

**05 June 2019****Agenda Item: 9**

## **REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD**

### **COMMUNITY RESILIENCE AND A WHOLE FAMILY APPROACH**

#### **Purpose of the Report**

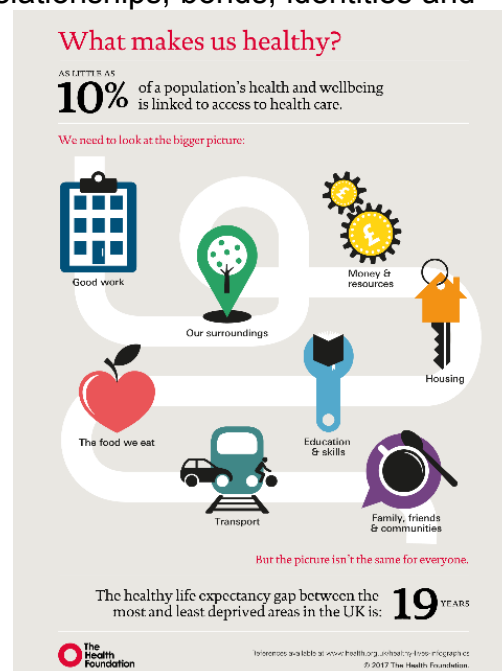
1. To advise Board members of the outcomes and proposed recommendations of the Community Resilience Health & Wellbeing workshop held on 24<sup>th</sup> April 2019:
  - To agree principles for community asset-based support and social prescribing across Primary Care Networks in Nottinghamshire
  - Endorsing a community organising approach as a critical component for delivering the stronger & resilient communities priority within the Joint Health and Wellbeing Strategy with the intention that partners incorporate this approach when developing new arrangements for social prescribing.
  - Board partners support the promotion and development of Notts HelpYourself as a primary resource to help people find information about community-based assets within health & care in Nottinghamshire.

#### **Information**

##### Background

2. Stronger and resilient communities is a new priority for the Health and Wellbeing Board within the Healthy and Sustainable Places ambition of the [Joint Health and Wellbeing Strategy](#). It links strongly with other priorities within the ambition such as physical activity, mental health, the food environment, jobs, skills and employment, compassionate communities supporting people at the end of life and spatial planning.
3. Promoting and supporting communities to be resilient is about equipping them with the tools to confidently and creatively use their assets to develop local solutions which address local challenges such as improving the communities physical, behaviour and social health to withstand, adapt to and recover from adversity.

4. 'Community' as a term is often used as shorthand for the relationships, bonds, identities and interests that join people together or give them a shared stake in a place, service, culture or activity.
5. Distinctions are often made between communities of place or geography and communities of interest, identity or affinity, as strategies for engaging people may vary accordingly. Nevertheless, communities are dynamic and complex, and people's identities and allegiances may shift over time and in different social circumstances.
6. The Board has recognised the impact of community on health and wellbeing as illustrated by the Health Foundation infographic 'What makes us healthy' which estimates that up to 90% of health and wellbeing is attributable to wider factors such as work, travel, food and relationships.
7. Securing the best health outcomes requires partners to address the community-level factors which improve health and wellbeing. Community life, social connections and having a voice in local decisions are all factors that have a vital contribution to make to health and wellbeing. These community determinants build resilience helping to provide some protection during difficult periods and influence health related behaviour.
8. All communities have health assets that can contribute to the health and wellbeing of its members. Health assets can include:
  - the skills, knowledge, social competence and commitment of individual community members
  - friendships, inter-generational solidarity, community cohesion and neighbourliness
  - local groups and community and voluntary associations, ranging from formal organisations to informal, mutual aid networks such as babysitting circles
  - physical, environmental and economic resources
  - assets brought by external agencies including the public, private and third sector
9. Working with disadvantaged communities also has the potential to improve health and wellbeing and reduce health inequalities, supporting the delivery of the vision of the Health and Wellbeing Board within the current Joint Health and Wellbeing Strategy.
10. Developing strong and resilient communities to support each other is not a new concept. However, as government resources reduce and demand for services increases, the need for community resilience does become greater. The engagement of all partners including formal health and care services provides an opportunity for involving communities to improve their health themselves by involving them through co-production in service design and pathways of care, medical and non-medical.



### Workshop findings

11. At the workshop on 24<sup>th</sup> April 2019 the Board and partners considered the importance and impact of supporting communities to be resilient. It was proposed that communities be empowered to build on their strengths and needs to develop socially connected situations with

accessible systems which foster community cohesion, a whole family approach and promote individual responsibility. The background paper setting out the context for the workshop is attached as Appendix A.

12. Table discussions identified that the role of communities in improving health and wellbeing, including mental health is significant and a stronger recognition of this by all partners is a key component to success. Feedback identified:
  - The benefits of understanding the power of community influences in developing local solutions which tackle isolation and loneliness, poor physical health and declining mental health.
  - The importance of a family-based approach which considers all age groups
  - The importance of the role of the Health and Wellbeing Board in influencing and encouraging all partners to adopt a community asset-based approach that includes social prescribing with a shared view of the components required to make it effective and sustainable
  - The NHS Plan has a commitment to increasing access to social prescribing across the population, but this must be supported by a commitment to develop community health assets
  - The importance of defining common principles for how partners adopt effective approaches which empower people to take control of their own health and wellbeing.
  - That a consistent, holistic approach to connecting people to community groups and statutory services for practical and emotional support should be supported by a community organising approach to build capacity and empower to build resilience
  - A consistent approach would build competency across partner agencies, standardise good practice and reduce a postcode lottery effect.
  - The benefits of motivating communities and individuals by promoting a community organising approach to helping individuals and communities to help themselves and increase people's control over their own health and lives.
  - There should be a primary, trusted source of information of community based assets through the Notts Help Yourself service.
13. Workshop discussions identified potential co-ordinated approaches to promoting community resilience through a community motivation/organising approach which the Board and its partners could take forward. These include:
  - Partners agree to a community centred approach identifying common principles as outlined below
  - Helping people to develop a collective way to act together for the common good of the whole community
  - Putting the wellbeing, development and progress of people first
  - Building on existing resources/assets if that is what the community wants and needs
  - Use the communities as a starting point and moving at their pace according to need
14. Given the requirement within the NHS Long Term Plan to implement social prescribing across England there should be a common set of principles for social prescribing in Nottinghamshire to ensure consistency and capacity through local communities to meet the demands of the proposed services.
15. Through the workshop the Board recognises the importance of a coordinated and community centred approach to promote community resilience which can be applied across the Board partnership, including through the social prescribing services within the Nottingham and

Nottinghamshire and South Yorkshire and Bassetlaw Integrated Care Systems and wider NHS.

16. Drawing on and increasing the strengths and capacities of local communities by enabling local community and voluntary to receive and support social prescribing referrals which provides meaningful opportunities for individuals to develop friendships, a sense of belonging and builds knowledge, skills and confidence requires support to help to set up sustainable community networks and groups where gaps in local service provision are identified.
17. Based on the findings of the Board a common set of principles for community centred approaches that include social prescribing which are not just community-based, but about mobilizing assets within communities, promoting equity, and increasing people's control over their health and lives can be agreed and should include:
  - Using non-clinical methods
  - using participatory approaches, such as community members actively involved in design, delivery and evaluation
  - reducing barriers to engagement
  - utilising and building on the local community assets
  - collaborating with those most at risk of poor health
  - changing the conditions that drive poor health
  - addressing community-level factors such as social networks, social capital and empowerment
  - increasing people's control over their health
18. These should be developed collaboratively with all partners including voluntary and community sector organisations to develop:
  - A person centred approach which focuses on individual needs but recognises whole families and family relationships
  - Flexibility to meet individual needs regarding time and location
  - A focus on collaborative relationships with people in different sectors
  - A funding commitment for social prescribing and community development to ensure capacity to receive referrals and assure that services and community groups are appropriately qualified to deal with vulnerable people (physical and mental health first aid trained, insured, food safety etc)
  - Promotion of effective and evidence-based health and wellbeing support and reduced health inequalities within a community setting through non-clinical methods and services
  - Identification and addressing of barriers to engagement and enable people to play an active part in their care, increasing people's control over their health and lives
  - Understanding, utilisation and building on the assets within local communities
  - A simple referral process to social prescribing with clear criteria which can be extended across health and care services

### **Other Options Considered**

19. Options were presented and considered during the Board workshop on 24<sup>th</sup> April 2019

### **Reason/s for Recommendation/s**

20. The Health and Wellbeing Board recognise the importance of supporting community resilience as a dynamic process and its role in ensuring that the Board links its actions which aim to strengthen communities by encouraging whole community/family approaches and importantly its links to health and care transformation agendas.

## **Statutory and Policy Implications**

21. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

22. There are no financial implications arising from this report

## **RECOMMENDATION/S**

1. The principles be agreed for community asset-based support and social prescribing across Primary Care Networks in Nottinghamshire outlined in paragraphs 17 and 18 of this report.
2. That the Board endorses a community organising approach as a critical component for delivering the stronger & resilient communities priority within the Joint Health and Wellbeing Strategy with the intention that partners incorporate this approach when developing new arrangements for social prescribing.
3. Board partners support the promotion and development of Notts HelpYourself as a primary resource to help people find information about community-based assets within health & care in Nottinghamshire.

**Councillor Steve Vickers**  
**Chair of Health and Wellbeing Board**

**For any enquiries about this report please contact:**

Cathy Harvey, Team Manager Communities  
E: [cathy.harvey@nottsgov.uk](mailto:cathy.harvey@nottsgov.uk)

## **Constitutional Comments (SLB 24/05/22019)**

23. Nottinghamshire Health and Wellbeing Board is the appropriate body to consider the content of this report.

## **Financial Comments (DG 13/05/2019)**

24. There are no specific financial implications arising from this report.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Health matters: community-centred approaches for health and wellbeing](#)  
Public Health England February 2018

[Social prescribing and community-based support](#): Summary guide  
NHS England

## **Electoral Division(s) and Member(s) Affected**

- 'All' or start list here

### **See also Chair's Report items:**

44. Social prescribing: applying All Our Health
48. Reframing the conversation on the social determinants of health
54. A vision for prevention: priorities for the Government's green paper on health prevention