STRONG COMMUNITIES FOR BETTER HEALTH –

TACKLING HEALTH INEQUALITIES AND BOOSTING PERSONALISED CARE

Coalition for Personalised Care

The path to a healthier, cohesive and inclusive nation lies in its communities. It's time to think differently, to reshape our country by harnessing the strengths of our local populations and redefining health and wellbeing and tackling health inequalities. The conditions for enabling communities to fulfil this role do not lie only with those communities, they also depend on government support.

SUMMARY

The following changes would enable shared decision-making and programme development between statutory bodies and communities, enhancing health and wellbeing, helping to tackle health inequalities, boosting preventative, Population Health and Personalised Care approaches, that will sustain the NHS and Local Authorities:

- Place based budgeting
- A public sector community impact duty
- Community development initiatives at local level across the NHS
- Building evidence
- Measuring what matters
- Building relationships
- A Citizens' Precept to fund these changes

INTRODUCTION

This paper distils the conclusions of a wide range of individuals and groups interested and experienced in community strengthening approaches that address health inequalities.

The evidence is strong that community strengthening is essential to community cohesion and community and individual health and wellbeing, offers a good Social Return on Investment, and helps tackle health inequalities. Community-led solutions offer choice of personalised supports and services to people needing health interventions and so help to boost Personalised Care. The underlying factor is communities taking more control, identifying and designing local solutions. There are examples to be found here and here.

By community strengthening we mean: "Enabling communities to identify the priorities, set the agenda, and invite other sectors, statutory or otherwise, to contribute, as appropriate and necessary, to address those priorities. The statutory sector coming to the community table. This is not the same as an ICB setting its priorities and then working with communities to implement those priorities."

By supporting local people to get together to solve local issues, capabilities develop, confidence rises, control increases, and we can build a positive cycle of participatory democracy. These approaches offer the opportunity to build social capital and improve trust as emphasised by the

Khan review. This process is enhanced if systems collaborate – for instance, the NHS with local authorities, housing, education, where appropriate.

Despite the benefits, the NHS and Local Authorities have not integrated community strengthening into mainstream methods and resourcing. Currently the power to design and deliver does not lie with communities. Personalised care remains an ambition but is not being delivered for most people. There is an absolute requirement for the rebalancing of prevention and treatment.

This paper summarises the changes needed and shows how government and the statutory sector can and should easily create the conditions whereby community strengthening can flourish. There are two sections to this document:

- The changes required
- The bigger picture – the wider implications of this work

THE CHANGES NEEDED TO CREATE THE CONDITIONS WHEREBY COMMUNITY STRENGTHENING CAN FLOURISH

Community-led development is popping up spontaneously everywhere in the NHS, but it remains patchy, temporary and led by heroes. There are many examples of community-led development with a health benefit outside the NHS but again these are not mainstream.

The following changes would ensure that there are community strengthening initiatives everywhere, in a systematic way, but that the organic and passionate nature of the work is maintained. We think that these changes would help shift the culture, too.

Place-Based Budgeting

This would give local authorities and other agencies in England the powers and duty to identify local public service spending, to collaborate and pool budgets to better meet the needs of local populations; to set out Local Public Service Plans and to ensure central government supports the process. It would make it easier for public bodies to invest in a preventative approach whose results may not show up within their own silo.

A new public sector community impact duty.

This would require all public services, departments and agencies to identify, understand and engage proactively with communities affected by decisions. This change is designed to shift the internal culture of all public services, normalising participation, deliberation and asset-led approaches.

Community Development Initiatives at local level

To facilitate dialogue and shared decision-making needed for community strengthening, and to ensure that it is available everywhere, we need to support community-led development initiatives

in each Primary Care Network (PCN) at neighbourhood level, closely linked to the work of other partners such as local authorities.

All communities have motivated people keen to address local challenges. They may need resource (financial and otherwise) and help to find ways to act. This is the role of community development. Some places have well-established community development initiatives. The community development worker has a clearly defined role with training models and job descriptions.

Health has a part to play in supporting established or new community strengthening work. Community development is already recommended as part of NHS England's Guidance to Integrated Care Systems working with the communities they serve. Health initiatives need to be tailored to the needs and dynamics of each community and take account of existing community-strengthening activity and in those communities. Guidance on implementation is here.

Local community development should be led by passionate individuals, who are members of the community, guided by comprehensive integrated strategy and funded through local community anchor organisations which serve the whole spectrum of independent local groups large and small.

This publication produced by The Health Creation Alliance for C4PC helps to illustrate: what works in community development

Funding Models

A top slice to form a Citizens' Precept

A citizens' precept is a percentage (suggestions range from 0.1 -1%) of funds being reserved from the allocation to traditional health and local authority systems and earmarked to community initiatives; a community investment fund; base budgets; tapping into existing funding streams like Additional Roles Reimbursement Scheme to fund community development workers.

Other options include reallocating existing funds and bringing together various sources of funding through structures like Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs) to support community initiatives.

There is a perception that the public prioritises health spending over local government and community initiatives. Finding ways to integrate community funding with core health funding may make it easier to achieve the shift.

Building Evidence

The literature search by The Health Creation Alliance is key, but support for further evidence is needed, particularly on the most effective methods of community strengthening, including cost-saving and long-term return on investment.

Measuring what matters

Integrated Care Boards and the structures below them should all be accountable through relevant measures that reflect the evidence-based elements of community strengthening. The best candidate is probably measuring social capital, which is linked to health gain, health protection and with improving the social determinants. It is already measured by some councils. One simple tool for measuring social capital is here.

Building relationships

NHS and Local Authority leaders need to prioritise time to meet local communities, to understand their health and wellbeing needs, what they are already doing to address those needs and what support is required to ensure those needs are fully met.

Another key action is sharing anonymised NHS and Local Authority planning and needs assessment data with communities. Communities can offer insights for planners.

THE BIGGER PICTURE

The UK appears unable to create the conditions that assure, (or at least don't undermine), the meeting of citizens' fundamental needs and provide the mechanisms and services required to meet them. Policies have tended to curtail people's entitlements and dismantle a redistributive welfare state with universally accessible services. There are increasing levels of inequality and poverty and destitution and increasing polarisation between rich/powerful and poor/powerless, magnified by intersectionality, where some groups suffer many of these effects simultaneously. Large sections of the population have little voice or influence.

At the same time much of the public spaces and services that play a key role in our quality of life and wellbeing are disappearing, which combines to fragment and reduce civil society. The loss of funding and respect has weakened the voluntary sector especially the small local community groups which form the bulk of the sector. Voluntary organisations are transformed into service delivery bodies rather than campaigning organisations with independent action[i]. Those defending the rights of the least powerful are restricted in their right to campaign.

We see a need to develop and test ways for the state to become more accountable, responsive, transparent and supportive of civil society. There are signs of renewal:

- There is a growing interest in developing deeper and richer forms of democracy.
- A growing number of organisations including some parts of local and national government are seeking ways of involving citizens in their planning and decision-making processes.
- Increasing trades union membership

- There is increasingly successful use of deliberative systems over contentious national issues across the world
- A body of theory and practice on participatory and deliberative action has been developed over the last 50 years.

And in the NHS:

- NHS ICB Guidance is clear about the need for participation and shared decision-making
- The NHS Long Term Plan retains the ambition for personalised care for all but this ambition is far from being achieved. There has been a dramatic collapse in public trust in the health service.
- The pandemic showed both spontaneous community action and the centrality of communities in health and delivering health policy
- Social Prescribing has been a radical shift for the NHS, incorporating the voluntary sector into its thinking with an acceptance that community assets are preventative and can be therapeutic.

What we are asserting here is that community strengthening is a fundamental and vital part of this process. We are guided by the core idea that we are not just individual consumers but citizens of a wider society. Participatory practice enables people to share in power through collective action and organisation. It also helps to deliver Personalised Health Care options.

IN CONCLUSION

We urge the next government to institute these changes which, if applied consistently and echoed across the NHS and Local Authorities, would alter the relationships between communities and the statutory sector, building better health through participation and sharing power and greater community cohesion.

SUPPORTED BY

Coalition for Personalised Care

The Coalition for Personalised Care

The Health Creation Alliance

The Health Creation Alliance

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[i] Much of this section is taken from https://www.compassonline.org.uk/wp-content/uploads/2019/02/Compass_45-degree-change.pdf and from https://www.compassonline.org.uk/publications/participation-at-45%CB%9A-techniques-for-citizen-led-change/