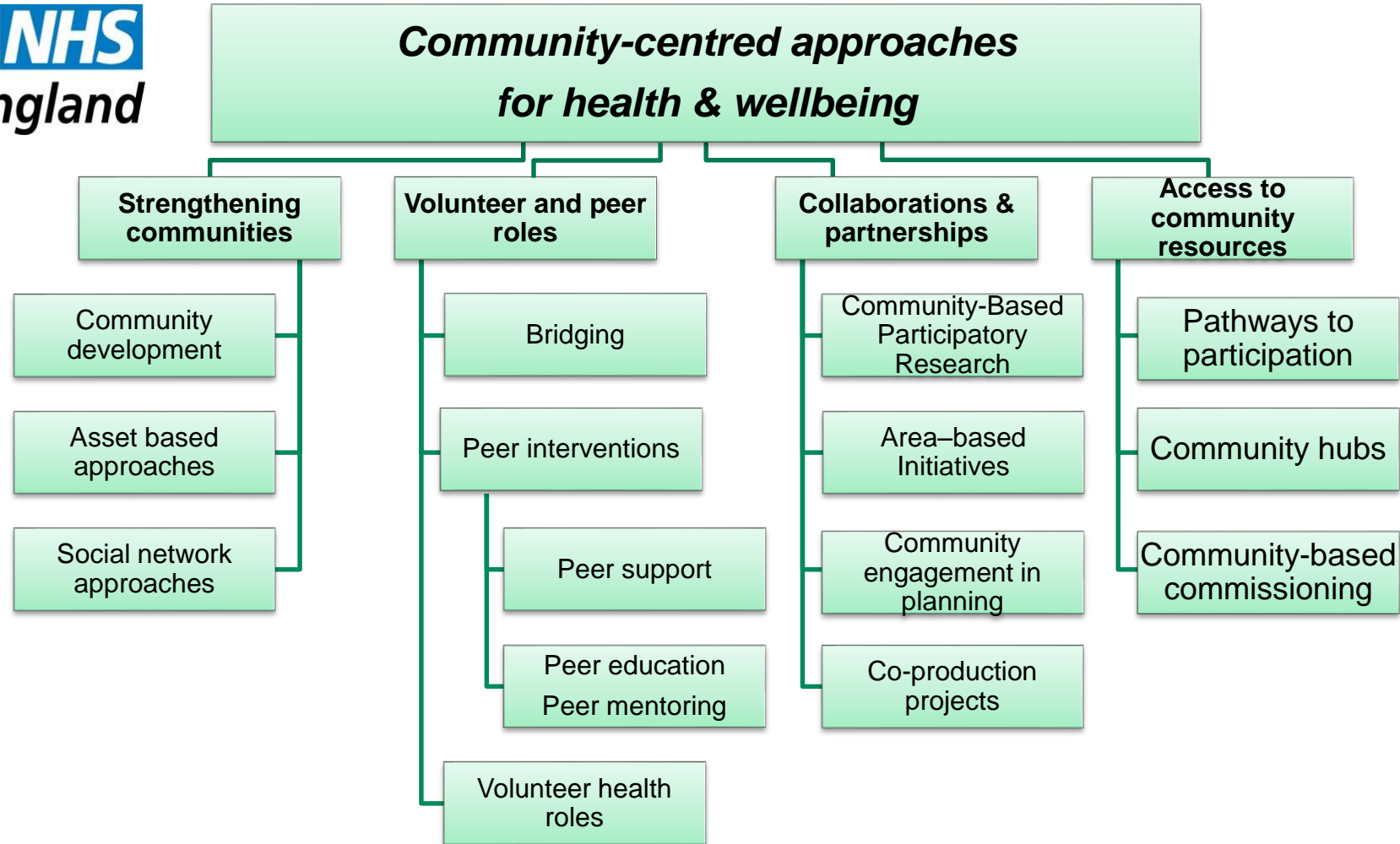
- Briefing and Full report launched in February 2015
- Setting out an evidence-based case for greater community empowerment
- A new family of approaches mapping practical options
- Signposting to key resources and reviews

<https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

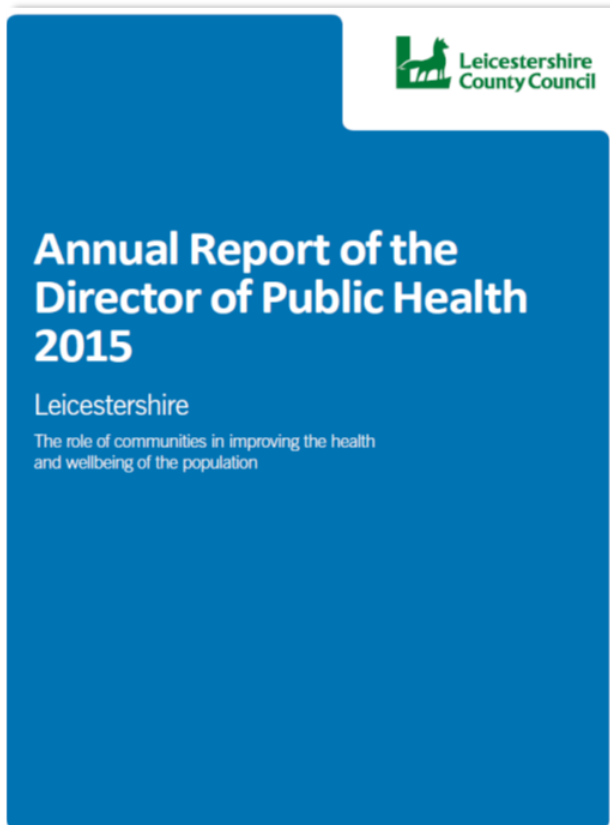




The family of community-centred approaches




Whole system approaches -Leicestershire

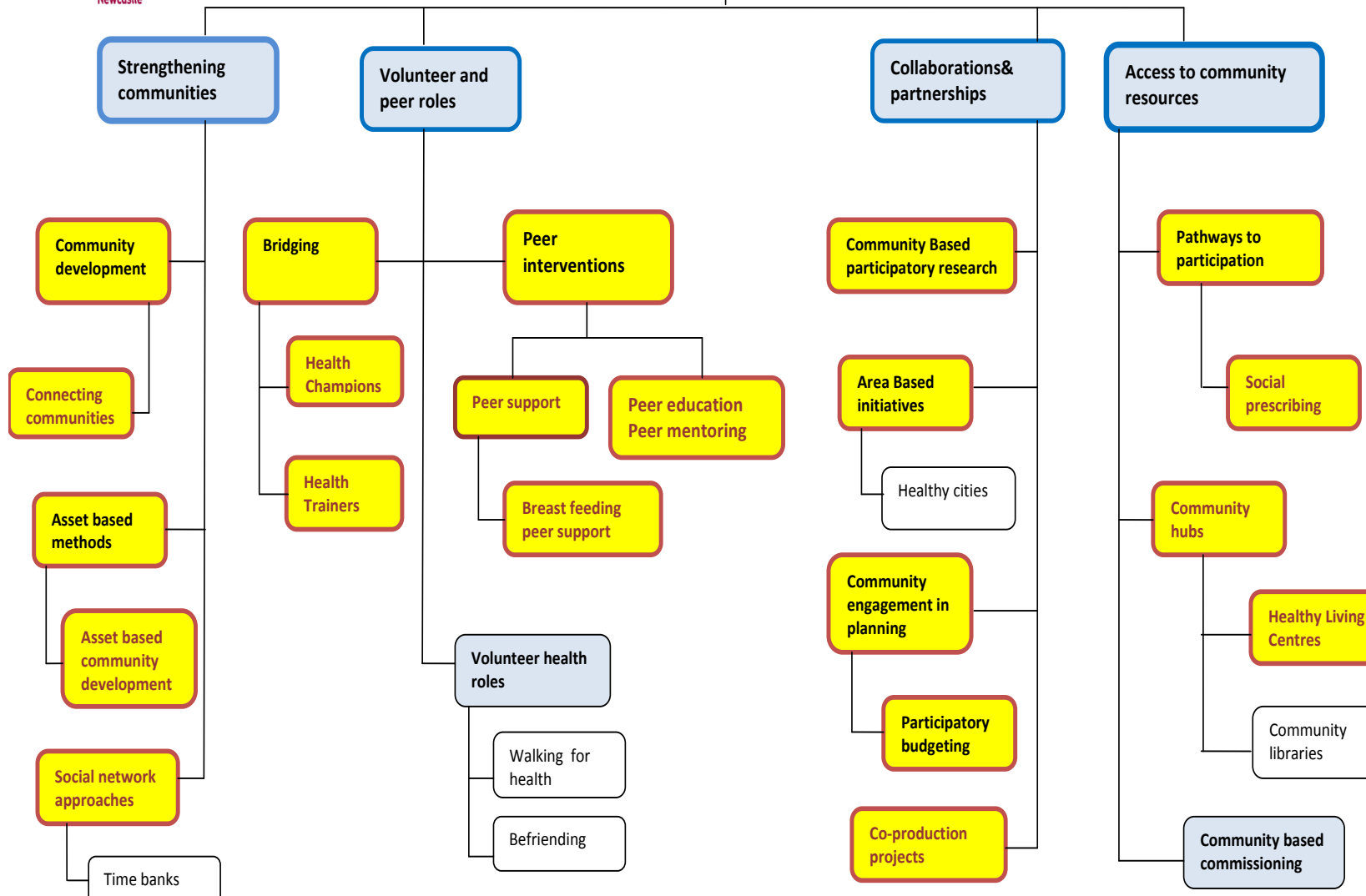


FAMILY of APPROACHES	Local implementation
Strengthening communities	Local Area Coordinators The Storehouse – tackling social exclusion/food Timebanking Leicestershire CC
Volunteer and peer roles	Smokescreen promoters - peer mentors in schools Breastfeeding peer support Carers health champions
Collaborations and partnerships	Wymswold Participatory Questionnaire – parish sustainability Increasing credit unions Big Plan for Brought Astley – neighbourhood plan Health for Kids- co-production
Access to community resources	Fit Buddies scheme for people living with mental ill health Exercise sessions for over 55s at libraries Young Parents Forum



The family of community centred approaches for health & wellbeing

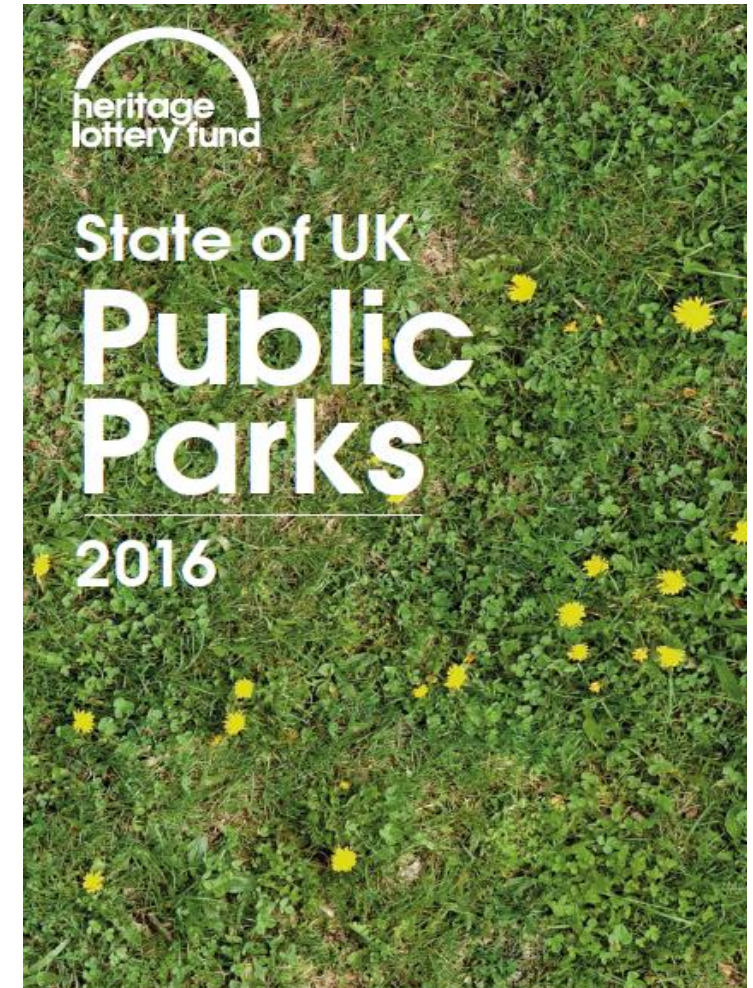
 HWN approach and delivery



Source: Sarah Cowling, HealthWORKS, Newcastle
<http://www.healthworksnewcastle.org.uk/>

Friends of Parks

- 5900 - estimated number of parks friends and user groups across UK in 2016
- Average number (per LA) in 2016 was 14.1 - up from 11.1 in 2013.
- Average number of members has increased to 113 in 2016. Estimated total number of group members is over 650,000
- Park Managers Survey estimates that the value of volunteering in parks is £77 million (or £185k per LA)
- PLUS £50 million value of fund raising





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Facilitators for community engagement

- Organisational culture, attitudes and practice
- Investment in infrastructure and planning to support community engagement
- Support, training and capacity building
- Engagement process- Outreach and advocacy
- Inclusive and accessible practice



Harden A, et al. Review 5: Evidence review of barriers to, and facilitators of, community engagement approaches and practice in the UK. 2015



4. Public Mental Health leadership and workforce development framework. Ambition 3:

Key competencies for working with communities:

1. Identify the existing resources and strengths within a community and the expertise within the voluntary and community sector
2. Offer appropriate support to change, development and capacity building in the community, based on asset approaches (PHS17)
3. Enable communities to develop their capacity to advocate for mental health (PHS18)
4. Engage, empower and work alongside volunteers, lay workers, community leaders and community members, especially the most marginalised and excluded.

<https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework>



The range of outcomes (PHE 2015)

Summary of potential outcomes reflecting the levels at which change occurs:

Individual	Community	Community Processes	Organisational
<ul style="list-style-type: none">• Health literacy• Behaviour change• Self-efficacy, self-esteem, confidence• Self-management• Social relationships, social support• Wellbeing – quality of life• Health status – physical and mental• Personal development, life skills, employment, education	<ul style="list-style-type: none">• Social capital – social networks, community cohesion, sense of belonging, trust• Community resilience• Changes in physical, social and economic environment• Increased community resources	<ul style="list-style-type: none">• Community leadership – collaborative working, community mobilisation/coalitions;• representation and advocacy• Civic engagement – volunteering, voting, civic associations, participation of groups at risk of exclusion;	<ul style="list-style-type: none">• Public health intelligence• Changes in policy• Re-designed services• Service use- reach, uptake on prevention services• Improved access to health and care services – appropriate use, culturally relevant;

Drawing from Institute of Medicine. An integrated framework for assessing the value of community-based prevention.
Washington DC: The National Academies Press, 2012



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



Moving forward

- Scale and integration – developing new frameworks for action and sharing learning about whole system approaches
- Evidence – improving the local evidence base and evaluating what is important for communities
- Community mobilisation – identifying what can be done practically to remove barriers for participation for groups at risk of poor health
- Power – exploring new models of local decision making and developing new relationships



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Thank you

“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.”

Cohen, H. (2016) Building a Thriving Nation: 21st-Century Vision and Practice to Advance Health and Equity. *Health Education & Behaviour*, 43,2: 126

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