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 initially sees 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 North Local Area Council considers the report and provides comments.

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) sees 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 for community-centred approaches will be made available from 2019 for VCS groups and organisations to apply. This will initially be for micro-grants with the application provisionally planned to be via the locality coordinators.

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. 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.\textsuperscript{2,3,4} There is also increasing evidence that they reduce health and social care demand and costs.\textsuperscript{5,6,7,8,9}

These approaches are advocated and endorsed nationally by the NHS Five Year Forward View\textsuperscript{10} and recent NHS Long Term Plan,\textsuperscript{11} the National Institute for Health and Clinical Excellence (NICE),\textsuperscript{12} and the Social Care Institute for Excellence (SCIE),\textsuperscript{13} and locally in the new Joint Health and Wellbeing Strategy,\textsuperscript{14} 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. Funding for this project will be from the Public Health ring-fenced grant accumulated underspend.

**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 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.
- To co-create sustainable benefits for individuals and communities.

**Description of the project**

**From November 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 are employed by NHCT on band 5 NHS and work within the same team as the established support planners.

**From November 2018 to April 2019** (first 6 months), the key roles of the locality coordinators are:

- 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 Locality Coordinators will report on their initial findings (making use of the Asset Mapping Tool described below) from the initial six-month period of community engagement. These reports will inform the provision of grants to be made available to VCS organisations or groups. 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.

It was initially intended that the approaches would be from a range of options, in particular community navigation or social prescribing initiatives. However, following the announcement by NHS England that they will fund from July 2019 social prescribing link workers within newly-formed Primary Care Networks of general practices covering populations of 30,000 to 50,000, there has been a strategic decision to shift funding from the link worker role to more direct funding for where people will be linked and supported into, including voluntary and community groups and organisations.

**From May 2019 to April 2021**, the functions of the Locality Coordinators will include (in addition to the above):

- 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.

**In the North locality**, there was a delay in the recruitment of the Locality Coordinator. However, we are delighted to introduce Ruth Armstrong who started in March 2019, hosted by Bell View. This will consequently mean a delay in reporting on the asset mapping work, although it should not delay roll-out of the micro-grant applications in the North. Indeed, this project was informed by pilot work with community development trusts in north Northumberland to develop a small grant system to support community groups. This led over 1000 people to become involved in activities in their community across 26 projects. Recipients reported that the projects would not have started without the grants and that new people were attracted to participate, with new friendships, relationships and networks forming. Micro-grants systems in other parts of the UK and internationally have demonstrated numerous benefits to wellbeing.

**Evaluation** will be a key component of the model for which we will be supported by Asset Based Consulting (led by Trevor Hopkins, co-author of ‘*A Glass Half Full*’). A digital **Asset Mapping Tool** has been developed to capture intelligence from interactions of locality coordinators 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 researchers 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.

**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 project will be a key output of the ‘Empowering People and Communities’ theme of the new Northumberlund Joint Health and Wellbeing Strategy 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 VCS Health and Wellbeing Fund) and these will need to be actively exploited.

**Implications**

<table>
<thead>
<tr>
<th>Policy</th>
<th>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 NCC Corporate Plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance and value for money</td>
<td>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.</td>
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<tr>
<td>Legal</td>
<td>There are no anticipated legal implications.</td>
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<tr>
<td>Procurement</td>
<td>If necessary, procurement advice will be sought for the administration of grants. There was an open procurement for the tender for the evaluation of the project.</td>
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<tr>
<td>Human Resources</td>
<td>Five locality coordinators have been recruited by NHCF on band 5 NHS. Employment by the NHS was found to be less costly than by the Council and permits shared line management of locality coordinators with support planners.</td>
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<tr>
<td>Property</td>
<td>There are no implications for property.</td>
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<td>Equalities (Impact Assessment attached)</td>
<td>Asset-based, community-centred approaches have been advocated by NICE and others as a method of reducing health inequalities. Yes No x N/A</td>
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<tr>
<td>Risk Assessment</td>
<td>A project plan and issues log is maintained and reviewed.</td>
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</table>
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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References
12 NICE. Community engagement: improving health and wellbeing and reducing health inequalities. NICE guideline [NG44] Published date: March 2016.
14 http://committeedocs.northumberland.gov.uk/MeetingDocs/40492_M9330.pdf