



HEALTH AND WELLBEING BOARD  
19 November 2015

# ITEM 7

Report of the Acting Strategic Director - Adults  
and Health and Acting Director of Public Health

## A Framework for Developing Strong Inclusive Communities

### SUMMARY

- 1.1 The Health and Wellbeing Board (HWB) and wider local system, recognises the importance of promoting and protecting health and wellbeing as well as supporting those who need health and care services due to poor health and wellbeing.
- 1.2 The acknowledgement of our communities as assets, and the significance of building strong and resilient individuals and communities is recognised by the HWB as central in achieving the objectives of the Health and Wellbeing Strategy.
- 1.3 Key to developing strong and resilient individuals and communities are building community capacity, development of a culture and networks to facilitate community coordination and cooperation (social capital) and effective co-production.
- 1.4 There are a range of national drivers influencing this work. These include the publication of: Putting People First (2007); Think Local, Act Personal (2010); Developing the Power of Strong, Inclusive Communities (2014); NHS Five Year Forward View (2014); in addition to a substantial published research evidence base.
- 1.5 Local drivers such as unsustainability of the current health and social care system, the drive towards health and social care integration, and the importance of self-help, prevention and early intervention also drives this work programme.
- 1.6 The success (both through local outcomes and national recognition) of local initiatives such as Local Area Co-ordination, 'Just 5' campaign and Winter Friends also serves to promote the importance of building community capacity.
- 1.7 Work commissioned by Think Local Act Personal (TLAP) and Public Health England has developed a Framework for the Development of Strong Inclusive Communities to support Health and Wellbeing Boards. The Framework promotes co-ordinated activity in two linked areas:
  1. **Community Self-help** - supporting and developing strong, inclusive communities.
  2. **Effective Coproduction** - between services, people and their communities.
- 1.8 Commitment to this Framework provides significant opportunity to improve health and wellbeing in the city. It will, however, require strong commitment and substantial cultural shift in how we understand, shape and deliver support.
- 1.9 Work to date means we are well on our way, but a systematic and co-ordinated

approach will significantly increase our chance of success.

## **RECOMMENDATION**

- 2.1 To note the progress that is being made in the city in relation to the development of strong inclusive communities.
- 2.2 To agree that the Board continues to contribute to and provide strategic leadership and commitment to the development of strong inclusive communities.
- 2.3 To support and actively adopt the Framework for Developing Strong Inclusive Communities as established by TLAP and Public Health England.

## **REASONS FOR RECOMMENDATION**

- 3.1 To support the Board in meeting its objectives as set out in the Health and Wellbeing Strategy.
- 3.2 To support improvements in the health and wellbeing of the local population.

## **SUPPORTING INFORMATION**

### **What is community capacity and why is it important?**

- 4.1 "Community capacity is the interaction of human, organizational, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of a given community. It may operate through informal social processes and/or organized efforts by individuals, organizations, and the networks of association among them and between them and the broader systems of which the community is a part" (Chaskin, 1999, p.4).
- 4.2 There is a growing evidence-base that building community capacity and social capital promotes health and wellbeing in children and adults (Rocco & Suhrcke, 2012; McPherson et al., 2013). Additionally, there is evidence that initiatives which build community capacity such as time-banks, befriending and community navigators can generate net economic benefits in a relatively short period of time (Knapp et al., 2010).

### **National Policy Drivers**

- 4.3 In 2007, Putting People First identified the need for the transformation of adult social care through the implementation of personalisation to include building community capacity. It highlighted the need to engage with local networks, community associations and assets and review the use of universal services by older and disabled people, their families and carers, to identify and rectify obstacles to access.
- 4.4 Think Local, Act Personal (the sector-wide commitment to moving forward with personalisation and community-based support) elaborated further in 2010 on the need

to build community capacity. It recognised that personalisation and community are the key building blocks of a reform agenda, shaped around an individual's own expertise and resources. When people need on-going support, this should help them to retain or regain the benefits of community membership including living in their own homes, maintaining or gaining employment and making a positive contribution to the communities they live in.

- 4.5 In October 2014, Public Health England and Think Local, Act Personal published a framework for Health and Wellbeing Boards, *Developing the Power of Strong, Inclusive Communities*. Recognising the need for a strategic approach that can be adapted locally to bring together the wealth of learning and the growing evidence base about community capacity building and the co-production of outcomes, the Framework enables Health and Wellbeing Boards to make the development of strong and inclusive communities integral to their work.
- 4.6 Also in October 2014, the NHS Five Year Forward View was published and outlined the role of the NHS as a social movement, engaging with citizens and communities. It described the role of 'slow burn, high impact' initiatives to shift power to patients and citizens, strengthen communities, improve health and wellbeing, and—as a by-product—help moderate rising demands on the NHS.

### **Local drivers**

- 4.7 Derby's Health and Wellbeing Board is committed to the 'Think Local Act Personal' (TLAP) initiative aimed at transforming health and care through personalisation and community-based support.

During 2014, the Council received support from TLAP and Public Health England to support and develop the Health and Wellbeing Board in understanding and developing the power of strong inclusive communities to boost health and wellbeing of the local population. This programme, developed by TLAP in partnership with Public Health England and the London School of Economics aimed to support a small number of Health and Well Being Boards to:

- promote the inclusion and maximisation of the contribution of older and disabled people in local communities
- divert, delay or reduce unnecessary use of acute/long term health and social care support through the development of social capital initiatives.

This was delivered locally through structured support from an external facilitator - Catherine Wilton (Making the Connections) who led three main activities:

1. Planning and delivering a whole systems event with second tier leaders from Adult Social Care, Public Health, Southern Derbyshire CCG, Derbyshire Healthcare NHS FT, Neighbourhoods about the most effective way to support and extend the reach of local area coordination;
2. Planning and undertaking a series of structured interviews with Board members (along with Jilla Burgess-Allen - Public Health) as part of the Board's self-assessment process;
3. Planning and delivering a development workshop with Board members in March 2015. In this session, the Health and Wellbeing Board reaffirmed its

commitment to the importance and development of social capital within local communities. The Board also agreed it should have a leadership role in the development of a collaborative approach to its advancement. A summary of the workshop can be found in Appendix 2.

- 4.8 The Health and Wellbeing Strategy sets out our intention to move care closer to the individual and to transform the local health and social care system. In addition to a focus on prevention and early intervention it is intended that this will be achieved, at least in part by promoting control, independence and responsibility and building strong and resilient individuals and communities.
- 4.9 In the autumn of 2014, a self-assessment of the Health and Wellbeing Board was undertaken to identify its strengths and areas for development. One of the areas of development identified was to, 'increase the alignment of partner engagement structures and approach to developing social capital'.
- 4.10 An emerging theme of the Derby Plan, which is currently being refreshed, is the development of a 'strong' city which incorporates communities, empowerment and cohesion.
- 4.11 Further supporting the need for a community focus and the building of community capacity, a key pledge of the Council Plan 2015-18 is, 'a strong community where we feel empowered'.
- 4.12 In June 2015, Council Cabinet reaffirmed its commitment to reducing the social isolation and loneliness of older people. Supporting the development and maintenance of community and social networks and relationships is critical to achieving this commitment.

### **A Framework Developing Strong Inclusive Communities**

- 4.13 Think Local Act Personal and Public Health England have jointly produced a framework to support Health and Wellbeing Boards to develop strong, inclusive communities (Miller & Wilton, 2014).
- 4.14 Rather than just an 'add on' the development of strong and inclusive communities to the Board's list of priorities it instead proposes a fundamental rethink of how, "...people, communities and services can more effectively and efficiently work together to co-produce outcomes" (Miller & Wilton, 2014,p.6).
- 4.15 The Framework has been trialled and refined by a number of trailblazer Health and Wellbeing Boards. Through the work to-date, the authors believe that Health and Wellbeing Boards, "...can positively impact on health outcomes whilst also knocking on the open door of local aspirations" (p.9)

### **4.16 The Framework for Developing Strong Inclusive Communities**

The Framework is summarised below:

Assets	Activity	Outcomes
Personal/ individual Community	<b>Community Self-help</b> - supporting and developing strong, inclusive	Improved health and wellbeing Stronger, more inclusive

Public sector	communities	communities
Third sector	<b>Effective Coproduction</b> - between services, people and their communities	Reduced demand
Private sector		Increased assets

The key component of the Framework relies on the co-ordinated action across two linked areas:

## 1. Community Self-help

Community self-help can take many forms and can be implemented at different levels from small scale targeted initiatives to large scale community wide approaches. It includes: building people's social support networks; enabling reciprocity; making best use of the resources and assets which are available in the local area; and making sure that people who use services, including people with long-term conditions, get a chance to pursue their own interests and contribute to community life. One approach is asset-based community development:

### *Asset based community development*

Historically, we have tended to focus on the need and deficits within our local populations and communities and related problems. For example, we look at the 'burden' of an increasingly ageing population, the 'burden' of disease and therefore the need for treatment and care. Unsurprisingly, our services and systems have been built to manage and deal with these 'problems' and hence a focus on treatment and disease rather than prevention and people.

Over recent years, however, there has been increasing focus on 'assets' – "...any factor or resource which enhances the ability of individuals and communities to maintain and sustain health and wellbeing" (Hopkins & Rippon, 2015, p.3).

Local assets can be seen, "...as the primary building blocks of sustainable community development. Building on the skills of local residents, the power of local associations, and the supportive functions of local institutions, asset-based community development draws upon existing community strengths to build stronger, more sustainable communities for the future" (The Asset Based Community Development Institute – homepage: <http://www.abcdinstitute.org/> accessed 07/07/2015).

## 2. Effective co-production

Effective co-production between people who use services and practitioners requires the development of an equal relationship in both the co-design of services and the delivery of outcomes. The principle is to make best use of both people's own and their communities' assets as well as those of organisations. This will require significant effort and will require a cultural shift as co-production is much more than consulting with patients and services users

## Local Action

4.17 We are not starting from scratch in the city, significant activity has, and continues to take place, some of which is outlined below:

### 4.18 Strategic action

- Both *Derby and Derbyshire Health and Wellbeing Boards* have identified

building community capacity and social capital as a key components of their Health and Wellbeing Strategies.

- Southern Derbyshire *Joined Up Care Programme* is leading the transformation and integration of health and social care, alongside housing and other services. Commissioners and providers have collectively adopted a vision for the direction of travel the upcoming years, visualised by 'the wedge'. The model is based on shifting care into the lower tiers of care and emphasises prevention, early intervention and self-help.

To support its delivery, under the Community Support Delivery Group, Workstream 1 - Self-Help, Prevention & Community Resilience has been established to:

- Develop communities to be inclusive of the most vulnerable, reducing the need for statutory services.
- Realise the potential of people to develop their own support networks.
- Allow people who do need professional help a much greater say in how that help is delivered. Including the development of personal health budgets.

An overview of the Joined Up Care Board and delivery under the Community Support Delivery Group, Workstream 1 - Self-Help, Prevention & Community Resilience can be found in Appendix 3.

This work is further supported by the South Derbyshire *Better Care Fund Plan* and includes initiatives around information and advice, personal budgets, housing, employment and Local Area Co-ordination.

#### **4.19 Operational activity**

- *Local Area Co-ordination*, developed in Western Australia, has been implemented by Derby City Council initially in Arboretum and Alvaston wards. The success in these two areas has led to the establishment of ten Local Area Co-ordinators. In June, Council Cabinet agreed to the expansion of the service to cover all 17 wards of the city.

Local Area Coordination is a fundamental component of the local delivery of the Better Care Fund. Local area coordinators in Derby are core members of the multi-disciplinary Community Support Teams that help clusters of GP practices to support people at home to avoid hospital admission and get people back home when they have had a period in hospital.

The City's development of Local Area Coordination has been and remains an example of best practice, nationally. For example, it has been cited by The Carnegie Trust, Institute for Public Policy Research (IPPR), Chartered Institute of Housing (CIH), TLAP and Social Care Institute for Excellence (SCIE).

- There is also a range of other activities across the city and southern Derbyshire such as the development of *Health Champions*, *Winter Friends* and initiatives such as *Just 5* amongst other activity and initiatives across partners.

Much of this work, albeit positive, is largely fragmented and is reliant on a small

number of highly motivated and skilled individuals. A more joined up, co-ordinated approach across partners within a defined framework would surely be beneficial.

## References

- 4.20 Chaskin, R.J. (1999) *Defining Community Capacity: A Framework and Implications from a Comprehensive Community Initiative*. Paper for Urban Affairs Association Annual Meeting, Fort Worth, April 22-25, 1998. Chapin Hall Center for Children at the University of Chicago.
- HM Government (2007) *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*.
- Hopkins, T. & Rippon, S. (2015) *Head, Hands and Heart: Asset-Based Approaches in Health Care*. London, The Health Foundation.
- Knapp, M., Bauer, A., Perkins, M. and Shell, T. (2010) *Building Community Capacity: Making an Economic Case*. Discussion Paper 2772, Personal Social Services Research Unit.
- McPherson, K., Kerr, S., McGee, E., Cheater, F. and Morgan, A. (2013) *The Role and Impact of Social Capital on the Health and Wellbeing of Children and Adolescents: A Systematic Review*. Glasgow Caledonian University/ Glasgow Centre for Population Health.
- Miller, C. & Wilton, C. (2014) *Developing the Power of Strong, Inclusive Communities*. Public Health England and Think Local Act Personal.
- NHS England (2014) *Five Year Forward View*.
- Rocco, L. & Suhrcke, M. (2012) *Is Social Capital Good for Health? A European Perspective*. Copenhagen, WHO Regional Office for Europe.

## OTHER OPTIONS CONSIDERED

5.1 None.

This report has been approved by the following officers:

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Estates/Property officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	Adults and Health Department Leadership Team, 22/10/15
<b>For more information contact:</b> <b>Background papers:</b> <b>List of appendices:</b>	Alison Wynn, 01332 643106 <a href="mailto:alison.wynn@derby.gov.uk">alison.wynn@derby.gov.uk</a> / Brian Frisby, 01332 642696 <a href="mailto:brian.frisby@derby.gov.uk">brian.frisby@derby.gov.uk</a> None Appendix 1 – Implications

	Appendix 2 – HWB Development Workshop Summary Appendix 3 – Joined Up Care Programme
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<b>IMPLICATIONS</b>
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**Financial and Value for Money**

- 1.1 Well-developed strong, inclusive communities are expected to reduce the requirement for high cost formal health and social care provision.

**Legal**

- 2.1 The Health and Wellbeing Board has a duty to improve the health and wellbeing of its local population, the building community capacity and developing social capital supports this.

**Personnel**

- 3.1 None.

**IT**

- 4.1 None.

**Equalities Impact**

- 5.1 Much of the current work to build community capacity and social capital is focussed on vulnerable groups and communities and is anticipated to have a positive impact on health inequalities.

**Health and Safety**

- 6.1 None.

**Environmental Sustainability**

- 7.1 None.

**Property and Asset Management**

- 8.1 None.

**Risk Management**

- 9.1 None.

**Corporate objectives and priorities for change**

- 10.1 The continued building of community capacity supports the delivery of the objectives set out in the Derby Plan, the NHS Five Year Forward View and the business plans of the Board member organisations including the Council Plan.

## Appendix 2

### Health and Wellbeing Board Development Workshop Summary

A Health and Wellbeing Board Development Workshop was held on 12 April 2015. The intended outcome of the workshop was for participants to 'leave the session with shared understanding and commitment to taking a strategic leadership approach around social capital, communities and co-production across Derby'.

The objectives of the workshop were:

- To remind Health and Wellbeing Board members of the central role of 'social capital' in a city-wide prevention strategy.
- To develop a shared understanding of terminology and evidence around social capital, communities, and co-production.
- To explore the various initiatives across Derby that aim to build community and how they fit together or could fit together better.
- To explore the role of the HWB in driving forward the social capital agenda.
- To explore the extent to which local people and organisations across Derby are involved in conversations about how the agenda develops.
- To decide on next steps for drawing things together and becoming more strategic around building stronger communities.

The group were asked what they believed to be the factors important to them in supporting their health and wellbeing. The following factors were identified:

- **Family, friends and community** - having contacts and feeling part of a network or community. The importance of having someone to be able to call upon in times of need.
- **Independence and control** - the ability to do what we want to do and the ability to have control over what we do was deemed important. Having the time and the ability to be able to volunteer for something passionate about was also identified as important.
- **Safety and security** - financial security and the ability to afford to do the things want to do was seen as important as was a sense of safety. Additionally, having one's own 'front door' was important as well as having a home that is comfortable and adaptable.
- **Sense of place** - sense of place and belonging were also identified as important.
- **Getting out and about** - being mobile and active were identified as important to health and wellbeing. Access to good public transport as well as access to the city centre was also important.
- **Happiness** - feeling happy and contented were seen to be very important.

The group were also asked what they would want if they needed help and support. The following were identified:

- Flexible, practical help.

- The knowledge, support and treatment to maximise well-being.
- Shared care approach.
- Support available when needed.
- Services, support and infrastructure that are local.

### **What is working well?**

The group were asked to identify what was working well in relation to social capital and identified the following:

- Links between organisations at a senior/ strategic level and shared vision.
- Neighbourhood management arrangements.
- Local Area Co-ordination.
- Inner city renewal project.
- Community support teams.
- Pockets of expertise and resource.
- City-wide Leadership Board.

### **How to include citizens?**

A range of suggestions were made in relation to how better include citizens, including:

- Focus on areas where there is greatest need.
- Look at new models of engagement.
- Develop co-production approach.
- Developing people e.g. peer support.
- Shift from thinking in terms of 'patient' to 'citizen'.
- Facilitate existing networks.
- Respect privacy and boundaries.

### **How to make social capital development everyone's business?**

The group identified a number of approaches to broaden capacity and work to support the development of social capital:

- Political commitment – but to support and not control.
- Must be bottom up.
- Different types of conversation.
- Capacity to facilitate.
- Educate.
- Need to change people's expectations and perceptions.

### **The role of the Health and Wellbeing Board**

The workshop discussed what the role of the Health and Wellbeing Board should be in

relation to the development of social capital. Suggestions included:

- Leadership
  - collaborative approach
  - within own organisations.
- Agree shared values and outcomes but be clear about what each organisation can bring.
- Building community resilience should be a key role of the Board.
- Share expertise.

### **Next steps**

The workshop members agreed:

- To identify specific actions Board members can take forward e.g. giving staff time within their contracted work time to volunteer.
- To continue to priorities the development of social capital.
- To do further work to understand the programmes of work being delivered through different structures to ensure any work implemented by the Health and Wellbeing Board is aligned and does not duplicate.

## **Joined-Up Care Programme**

At a strategic level, both Derby and Derbyshire Health and Wellbeing Boards have identified the need to develop community resilience as a key component of their Health and Wellbeing Strategies.

The South Derbyshire Joined-Up Care programme is leading the transformation and integration of health and social care, alongside housing and other services. The current configuration of the health and social care system results in an unsustainable and unaffordable system, which is not likely to cope with additional demand in the future. The biggest component of this is the increasing non-elective demand by a growing elderly population, and how the system is currently set up to manage this.

Commissioners and providers have collectively adopted a vision for the direction of travel the upcoming years, visualised by 'the wedge'. The model is based on the principle of shifting care into the lower tiers of care, thereby better meeting the needs of patients. There is emphasises on prevention and early intervention which puts individuals at the centre of decisions about their care, and value an integrated local provision of services.

The approach is summarised graphically in the 'Derbyshire Wedge' which illustrates a shift in the delivery of care, support and treatment away from high cost 'specialist' services. The aim is that in five years' time we will have empowered citizens, able to access helpful information on a range of subjects that promote their independence and enable them to manage their long term condition / risk to independence. They will be supported in this through a good network of family, friends and engaged community – perhaps with the help of a peer educator too. The amount of social capital in our communities will have increased through the facilitation of the Local Area Co-ordinators and our voluntary, community and faith sector. Social philanthropy will have increased and volunteering will make a valuable contribution to tackling social isolation and increasing informal forms of support.

## **Community Support Delivery Group, Workstream 1 - Self-Help, Prevention & Community Resilience**

The Community Support Delivery Group (formerly the Out of Hospital Delivery Group – and before that the Integrated Care Delivery Group) has been set up to implement the elements of the agreed 5 Year plan as delegated by the Joined-Up Care Board. Four workstreams have been agreed, including Workstream 1: Self-Help, Prevention & Community Resilience.

The purposes of this workstream (which was initially called Empowerment & Social Capital) are to:

- Develop communities to be inclusive of the most vulnerable, reducing the need for statutory services.
- Realise the potential of people to develop their own support networks.

## Classification: OFFICIAL

- Allow people who do need professional help a much greater say in how that help is delivered. Including the development of personal health budgets

Key local and national publications have been used to shape the detailed work of this workstream:

1. TLAP's Coproduction top 10 tips (March 2014)
2. Getting Serious About Personalisation in the NHS (September 2014)
3. NHS Five Year Forward View (October 2014)
4. Developing the Power of Strong, Inclusive Communities (October 2014)
5. Your Life, Your Choice (November 2014)
6. Winterbourne View – Time for Change (November 2014)
7. The Mentally Healthy Society (January 2015)
8. A guide to community-centred approaches for health and wellbeing (February 2015)

Taking the South Derbyshire Better Care Fund Plan and the best practice / guidance documents together, the specific activities that Workstream 1 will develop are:

1. Patient self-management
2. Supporting carers
3. Personal Health Budgets
4. Employment
5. Housing
6. Information, advice & advocacy
7. ABCD, Local Area Coordination, Inclusion in community activities, Community volunteering, Community ownership
8. Voluntary sector partnerships.

The approach that will be taken with regards to each of the activities above will be to address the following questions:

- A. What are the issues / things about the activity that have an impact on people's health and well-being and support a shift away from hospital to community based support, where they have choice and control?
- B. What are we already doing and where?
- C. What are the gaps and what would it take to fill them?
- D. What else / more could we do?
- E. How do we make sure that everyone who needs to know about these activities does actually know about them and make them work for people?

## Classification: OFFICIAL

- F. How do we demonstrate the benefits to the whole system of doing these things
- G. How do we involve people in co-producing this with us?