

# Living Well Community Health Development Programme

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### Outline

- Community approaches to support health and wellbeing- perspective of health system/ public health
- Range of approaches, and ways of identifying
- Role in tackling inequalities
- Strategic approach- from prevention to access to health and care
- The focus for the Living Well Community Health Programme
- Why physical activity, food, tobacco?
- Example initiatives in this programme
- Opportunities to work together

## The power of communities

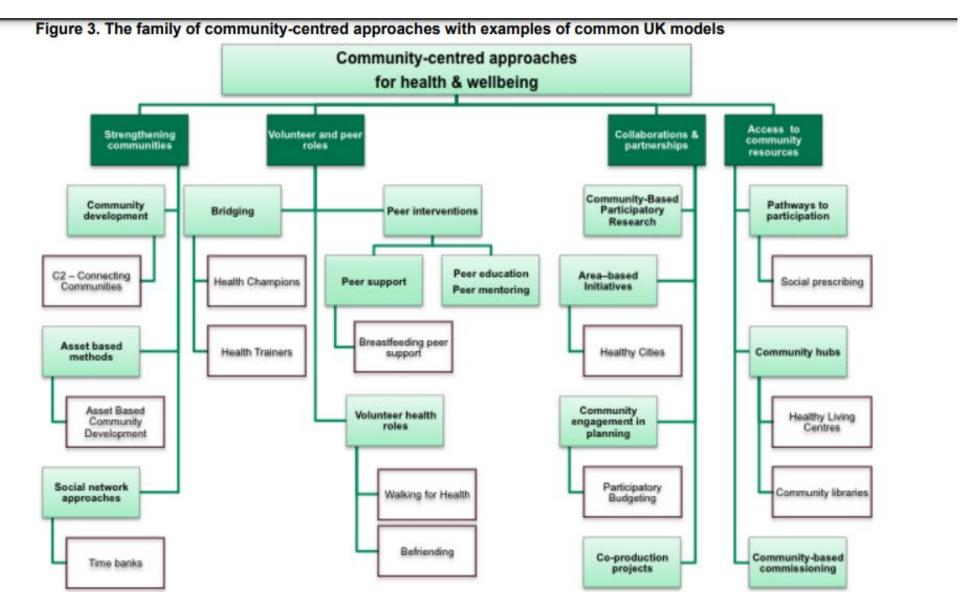


- Communities, whether geographical, or through shared characteristic or interest can play a vital role in supporting health and wellbeing.
  - They enable increased connections, friendships, reduce isolation, increase social support
  - For some being part of a community brings a sense of identity, and shared experiences
  - Community groups can stimulate ideas and generate collective empowerment to bring about change.
  - Strong communities can influence health and wellbeing, without necessarily aiming to do so

# Supporting, enhancing and harnessing community wellbeing

- Communities are the building blocks for good health
- This includes 'settings based communities' e.g those in schools, businesses, religious settings, as well as shared interest groups and geographical communities
- National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement.
- There is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering
- The process of taking part in 'community initiatives' can be good for the health of those participating, but it can also bring benefits to others.

## The range of community centred approaches

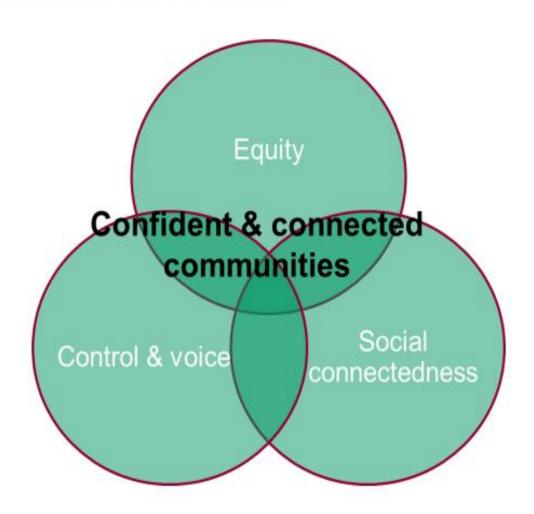


# Benefits of engaging communities in health planning

#### World Health Organisation;

- Increases democracy, gives a voice- especially marginalised communities
- Empowers individuals and communities to gain more control over their lives
- Develops holistic, tailored and more effective services
- Mobilises community resources and energy
- Enhances community ownership, and therefore sustainability of initiatives

Figure 1. Confident and connected communities



## Wider outcomes of community engagement

- There is solid evidence of the benefits of community engagement interventions for disadvantaged groups (as part of PH initiatives)
  - Effective in terms of health behaviours, health outcomes, health behaviour self efficacy, and perceived social support
- Community engagement can support behaviour change interventions and healthy lifestyles initiatives
- Peer delivery from those with lived experience can be a powerful tool for improving and maintaining health
- Longer term impact of community engagement initiatives is harder to demonstrate, but the evidence is clearer for the social benefit, and intermediate outcomes such as health behaviour change.

(O'Mara-Eves et al, 2015)

## Why the focus on community centred approaches in Living Well,

What will this look like?

And what difference will it make?

### An approach to tackling health inequalities

- System wide commitment to tackling health inequalities
- Features throughout the Council's District Plan
- Regional level WY and Harrogate Health Inequalities Academy
- District wide Act As One- Health Inequalities Alliance

#### **Types of inequalities**

- Deprivation and socioeconomic status
- Differences in background, and protected characteristics
- Geographical- urban/rural/coastal
- Inclusion health-socially excluded populations

Place based approaches for reducing health inequalities (PHE)

#### Components of the Population Intervention Triangle



Figure 5. The Population Intervention Triangle model (PIT).

"We are unlikely to narrow the health gap in England without actively involving those most affected by inequalities. Participatory approaches directly address the powerlessness and low self-esteem associated with structural inequalities. They also help improve access and uptake"

(A guide to community-centred approaches for health and wellbeing, PHE 2015)

 We need to address health inequalities in all work that we commission and deliver, and this includes the Living Well health promotion programme.

## The causal path of health inequalities, and points at which community centred approaches could influence

There are several stages where health disparities arise; we need to intervene at a breadth of points across the health system and beyond:

Where does your organisation influence?

### Political & economic context

Includes legislative, regulatory & economic context, public & social policies

#### Wider determinants

Includes socio-economic determinants, physical environment, housing, planning, education, employment.

### Behavioural determinants

Includes diet, smoking, alcohol use, drug misuse and physical activity

#### **Proximal risk factors**

Includes factors like high blood pressure and high cholesterol

### Health Conditions/Treatment

Includes causes of mortality (e.g. CVD, Cancer) and of morbidity (e.g. MSK disorders, Mental Health)

potential for community centred Liv approaches to influence psycho-

social factors, including wellbeingthrough the methods used

This does not include the huge

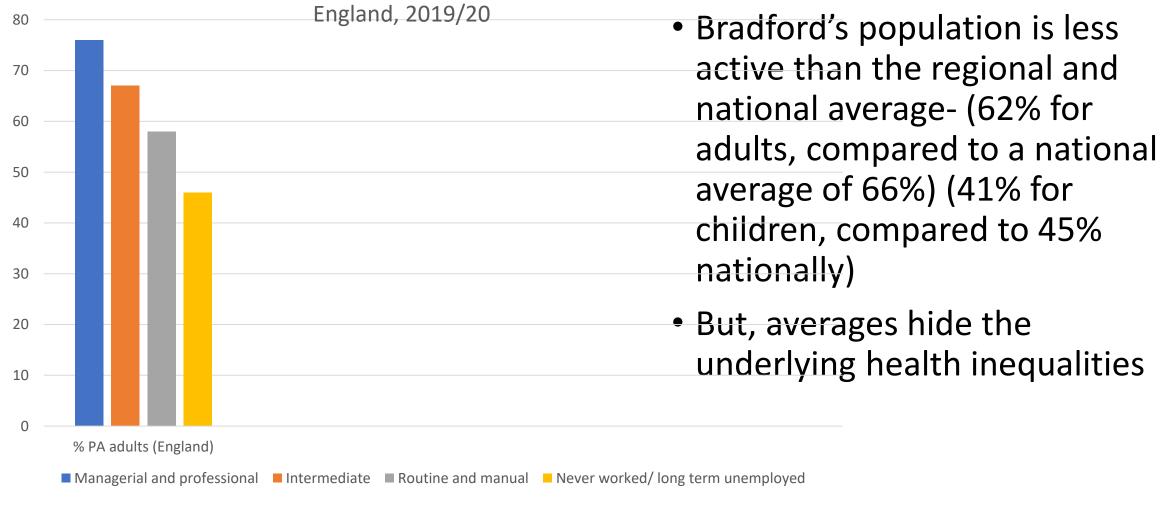
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Core20PLUS5

Infographic- adapted from OHID, Dept Health and Social Care – Health Disparities White Paper considerations.

## Inequalities in physical activity- adults

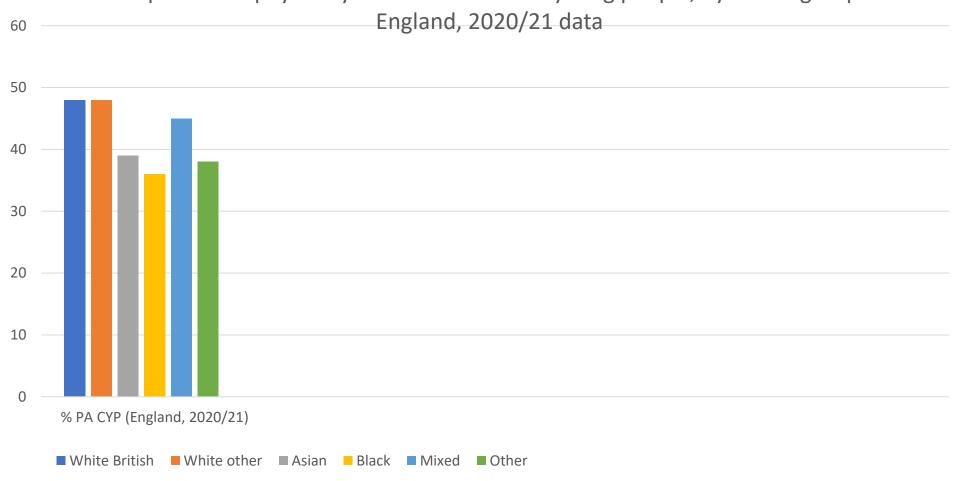
Proportion of physically active adults, by socio-economic status.



Data-Fingertips, 2019/2020

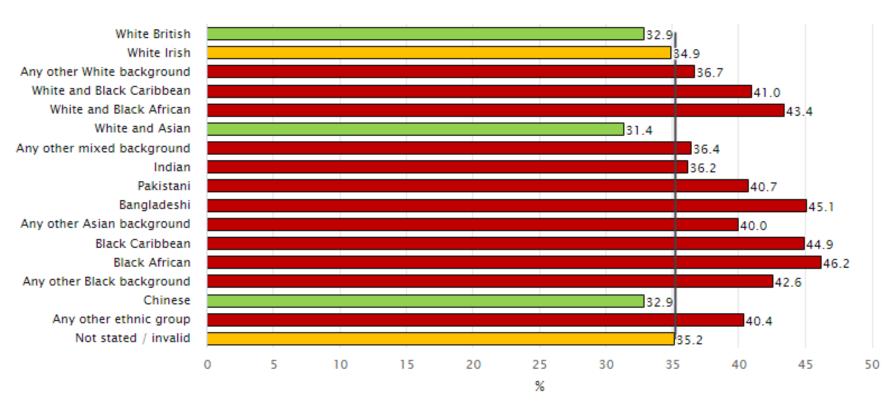
## Inequalities in physical activity- children

Proportion of physically active children and young people, by ethnic group.



## Inequalities in childhood obesity

Y6 prevalence of overweight including obesity, England, 2019/20 (Fingertips)



## Aims of the Living Well Community Health Programme

 To work in partnership with local communities to help us shape, deliver and evaluate Living Well, in order to meet the diverse needs of our people, and to ensure everyone has the opportunity to live healthy lives.

#### Principles

- Driven by need, insight and community voice
- Inclusivity (how do we connect with those seldom heard?)
- Evidence based, building upon what we already know, and successful local initiatives (eg Jump, Better Start)
- Iterative, flexible and responsive
- Partnership approach, as equals
- Promoting social justice, and fairness in opportunities for healthy living.
- Potential to act at a range of levels, including the structural determinants that influence healthy lifestyles

### Vision- what will good look like? (1)

- In directly addressing health inequalities, this programme aims to contribute to these aspirations;
  - People from all walks of life are able live healthier lives
  - Access to green spaces, and opportunities to increase activity is not restricted to the most affluent, or the most able.
  - Access to healthy affordable food is a fundamental right for all
  - Access to health promotion services is widened to increase participation for those with different backgrounds, languages, literacy levels, and for those experiencing social exclusion.

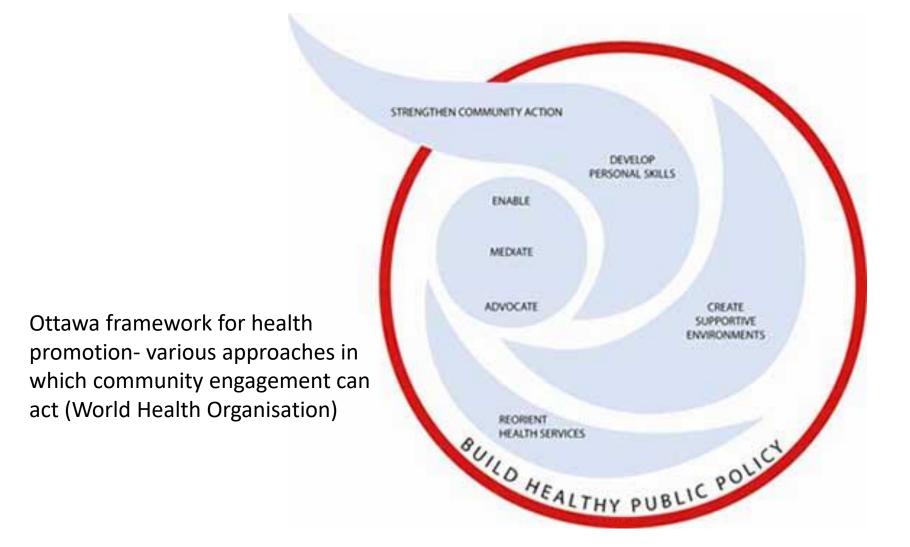
## Vision- what will good look like? (2)

- Methods used are developed appropriately, through listening and working with communities and representative organisations.
- The process of participation is as important as the outcome.
- Sustainable participatory forums on these issues are built/ strengthened/widened so the voice of the people is heard loud and clear.
- Communities are viewed as equal partners, and incredibly important contributors in shaping population health.
- Services are influenced, policies are influenced, resources follow the insight, and outcomes are transparent.

# What could a programme of Community Health Development look like?

PHE Community Centred Systems Framework (Key features)	Application in CHD programme
Methods of involving communities (incl' insight gathering, active communities, participation infrastructure)	<ul> <li>Living Well Community Engagement and Development workers x5- locality based.</li> <li>Participatory structures</li> </ul>
Strengthening workforce and supporting sectors such as the VCS	<ul> <li>VCS service grants: Recurrent funding for the sector to support response to emerging HI needs.</li> <li>VCS- 'communities of interest' anchors</li> <li>Royal Society of Public Health training</li> </ul>
Action to address social determinants of health	<ul> <li>Capacity building through funding of local apprenticeships</li> <li>ABCD small grants for community areas</li> <li>Shaping local policy and services to support health</li> <li>Supporting funding bids</li> </ul>
System wide strategy	Linking to system partners in approach

### How could we do this?



## Living Well Community Engagement and Development roles:

- Insight gathering to shape the programme and influence local policy
- Support to develop specific activities promoting living well service
- Understanding gaps
- Developing participatory networks
- Capacity to support community grant applications
- Connecting role

## Levels of participation

Table 1. A ladder of participation

Where do we want to be? Do they all have value? What do systems need in place to support these differing approaches?

Level	Typical process	Stance
Supporting	Community	'We can help you achieve what
local	development	you want, within guidelines'
initiatives		
Acting	Partnership building	'We want to carry out joint
together		decisions together'
Deciding	Consensus building	'We want to develop options and
together		decide together'
Consultation	Communication	'These are the options what do
	and feedback	you think?'
Information	Presentation and	'Here's what we are going to do'
	promotion	

(Adapted from: Wilcox, The guide to effective participation.1994:15)

## Example projects

- Ensuring community centred approaches shape and help to deliver key policies and strategies to maximise impact on health inequalities;
  - The District's Physical Activity Strategy
  - The District's Food Strategy
  - Community growing project
- Supporting projects in specific settings
  - Hot food takeaways
  - Living Well Madrassas
  - Factory based stop smoking services
- Supporting community driven projects
- Enabling peer delivery within public health initiatives
  - Peer involvement in the Fresh Streets research project

## Progress and planned next steps

- Recruitment of a Public Health Specialist to support and build programme of work
- Development of JDs for the five LWCED roles, and recruitment
- Mapping of system partners and delivery against health promotion framework- where are the gaps?
- Development of strategic approach to direct and target project work
- Development of an outcomes framework
- VCS health inequalities grants- options

## Opportunities to get involved

- We want to hear from you!
- Let us know if you want to work in partnership and receive updates on projects and funding opportunities
- Join our steering group
- Guide how the LWCED roles can work best to support the system on these objectives
- Guide how we connect to existing forums, and co-ordinate actions with wider system partners.
- Challenge, and push the programme to do more, in order to maximise action to address health inequalities

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