Community Centred Approaches in Public Health:
Health and Housing Workshop and Roundtable

25th June 2015 | Wragge, Lawrence, Graham & Co. Birmingham
Community-Centred Approaches for Health and Wellbeing

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Public Health England West Midlands

Presentation at NHF Health & Housing Workshop/Roundtable
25 June 2015
Contents

• Why communities matter for health and inequalities
• The case for mainstreaming community approaches across the public health system
• Putting it into practice - the family of community-centred approaches
• What are the implications for local leaders and commissioners
• 5th Wave Public Health: Meaning and Social Relationships
Mission is “to protect and improve the health and wellbeing of the population and reduce inequalities in health and wellbeing outcomes.”

PHE is expected to speak with an authoritative and evidence-based voice and to support, advise and make recommendations to central government, local government and the NHS – with “constructive mutual challenge between PHE and central government.”

‘From Evidence to Action’ sets out PHE’s seven priorities – obesity, smoking, alcohol, dementia, every child getting a good start in life, antimicrobial resistance, TB – and explicitly acknowledges the impact of and necessity of addressing the wider determinants of health equity.

PHE’s Operating Model, 2011
Remit Letter from Jane Ellison MP to Duncan Selbie, 2014
From Evidence into Action, 2014
Context

- PHE and NHS England have drawn together evidence and learning on community centred approaches
- Leeds Beckett University carried out scoping review
Why communities matter for health

• Community life, social connections, supportive relationships and having a voice in local decisions are all factors that underpin good health and wellbeing

• Entrenched inequalities persist and many people experience the effects of social exclusion and lack social support

• Asset based and participatory approaches can address the marginalisation and powerlessness caused by entrenched health inequalities
WHO Europe (2013) Review of Social Determinants and the Health Divide

“How people experience social relationships influences health inequities. Critical factors include how much control people have over resources and decision-making and how much access people have to social resources, including social networks and communal capabilities and resilience.” (p.13)
Confident & Connected Communities

Equity

Confident & connected communities

Control & voice

Social connectedness
What do we mean by community-centred approaches?

- Focus on promoting health and wellbeing in community settings, rather than service settings
- Recognise and seek to mobilise assets within communities
- Promote equity in health and healthcare by working with and alongside individuals and groups who face barriers to achieving good health
- Seek to increase people’s control over their health and lives
- Use participatory methods to facilitate the active involvement of members of the public
Figure 2: The family of community-centred approaches
(South 2014)

Community-centred approaches
for health & wellbeing

- Strengthening communities
  - Community development
  - Asset based methods
  - Social network approaches

- Volunteer and peer roles
  - Bridging roles
  - Peer interventions
    - Peer support
    - Peer education
    - Peer mentoring
  - Volunteer health roles

- Collaborations & partnerships
  - Community-Based Participatory Research
  - Area-based Initiatives
    - Community engagement in planning
    - Co-production projects

- Access to community resources
  - Pathways to participation
  - Community hubs
  - Community-based commissioning
Figure 3: Community-centred approaches for health and wellbeing – with examples of common UK models
Building healthier communities

- Community-centred approaches
  - Community needs and strengths
- Increased social connectedness
  - Increased control & voice
  - Increased equity
- Vibrant civil society
  - Strong connected communities
  - Individual health & wellbeing
The National Conversation on Health Inequalities

- PHE programme to have a local conversation about health inequalities, their cause and possible solutions
- Housing features throughout as a key determinant of health and wellbeing
- There was limited awareness of local assets (for example, support structures, local services, economic assets and cultural assets) and a lack of understanding of how these assets could be used to promote good health outcomes. The lack of a sense of community and concerns around social isolation were identified in all areas

Care Act 2014

• Importance of local authorities taking a preventative approach in which “at every interaction with a person, a local authority considers whether or how the person’s needs could be reduced or other needs could be delayed from arising” (p3)

• Prevention is an “ongoing consideration - not a single activity or intervention” (p8) based on a holistic view of someone’s life, and which seeks to develop individuals’ resilience and self-reliance

• Requires “consideration of the role a person’s family or friends can play in helping the person to meet their goals” (p11) and the involvement of a wider range of services than adult social care alone, including “those responsible for public health, leisure, transport, and housing services” (p13).

• Wider community resources are also important “including local support networks and facilities provided by other partners and voluntary organisations” (p14).
West Midlands Approaches

- Community based approaches to social care prevention in a time of austerity
- Showcases six councils that have developed their approaches to asset based community development in a climate of austerity
Implications for local leaders, commissioners and service providers

- Consider how community-centred approaches can become an essential part of local strategies to improve health and reduce inequalities
- Recognise scope for action: diverse and broad range of methods
- Consider potential options for commissioning preventive services
- Involve those at risk of social exclusion in designing and delivering local solutions
- Support and develop volunteering as the bedrock of community action
- Apply existing evidence, evaluate and share learning with others
5th Wave Public Health: Meaning and Social Relationships
The bio-psycho-social model

Bio Medical

Psycho-therapeutic

Social Networks
Recovery as a social process
Positive Social Networks in Recovery since 1935

"The therapeutic value of one addict helping another"

"I cant but WE can"

"You alone can do it but you cannot do it alone"
Mutual Aid in the UK (2011)

<table>
<thead>
<tr>
<th>Groups</th>
<th>AA</th>
<th>NA</th>
<th>Al-anon</th>
<th>CA</th>
<th>SMART</th>
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</thead>
<tbody>
<tr>
<td>Groups</td>
<td>4600</td>
<td>896</td>
<td>820</td>
<td>242</td>
<td>88</td>
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</table>
So I’m In Treatment...

I’m alive

I’m not in prison

I’m HIV free

But, I’m alone...
“Recovery isn’t something that happens inside people but in the spaces between people”

Dr David Best, Chester 2014
Staff should routinely provide people who misuse drugs with information about self-help groups. These groups should normally be based on 12-step principles; for example, Narcotics Anonymous and Cocaine Anonymous.

If a person who misuses drugs has expressed an interest in attending a 12-step self-help group, staff should consider facilitating the person’s initial contact with the group, for example by making the appointment, arranging transport, accompanying him or her to the first session and dealing with any concerns.
NICE Clinical Guidelines CG115 (2011) Diagnosing, assessing and managing harmful drinking and alcohol dependence

For all people seeking help for alcohol misuse:

- give information on the value and availability of community support networks and self-help groups (e.g., AA or SMART Recovery)

- help them to participate in community support networks and self-help groups by encouraging them to go to meetings and arranging support so that they can attend
“PHE will concentrate on the three most important things that promote good health; jobs, homes and friends”

CEO Public Health England
CONNECT
(Five ways to wellbeing)
Social relationships have big impact: comparative odds of decreased mortality

Social relationships: Overall findings from this meta-analysis

Social relationships: High vs. low social support contrasted

Social relationships: Complex measures of social integration

Smoking <15 cigarettes daily

Smoking cessation: Cease vs. continue in patients with CHD

Alcohol consumption: Abstinence vs. excessive drinking

Flu vaccine: Pneumococcal vaccination in adults

Cardiac rehabilitation (exercise) for patients with CHD

Physical activity (controlling for adiposity)

BMI: Lean vs. obese

Social relationships have as great an impact on health outcomes as smoking cessation, and more than physical activity and issues to address obesity

Holt-Lunstad J et al. (2010)
5th Wave Public Health: Meaning and Social Relationship's

“If you did something about your drinking, smoking, diet & exercise - you could live another 20 years!”

“And why would I want to do that?!”
## 5 Waves of Public Health

<table>
<thead>
<tr>
<th>First wave</th>
<th>Mid 19\textsuperscript{th} Century</th>
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<tbody>
<tr>
<td></td>
<td>Great Public Works, sanitation</td>
</tr>
<tr>
<td>Second Wave</td>
<td>Advanced Industrialisation</td>
</tr>
<tr>
<td></td>
<td>Refinement of scientific approach, germ theory of disease, hospitals</td>
</tr>
<tr>
<td>Third Wave</td>
<td>Post WW2</td>
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<tr>
<td></td>
<td>Welfare State</td>
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<tr>
<td>Fourth Wave</td>
<td>Risk theory of disease, lifestyle issues, smoking, diet, exercise</td>
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<tr>
<td></td>
<td>People living much longer</td>
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</table>
‘Fifth Wave’ (builds on first 4)

The ‘quality’ of those ‘longer lives’?
More than medicine
Changing our mind-set from independence to interdependence and cooperation
“In search of meaning”
Social relationships
Asset Based Community Development
ABCD

Mutual Aid
(e.g. Alcoholics Anonymous)

5th Wave Public Health
Conclusion

Local government, the NHS, third sector and other agencies have vital roles in building confident and connected communities, where especially those at highest health risk, can tap into social support and social networks, have a voice shaping services and are able to play an active part in community life.
Further information

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Acknowledgements

Professor Jane South  PHE & Leeds Beckett University
Walsall Housing Group: Health and Housing Programme

Dr Robert Pocock, CEO, M-E-L Research
Public Health Partnerships
Walsall MBC Public Health – Walsall Housing Group

Dr B Watt: Director of Public Health
Mrs L Dews: Health Housing Partnership Manager
Miss V Tolley: Lead Children’s Healthy Weight & Oral Health
Walsall, West Midlands – Population 272,000

- Low levels of life expectancy and high levels of long term ill health
- Low uptake of mainstream health services access poor in ‘excluded’ communities
- Poor health outcomes, unhealthy lifestyle choices, health inequalities gap
- Impact of wider determinants - unemployment, poverty, education and self esteem
- Emotional wellbeing and resilience poor

Index Multiple Deprivation - Walsall ranked 35 of 326 Local Authorities
Background of the organisations

Public Health, Walsall MBC

- Under Social Care Act 2012 responsibility for public health transferred to Walsall MBC
- Strong Background of partnership working including environmental health, pollution control and regeneration
- Innovation through transformation funding

Walsall Housing Group (whg)

- Largest social landlord in Walsall
- Cover 20% of the borough = 19,000 homes
- Housing co-terminus with areas of greatest deprivation - poorest health outcomes, vulnerable residents

Shared ambition to improve the health and wellbeing of those in greatest need
Formation of Partnership

2008 Public Health and whg – founding partners

2009 ‘Reaching Communities’ – 3 year Lottery grant, £500,000

Developed a Health Housing Strategy (2009, updated 2012)
• Tackle deprivation and reduce poverty.
• Tackle health inequalities by targeting resources at those most in need
• Encourage tenants and residents to adopt healthy lifestyles

2010 Commended by Health Inequalities National Support Team for its quality and innovation

2012 Appointed Health Housing Manager and a team of Community Health Champions (CHCs) supported by community champions

2014 Included in submission Royal Society of Public Health, Health & Wellbeing Award -recognised as good practice
Strategic Drivers
The CHC Programme - 4 Principal Stages

1. Grassroots engagement activities

2. Provision of brief health and wellbeing information and advice
   - Progression pathways into mainstream services

3. Delivery of bridging programmes

4. Provision of outreach clinics
   - Progression pathways into mainstream services – “handholding” if required
   - Capacity building – volunteering / training
How it works...

- Community Health Champions are recruited from deprived communities, experience of the issues faced

- Grassroots engagement – Trust and empathy - ‘not suits’, ‘one of us’

- Target hard to reach communities and those with the poorest health outcomes including; men, Gypsies and travellers and Bangladeshi community

- Encourage positive lifestyle choices – Key health messages and information

- Lifestyle programmes;
  - Active Clubs – Children's Healthy Weight
  - Get Up & Go – Healthy Lifestyles
  - Waist Away – Weight Management
  - ActiveM8 – Men's Health
  - Sexual Health – Chlamydia screening / C-Card
How it works cont...

• 1:1 and group discussions, events – relaxed, informal approach, outreach

• Progression pathways - to mainstream health and wellbeing services – lifestyles, debt advice, education and training, volunteering, employability

• Monitor, analyse, and evaluate - feedback to Public Health, commissioning bodies

• Advocacy -voice for community on local health and wellbeing issues

• Multi agency delivery partners

• Outreach clinics – including men's health & workplace

South Asian Women – Waist Away
Key Delivery Partners

Walsall Healthcare NHS Trust

NHS England

Walsall Voluntary Action

Walsall Healthcare For One & All

Walsall College

Everyone is Unique

Pharmacy

Steps to Work

Citizens Advice Bureau

Palfrey Community Association

Better Together

Dudley and Walsall Mental Health Partnership NHS Trust

Blakenall Community Centre

Walsall Council

Walsall Adult and Community College

WACC

Walsall FC

www.walsall.gov.uk
Feedback

Socialising and getting together with members of the group has helped me to get out of the house, I'm not having as many panic attacks”
GUGO participant

“The programme is an exemplar for linking public health interventions within a social housing context.’
Karen Saunders Health and Wellbeing Programme Lead, Public Health Specialist

“I feel fitter, sleep better and am mentally more alert—would recommend”
ActiveM8 participant

“This is really great work, I am so pleased that this approach is working so well. ”
Tracy Thompson, Physical Activity Manager, WHT, re Active Clubs

“Using the health champion model enables engagement with minority groups within communities that otherwise may never receive information and positive lifestyle messages”
Tanya Grainger Sexual Health Nurse

“I love coming to waist a ways we love the company. We help each other with support. I have also started swimming and exercising with my children. The course is fantastic and I really don’t want it to end”
GUGO participant
Outcomes 2013 - 2014

- 1,972 residents received brief interventions by attending healthy lifestyle information and advice sessions
- 142 NHS Health Checks completed – men and Bangladeshi Women
- 183 hard to reach individuals supported through bridging programmes
  - Men (135), Bangladeshi community (28), Gypsy travellers (20)
- 597 residents accessed mainstream health and wellbeing services
- 289 recruited to non-accredited training
- 177 Chlamydia screens completed
- 168 children completed ‘Active Clubs’ (children's physical activity programme)
- 30 residents supported to take HIV tests
- 28 into volunteering
- 27 residents supported for debt advice
- 5 into paid employment

Gypsies & travellers NHS Health Checks
Strengths of the partnership

- Established partnership and understanding of the key health issues
- Extensive reach into some of the most deprived areas of the borough
- Demonstrable engagement with ‘failed to reach ‘ communities
- Grassroots feedback and identification of need
- Strong inter-agency partnership working – maximising resources
- Health Housing Manager is co-located within Public Health
Leaving Walsall People Better Off Because...

- We have increased referrals and access to mainstream services
- We have increased the number of outreach services available
- The model supports residents progression - to education, voluntary work, employment preparation, employment
- We have provided employment for local residents from disadvantaged communities
- We have built links and referral pathways between provider organisations

Bangladeshi Men - ActiveM8
Future Developments

• whg commitment within new 10 year corporate plan to improve health and wellbeing for Walsall residents

• Establishment of new health and wellbeing team which will focus on delivering public health outcomes

• Discussions taking place with Clinical Commissioning Group and Walsall NHS Healthcare Trust regarding ‘NHS Five Year Forward View’

• Review and repackage health champion offer to focus on;
  - Children and Families
  - Health and Work
  - Healthy Ageing
  - Train the trainer and volunteering
Thank you for listening

https://www.youtube.com/watch?v=bXD01RTDL4g&feature=youtu.be
Walsall Housing Group
Health and Housing Programme Evaluation

Dr Robert Pocock

Chief Executive, M·E·L Research
26 February 2015
Overview

◆ Evaluation aim: better understand impact of recent programme since 2012, and provide recommendations for the future

◆ Key Findings:
  ◆ Programme is doing good work, but needs to better evidence health outcomes/impact and show how whg can save £ NHS and social care services
  ◆ **Building new partnerships** is key to future success
  ◆ Recommendations made, to strategically enhance role and contribution of whg longer term to 2025
whg is a big ‘health player’ in Walsall

- 18% of Walsall households live in whg properties
- 93% of whg households are in high health need
- 36% of all the households in Walsall with ‘Health Challenges’ are to be found within whg properties

<table>
<thead>
<tr>
<th>Category</th>
<th>whg Properties (n=19,415)</th>
<th>Other Walsall Households (n=89,010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Challenges</td>
<td>52%</td>
<td>20%</td>
</tr>
<tr>
<td>2. At Risk</td>
<td>42%</td>
<td>28%</td>
</tr>
<tr>
<td>3. Caution</td>
<td>6%</td>
<td>29%</td>
</tr>
<tr>
<td>4. Healthy</td>
<td>1%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Wellbeing ACORN and whg households
Recommendation 1

- Re-frame and re-launch the Health and Housing Programme to incorporate the focus on wellbeing in addition to traditional health lifestyle behaviour change
  - ‘wellbeing’ better aligns with the current state of Public Health commissioning and NHS climate
  - Better reflects what whg already do, and do best
  - New Director of Health and Wellbeing already in place to start
Recommendation 2

- Create a new 10-year *Housing, Health and Wellbeing strategy to 2025*
  - To reflect the wider WHG corporate plan
  - Aligned to the wider future plans for the local authority as a whole (not just Public Health) and wider NHS and care services in Walsall
  - Include clearly-defined, measurable and evidenced outcomes (logic model, align to Standard Evaluation Framework approach)
Explicitly segment your health and wellbeing offer so it is better packaged and targeted to different sub-groups of tenants – e.g:

- older residents with chronic health conditions and high care needs – aims; activities; results

- younger single tenants and young families with a complex array of health and social needs which should be addressed holistically through ‘family first’ integrated support – aims; activities; results
Recommendation 4

- More clearly define the Health Champions Role to highlight the differing and complimentary roles to the Community Champions
  - Possible option to integrate the approaches so that Health Champions are the signpost/deliverers and Community Champions are the initial engagers
  - Again possibly specialise focus onto the two priority customer segments?
Recommendation 5

- Develop / enhance relationships with a wider range of senior service heads within the Council.
- Develop stronger relationships with the Walsall Healthcare NHS Trust and key CCG leads.
  - Emphasis on ways that whg can help save NHS money and reduce pressures on NHS services (ref Family Mosaic £3million example).
  - Show short term (alleviate A&E / acute & community care pressures) and long term impact (preventive work with generational scale benefits).
Recommendation 6

- Raise the distinctive ‘brand positioning’ of whg, by highlighting the unique selling points:
  - Demonstrate evidence of reach into health needs
  - Trust and established relationship as route to engage, motivate and intervene
  - Explore potential of consortia partnerships in context of public health and care services commissioning environment; include wellbeing outcomes, not just health behaviour outcomes
- Share about activities / programmes at the start
Recommendation 7

- Develop a more clear set of logic models in SLA / commissioning for specific health interventions
  - Link inputs/activities, to better defined outputs, outcomes, and health impact (use best practice models for this)
  - Outline and track clear pathways for programme beneficiaries linked to measurable outcomes (evidencing additionality and attributable impact)
  - Draw on analytical support within the organisation to work on this.
Recommendation 8

- Acquire and resource a robust internal client management system - to help measure and track client data
- Track programme participants after completion of an activity - to measure longer term outcomes and impact (especially where you have the advantage of long term sustained relationship with them)
M·E·L Snap Polls

Social Landlord Health and Housing Initiatives

We asked:
Does your organisation have a programme or initiatives to actively improve the health of your tenants?

You said:

We asked:
What types of health activities do you offer or plan to offer to your tenants?

You said:

Base: 56

Base: 40
We asked:
Do you receive external funding for the health activities?

You said:

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>No</td>
<td>50%</td>
</tr>
<tr>
<td>Yes, from the local authority / council (including Public Health)</td>
<td>25%</td>
</tr>
<tr>
<td>Yes, from a charity</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
<tr>
<td>Yes, from the NHS (e.g. CCG)</td>
<td>8%</td>
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Base: 40

We asked:
What are the barriers preventing your organisation from offering activities to improve tenant’s health?

You said:

- Limited resources (e.g. staff time, financial): 60%
- Haven’t thought about doing something before: 20%
- Feel health is out of the remit of a housing landlord: 13%
- Other: 7%

Base: 15
Questions
Discussion 1: Your Experiences

- To what extent is your organisation already engaging with Public Health and NHS partners? And to what extent do these activities reflect the Community centred approach described this morning?

- How strong are your current relationships with key Public Health stakeholders (Local Authority Public Health teams, CCGs, hospital trusts)? How could they be improved in future?

- How are you engaging/could you engage tenants or those at risk of social exclusion in designing and delivering solutions to health inequalities?

- What, if any, are the barriers preventing your organisation from being more active in this field? And how could these barriers be overcome?
Discussion 2:
Promoting this agenda in the West Midlands – Member Lead Activity
Thank-you