



AGENDA ITEM

5.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

A Community Centred Approach to Health and Wellbeing for Cwm Taf Morgannwg University Health Board (CTMUHB)

Date of meeting

26th July 2022

FOI Status

Open/Public

If closed please indicate reason

Choose an item.

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Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

Board Development Session

21/04/2022

SUPPORTED

ACRONYMS

CTMUHB

Cwm Taf Morgannwg University Health Board

CTMUHB	Cwm Taf Morgannwg
CCA	Community Centred Approaches
RIF	Regional Integration Fund
D2RA	Discharge to Recover then Assess
CBPR	Community-Based Participatory Research

1. SITUATION

- 1.1 A CTMUHB Board Development session on Community-Centred Approaches (CCA) to Health and Wellbeing was held in April 2022. The role of Social Prescribing, the Regional Integration Fund and the new Healthy Housing Partnership were presented as examples of good practice. This paper responds to an identified need to incorporate CCAs more widely across health board planning and service delivery; the paper first provides background to a community-centred approach before summarising key examples in CTMUHB and among local partners. Key recommendations are made for how the health board could strengthen its existing programme of CCAs alongside partners to improve population health and tackle inequalities in CTM.

BACKGROUND

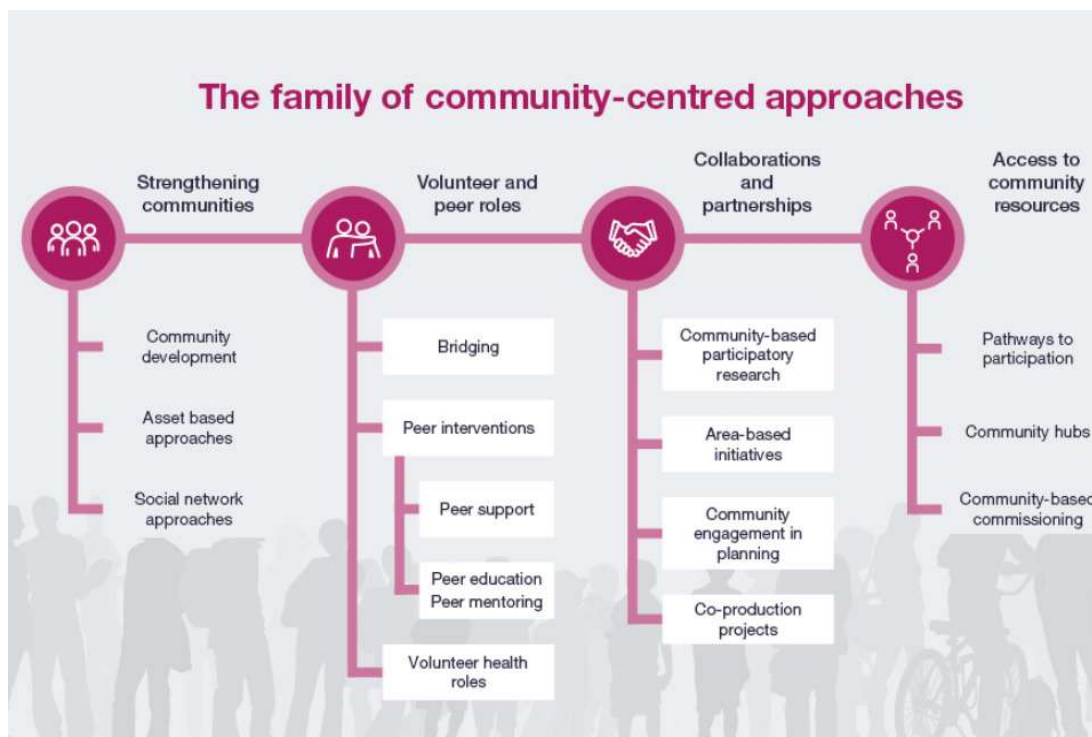
- 1.2 **The importance of community engagement for health and wellbeing/strategic links:** National Institute for Health and Care Excellence (NICE 2016) endorses community engagement as a strategy for health improvement. When done well it can create conditions in which communities can take power and make or contribute to decisions that influence the social, economic, cultural and political determinants of health (PHW 2019).

The Wellbeing of Future Generations (Wales) Act (2015) provides a legal obligation to work with communities, also reflected in the Welsh Government's Connected Communities Strategy (2020).

- 1.3 **Health Inequalities:** Health inequalities are avoidable, unfair and systematic differences in health between different groups of people (Kings Fund 2020). Health inequalities arise because of the conditions in which we are born, grow, live, work and age. CTMUHB serves some of the most deprived populations in Wales experiencing significant health inequalities, worsened by the Covid-19 Pandemic. A joined-up, place-based and CCA is necessary to tackle health inequalities involving cross-sector action at a national and local level (PHE 2015).



- 1.4 **Why a CCA?** Communities share a common identity or affinity and have a vital contribution to health and wellbeing. **Assets within communities including skills and knowledge, social networks and community organisations** are building blocks for good health. Those planning, commissioning and providing health improvement services need to consider the use of community-centred approaches as an essential part of mainstream strategies to improve health and wellbeing (PHE 2015). The 'family of community-centred approaches' is a useful tool to map against existing programmes and identify areas requiring strengthening (PHE 2018). (See **appendix 1** for further information on CCA).



2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING ASSESSMENT

- 2.1 This section maps activities within the 'family of community-centred approaches' with **appendix 2** highlighting examples of current practice within CTMUHB and partners working within the system. Potential opportunities for enhancing the Health Board's contribution towards this agenda are presented.
- 2.2 **Strengthening Communities:** These approaches build community capacity to take action on health and the social determinants of health. People come together to identify local issues, devise solutions and build sustainable social action. Actions can include community development, asset-based methods and social network approaches.



Opportunities for CTMUHB:

- Support community development and asset-based approaches by closer partnership working between health and the voluntary sector. For example, CTMUHB could explore working more closely with the third sector in support of Pathway 0 to strengthen community resilience as part of its *Discharge to Recover then Assess* model in the Urgent and Emergency Care programme.
- Closer working with partners such as housing: good housing and preventive services working together can make a fundamental difference to health and wellbeing via addressing issues such as loneliness and isolation, management of long-term conditions via appropriate accommodation, supporting people to manage their conditions and support with personal care.
- Support community asset transfers when selling health board land or capital as part of plans to become an anchor organisation. By supporting a community-centered approach, CTMUHB as an anchor organisation could also use NHS owned buildings and spaces to support community development.

2.3 **Volunteer and Peer Roles:** These approaches enhance individuals' capabilities to provide advice, information and support or organise activities within communities. Volunteers are usually from the community they work in, and receive some training and support to undertake health promotion and sometimes care in the community. Actions can include peer support, peer education, health trainers, health champions, befriending and volunteer schemes.

Opportunities for CTMUHB:

- Continue to build upon the volunteer base within the health board and community. Ensure health board staff are aware of and know how to access and refer into various volunteering schemes to support community members as part of discharge care plans for those requiring non-medical care such as befriending.

2.4 **Collaborations and Partnerships:** These approaches involve communities and local services working together at any stage of the planning cycle, from identifying needs and agreeing priorities, through to implementation and evaluation. Actions can include community-based participatory research, area-based initiatives, participatory budgeting and co-production of projects.

Opportunities for CTMUHB:

- Further strengthen opportunities for Community-Based Participatory Research (CBPR) approaches when planning primary-care/health improvement services via community engagement and social action to

increase health equity. CBPR involves building relationships with local communities, determining areas of need and establishing priorities for health concerns to improve access and reduce health disparities, as well as targeting common primary care health problems (PHE 2015).

- 2.5 **Access to Community Resources:** These approaches connect individuals to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation. The link between primary health care and community organisations is critical. Actions can include social prescribing, community hubs, healthy living centres, and community-based commissioning.

Opportunities for CTMUHB:

- Regional Integration Fund (RIF): Ensure future community-based commissioning for community-centred approaches via the new Regional Integration Fund (RIF) in supporting Community based care – *prevention and community coordination*.
- Community Assets and Intelligent-Based Commissioning: Strengthen the provision of community assets via the use of intelligent commissioning of community-based services via a regional digital referral platform for Social Prescribing services. Such a platform could enable a smooth referral pathway across all sectors, including the provision of an alternative process for self-referral as well as being a means of capturing community asset development and resilience to inform local intelligent commissioning.
- Care closer to home: Work with partner organisations to utilise community venues to provide services and care closer to home as per recommendations from the 'Healthier Wales Action Plan' (2019) for '*a shift from hospitals to communities and communities to homes*'. The NHS Wales Delivery Unit review of discharge practices identified the important role played by right-sizing community services to facilitate timely discharge. They estimated that about a third of people leaving hospital should need some care and support, and most of those (around 85%) can be helped at home. Data submitted indicated significant opportunity to utilise this option more effectively.

3. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
	Staying Healthy



Related Health and Care standard(s)	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	This does not relate to new, changed or withdrawn policies/services.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

4. RECOMMENDATIONS

- 4.1 Members of the Committee are asked to **NOTE** the content of this report and continue to support the integration of CCAs into local health plans and service commissioning, through working in partnership with Local Authorities, Third Sector, Social Housing and communities, recognising the contribution of informal family and community networks in enhancing health and well-being.

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APPENDICES:

Appendix 1: Community Centred Approaches:

'Community-centred' means that it:

- promotes health and wellbeing using non-clinical methods
- uses participatory methods where community members are actively involved in design, delivery and evaluation
- measures are in place to address barriers to engagement
- utilises and builds on the local community assets in developing and delivering the project
- develops collaborations and partnerships with individuals and groups at most risk of poor health
- focuses on changing the conditions that drive poor health alongside individual factors
- aims to increase people's control over their health and lives

(PHE 2015)



GIG
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WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
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Appendix 2: Examples of CCA across CTM

Community Centred Approach	CTMUHB Activity	Partner Activity
<p>Strengthening Communities: Community Development</p> <p><i>Communities are supported and empowered to identify issues and determine joint actions to build healthy, sustainable and more equitable communities.</i></p>	<p>Social Prescriber Link workers: Some of these roles have a community development element built into their role to help build upon community assets in response to need and or gaps in community provision.</p>	
	<p>Primary Care Clusters: Provision of funding for community led projects/activities such as Men's Sheds. Please see PHW Primary Care One for further information.</p>	<p>Third sector: County Voluntary Councils (VAMT, Interlink, BAVO) employ Community Development Officers to help identify, develop and seek funding for community assets in response to gaps and locally identified needs.</p>
		<p>Local Authority led community development teams: For example, RCTCBC employ a team of Community Development Officers (RCT Together) who provide community asset transfers, support for community resilience hubs/neighbourhood networks, funding and resource support as well as support in conducting community conversations and consultations.</p>
		<p>Housing Associations: Housing associations are independent organisations with a primary purpose to provide good quality housing for people on low incomes (social housing). Many associations are active in regeneration and in providing various local services. Please see Merthyr Valleys Homes for an example of how housing associations support community development locally.</p>



<p>Strengthening Communities: Asset Based Approach</p> <p><i>Includes asset mapping and asset-based community development.</i></p>	<p>Social Prescribing Link Workers: Link workers have an in-depth knowledge of local community groups and map community assets, recognise gaps in community provision and find creative ways of encouraging asset-based community development approaches, alongside local commissioners and partners</p>	
		<p>Service Directories such as Dewis Cymru, Info-engine, locally held service directories such as Connect RCT map assets and provide information and contact details on a range of locally available community based services/groups.</p>
		<p>Local Authority Community Asset Transfer: involves the transfer of the management of council buildings and/or land to a not for personal profit community organisation. Community Asset Transfers mean that the community can own and/or manage facilities that may be surplus to Council need hence enhancing Social Value. Please see Fern Partnership Community Zone, for an example of an asset transfer for community use.</p>
<p>Volunteer and Peer roles:</p> <p><i>Peer support/ volunteering/ health champions/ befriending</i></p>	<p>CTM LPHT delivers training on Making Every Contact Count (MECC), a key part of peer support/educators/community champion/volunteer roles. MECC is an approach to behaviour change that utilises the day-to-day interactions that people have with others to encourage changes in behaviour that have a positive effect on the health and wellbeing.</p>	<p>Third sector organisations: County Voluntary Councils (VAMT, Interlink, BAVO) employ volunteer support officers who help to coordinate, recruit, train and sustain community volunteers for a range of projects including befriending for example.</p>



	CTMUHB staff wellbeing team support a network of Employee Wellbeing Activists, employees who support wellbeing activity in their workplace and local community.	Local Authorities support volunteering via helping to provide training and support. Volunteering during the Covid-19 pandemic proved vital for ensuring community resilience. Please see support offered by BCBC , RCTCBC and MTCBC .
	CTMUHB volunteering is an established and integral part of the service provided for patients and staff by CTMUHB. It enables people from the local community to become part of the organisation, ensuring that these communities have an opportunity to support and have an input into Health Board activities. There are several volunteering schemes currently running across the Health Board: <ul style="list-style-type: none"> • Meet and Greet • Activity Volunteers • Dementia Buddies/Ward Volunteers • Maternity Buddies • Chaplaincy Volunteers 	Multiple befriending schemes and projects operate predominately via volunteers and the third sector.
	CTMUHB staff BAME network offering peer support	
Collaborations and Partnerships: <i>community-based participatory research, area based initiatives, participatory budgeting and co-production of projects</i>	CTM Public Service Boards (PSB) coordinate joint action for health and well-being across multiple public services, sectors and the community.	
	Regional Partnership Board (RPB): Oversee integrated strategic approaches to deliver integrated Health and Social Care. The CTM RPB brings together partners from health, social care, the third sector, education, housing and the private sector to tackle health inequalities and improve health, social care and wellbeing services.	



	<p>Application for National Institute for Health Research (NIHR) funding for a local Health Determinant Research Collaboration Unit (HDRC). Currently awaiting confirmation of approval, this project if successful will seek to provide innovative research collaborations between local government and the academic sector.</p>	
	<p>CTM 2030: Our Health Our Future, an organisational strategy, aims to bring regional partners, stakeholder and communities together to have joined-up conversations around what good health and care looks like for the next 10 years and beyond for CTM residents. The strategy aims to set out how services are developed and provided to meet the needs of its local population and how working with its communities can ensure that local people live happier and healthier lives for as long as possible in an effort to improve patient care and experience.</p>	
	<p>Covid-19 Risk Communication and Community Engagement (RCCE) work stream developed a local engagement framework which outlines considerations for effective communication approaches for different cohorts and identifies wider action needed to enable the engagement and support of groups who are more vulnerable or have specific additional considerations related to Covid-19 using a behavioural science Community-Based Participatory approach.</p>	



<p>Access to community resources: <i>social prescribing, community hubs, healthy living centres, and community-based commissioning</i></p>	<p>Social Prescribing is a process to help people make positive changes in their lives and within their communities by linking people to volunteers, activities, voluntary and community groups and public services. There are many different partnership approaches of social prescribing in CTM but most involve a referral to a link worker who work with people to understand their situation (via a ‘what matters’ conversation), co-produce a plan and help connect them to local sources of support. Typically provided by the third sector, support may include volunteering opportunities, arts and green activities, befriending, financial advice, lifestyle behaviour change etc...</p>	
	<p>WISE: Wellness Improvement Service led by CTMUHB is a wellness coach-led service to empower individuals with long-term health conditions to improve their own long-term health and reduce symptom burden. WISE has a wellbeing community coordinator who supports participants with a social prescribing service via the use of a digital library called Elemental.</p>	<p>Community hubs/ resilience centres/ community zones: bring together a range of services, including those provided by the public sector, private/voluntary organisations and community groups, allowing people to access the support and advice they need quickly and conveniently via the provision of Information, Advice and Assistance (IAA). Community Resilience Hubs support Neighbourhood Networks and actively influence developments to support communities and residents. Local Authorities host numerous community hubs and Neighbourhood Networks. Please see RCT Together for an example in practice.</p>
	<p>Community Based Commissioning: Integrated Care Fund (ICF) / Transformation</p>	