

Improving Health and Wellbeing through Stronger Communities

Report of the Health and Wellbeing Board consultation event

Field Place, Worthing, 3 June 2014

Introduction

The Health and Wellbeing Board (HWB) is working with the national Think Local Act Personal (TLAP) partnership to trial a framework designed to improve health and wellbeing through investing in strong, inclusive communities. As part of that work, and of the process to refresh the West Sussex HWB's Health and Wellbeing Strategy (HWS), a consultation event involving over 100 people (see Appendix 1) was held on 3 June 2014 at Field Place, Worthing. The participants included: people who use services, carers and members of local communities; voluntary and community sector organisations; and statutory sector services.

The event focused on aspects of the Health and Well Being Strategy concerned with ***how best to boost health and wellbeing through further developing strong inclusive communities*** by:

- drawing on the national Think Local Act Personal (TLAP) partnership's draft framework ***Developing the power of strong, inclusive communities***
- showcasing national and local good practice
- enabling participants to: pool their own knowledge of good practice; spot local gaps and challenges and how to meet them; and identify key priorities and next steps for inclusion in the refreshed Health and Wellbeing Strategy

This report:

- reprises the TLAP framework
- summarises the stakeholders views on how the framework relates to West Sussex and how it can best be incorporated into the HWS.

The TLAP framework

Reduced local authority budgets and the recognition that the current model of NHS health provision was financially unsustainable has provided an added impetus to the search for new approaches to enabling improved health and wellbeing. Recognising the need for a strategic approach TLAP commissioned the development of a framework that could be used by HWBs. Instead of solely focusing on organisational assets the framework (see Figure 1) explicitly takes into account those of people who use services, their carers and the wider community. It seeks to make best use of this richer mix of assets through two complementary streams of action: community self-help; and targeted and universal services redesigned to enable the more effective coproduction of outcomes. The evidence base shows that together these should lead to improvements in the health and wellbeing of individuals as well as the development of stronger and more inclusive communities. This, in turn, should reduce the demand for targeted services as well as further develop the assets of people, communities and organisations.

Figure 1: Combining people's own assets with community and organisational assets to more effectively co-produce outcomes



Developing strong, inclusive communities is central to the TLAP framework. This builds on previous work by TLAP where people who use services and carers were asked what would it be like to live in such communities. Their answers were distilled into four sets of 'I' statements that now complement those used by organisations who are signed up to the TLAP Making It Real markers and those developed by National Voices. They are:

- **Building social support networks** - 'I have a network of people who support me – carers, family, friends, community and if needed paid support staff. I am welcomed and included in my local community'.
- **Encouraging membership of groups** - 'I am welcomed and included in my local community. All community associations around here go out of their way to include everyone I am supported by people who help me to make links in my local community'.
- **Nurturing an inclusive community** - 'I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities. I feel that my community is a safe place to live and local people look out for me and each other'

- **Enabling everyone to make a contribution** - 'I feel valued for the contribution that I can make to my community. I know where to get information about what is going on in my community. I know about all the local community associations and groups that I can join, how they can help me and how I can contribute'.

A workshop for HWB board members in December 2013 examined how the framework could be taken forward as part of the overall approach to **integration** in West Sussex. To exemplify the approach an outline model, focused on enabling the continuing independence of older people experiencing 2 or more long term health conditions (LTCs) was developed. Key elements are:

- **Improved condition self-management** – enabling people to better understand their conditions and manage them themselves.
- **Changed relationship with professionals** – a shift from patients being consulted and practitioners prescribing to an equal relationship that recognises and draws on people's lived experience alongside that of practitioners' expertise and makes combined best use of both.
- **Linking to and opening up community self-help activities** – practitioners providing active support, along with community based staff e.g. community connectors and health and wellbeing hubs, to older people, especially those who are isolated, to link in with community supports and activities. Where community activities are not inclusive enabling them to become so.
- **Redesigning targeted and universal services** – where required, so that they support independence and condition self-management, make active use of community support and contribute to its further development.

Figure 2 provides uses a 5 box model to provide a partial example of what this might mean in practice. This approach is now to be taken forward with the two Northern Clinical Commissioning Groups (CCGs).

Figure 2: Vulnerable older people: how community self – help and redesigning services can make a difference



Source: *Developing a community capacity building portfolio, TLAP draft December 2013*

The consultation process

The consultation event (see programme in Appendix 2) included: briefings on the West Sussex Joint Health and Wellbeing Strategy and Strategic Needs assessment, the TLAP framework and evidence, research and case studies in West Sussex; followed by two sessions of group work:

- **Group work session 1: Building strong, inclusive communities in West Sussex** - groups were tasked to share examples of good practice as well as highlighting gaps, issues and challenges that will have to be met to further strengthen communities and ensure this leads to improved health and wellbeing. To help each group both look at communities through the eyes of people who use services, and

carers, they were asked to pool their ideas using the four headings developed as part of the TLAP ***Are we there yet?*** guide to community capacity building (see above).

- **Group work session 2: Making stronger, inclusive communities part of the refreshed Health and Wellbeing strategy** – groups were tasked to: work from their group session 1 analysis of good practice, gaps and challenges to: build a picture of what strong inclusive communities should look like in the future; identify what needs to be done and by whom to make this a reality; and what the HWB could do to support it.

The results

All of the ideas recorded in each group have been included in the analysis (see Appendix 3) and are summarised below.

Examples of good practice

A large range of examples of good practice in creating strong, inclusive communities was identified. However good practice is very unevenly spread across West Sussex and nowhere is the full range of good practice in place. The range of good practice exemplifies the portfolio of ways in which strong, inclusive communities can be developed and sustained but also that there are always choices available in how to do so.

Six different types of example were identified:

- **People helping one another** – through individualised or group support and develop their own social support networks e.g. gig buddies; transport helps; personal assistants; a buddies calling café; and 4sight groups.
- **Connecting people to communities and services** – signposting, advice and advocacy; door knocking to find out needs and highlight events; BBQs; and the Connect to Support website carried out by recovery champions; community connectors; GP practice champions; prevention link workers; health watchers; and church wardens.
- **Community organisations open to all** - targeted groups such as: parent-carers forum; older people' lunch club; residents' associations; trades unions; mixed faith women's group and open activity based groups including: community fishing; time banks; and neighbourhood watch.
- **Services that work with and for everyone** – *community oriented, targeted services* for example: day centres and care homes that encourage participation by local volunteers; Think Family; and Recovery college. Also *community oriented, universal services* that are

open to all that are being tailored to include everyone. For example; Share the Warmth scheme (where people can get a coffee that others pay for – in cafes; a bank training its staff to support vulnerable people; community transport; Play streets; GPs social prescribing, wellbeing hubs, Healthy Perks website incentive scheme and libraries involving volunteers at weekends.

- **Building and reshaping communities** – alliances and partnerships that seek to make improvements in either particular aspects of people's lives or with selected groups on a community wide basis. For example: dementia friendly communities; BME partnerships; voluntary sector forums. .
- **Support for small community organisations** - many small community organisations require some external support to enable them to function effectively. This might include: asset mapping; training; community development worker input; small grants.

Gaps, issues and challenges

It was recognised that: communities differ from one another; there is a need for a set of overarching aims in supporting their development and making best use of existing assets whether individual, community or organisational. **Community commissioning** emerged as a term to describe the overall change in commissioning needed to deliver the changes in both the way universal and targeted services are commissioned and in the commissioning of community self-help, which the TLAP framework suggests are required.

- **Overall aims** - included: enabling **self-improvement**; **outreach** to marginalised groups; increasing connectivity within communities; **inclusivity**, ensuring that community groups do not exclude particular groups; investing in **children and young people** the future of communities, making communities **safe** for all.
- **The variety of communities – messy and varied** - communities are neither homogeneous on themselves and can differ greatly from one to another. They are **diverse and changing** - including: ethnic diversity; age profile; the effect of commuting; and transient communities. Some are **unsafe** - not all strongly bonded communities are healthy, for example, those created and serviced by drug dealers.
- **Developing and linking people to acceptable and inclusive groups** – the existence of many community groups does not mean that they are necessarily inclusive of all who might want to join them or cater for people in ways that they find acceptable, for example, sometimes people want to be with others like themselves, at other times joining in with everyone in the community..
- **Linking people in** - many people are isolated, some may feel and be stigmatised, they may also lack the knowledge of what opportunities are available and the confidence or ability to directly them. Proactively searching people out and, where they so wish, enabling them to connect is essential. This is a role for community connectors and other types of linking services.
- **Making best use of existing resources** – there needs to be a shift away from a dominant focus on organisational assets to also consider those of individuals and communities and how to make best joint use of them. **Inclusive universal services** - making existing universal services accessible and tailored to all (see above) can make a big difference. **Best use of community assets** - for example, moving

Wellbeing Hubs away from a narrow health condition focus to a broader focus on health and wellbeing. **Local coordination** - networks that enable coordination and support between organisations.

- **Gaps** – exist in terms of: who is not catered for currently e.g. young people, people requiring safe environments to aid their recovery; the availability of key community assets e.g. local post offices and corner shops; and service gaps e.g. transport, sustainability of time banks and the patchy availability of advocacy
- **People and funding** - need to attract younger people, re-brand volunteering services and enable people who already lead busy lives, to get involved; remove organisational barriers to engagement e.g. excessive professionalism of volunteers; restrictive regulations..
- **Community commissioning** – the TLAP framework involves changes in both the way universal and targeted services are commissioned and in the commissioning of community self-help. **Principles** that should underpin the new approach include: maximising the use of community assets by building on locally rooted knowledge; co-designing universal, targeted and community self-help with local people in a way that really values and uses their expertise and local assets; acknowledging the time it can take to get self-help off the ground in some communities; ensuring people and community focused collaboration and learning between organisations and with local communities; actively enabling communities to build their self-organising capacities and also engage in service co-design. **Commissioning processes** need to be streamlined and reoriented to make them both fit for purpose and reduce the heavy costs they currently place on both provider organisations and commissioners
- ? avoid duplication
- e.g. an effective but simplified approach to risk; performance monitoring should be outcome focused, appropriate to the activity being funded and proportionate to the funding provided.

What strong, inclusive communities look like

When asked to describe what an ideal strong, inclusive community should look like participants commented on both what it would be like to live there and how they would expect communities to work together and with others to meet their needs.

- **The community experience** – what it would be like to live in a strong, inclusive community. **Messy and highly varied** - humans are complex so there will be many interconnecting communities e.g. geographic plus faith plus interest. **Diverse, tolerant, inclusive** - communities are often diverse e.g. in terms of age and ethnicity; should be **inclusive**: open to all; where people feel accepted and not judged; and where people should feel safe and know that they will look out for one another and **tolerant** of difference. There should be **trust** between community members that reinforces and creates **a culture of caring and sharing**, including supporting vulnerable neighbours. Finally they should be **resilient and sustainable**. There was also a suggestion that instead of deciding it centrally we should ask communities how they want to be.

- **How the community works** - together and with others to meet its needs. The **community shares a clear vision** and its interdependence with others based on a well-grounded understanding of local needs and assets. Its **assets are well known and shared** and the community has a good understanding of its needs. There are recognised and locally accessible hubs that support self-help activities and link people into services. There is a wide range of groups and activities providing something for everyone. The physical environment is well cared for and safely supports physical activity. There are good shops, transport links and employment opportunities. **Services and community activities are well linked** with coordinated access points and outreach. Statutory services are well linked into, and make regular use, of community supports and groups. Community organisations are mutually supportive and link with one another. Local people and agencies know where to access information including from community websites, face to face and via street or village champions. Help is easily available so that problems are dealt with and crises avoided.

Producing change - most of the community supports and activities have been generated bottom up. People see needs and get stuck into to meet them. Local businesses and the formation of social enterprises help. Local people are confident and motivated; feeling empowered to bring about change. This is linked to an awareness of how political processes work and how best to engage with them. **Enabling community self-help** - community and voluntary work is valued and funded making it easy for people to get involved and make a difference. People have influence over their lives through: use of personal budgets; being actively listened to and having a voice; supported by advocacy. Community self-help is enabled by support from statutory and voluntary service that: take a holistic, community rooted approach to wellbeing; backed by a light touch approach to community budgeting; and an encouragement of social investing.

Who should do what to make this happen?

Having described what strong, inclusive communities should look like groups were asked to identify who should do what to help realise them. Whilst there were plenty of examples the actions required, the specification of who should undertake them were often left implicit.

- **Overall process** - the starting point should always be individuals and communities and how they do and could come together. No one organisation is best placed to enable the changes. Different communities will need different approaches. However an overarching approach based on the TLAP framework and the following principles can be used as a basis for coordination. **Identify and build on existing resources** - don't just decide on an initiative e.g. local area coordination and implement it. First find out what assets and activities already exist and then decide how best to build on them. **Work with local communities** - ask local people, including children and young people, what works well and what needs to change for the different communities of interest. Develop a

neighbourhood plan and a sense of shared purpose. Get things going. **Community enablers** - community leaders may already exist and can be further developed. Anyone can become a leader. Leadership is needed in a wide range of roles from: buddies and peer support; through community connectors; to street and community champions. Community leaders can benefit from training and support. This can be provided in a number of ways including by community development workers and through local community partnerships.

- **Community Commissioning** – further flesh was added to the bones of the emerging vision of community commissioning
 - **Overall aims** - the community commission based on TLAP's strong, inclusive communities framework aims to: enable communities to take greater responsibility for commissioning what they need. This will require changes to both universal and targeted services as well as the development and much greater use of community self-help. It will promote both place agendas and those that support communities of interest and be supported by much closer integration between organisations and with community activities.
 - **Asset mapping** - as part of this process, statutory services could support communities to: map assets, identify needs and develop their own business models. This could be supported locally by community development workers, local activists and connectors and strategically through on line and other resources.
 - **Rethink local services** - local services will be reshaped to make e.g. through GP, teacher and wellbeing hub referrals, everyday use of community groups and activities. Planning will also be used to shape both the physical and the economic environment.
 - **Supporting community self-help** - small community organisations are likely to provide most of the community self-help. They will require support to: make funding applications; develop new self-help activities; and learn from best practice elsewhere.
 - **Supporting engagement in decision making** - local authorities and other commissioners need to be open about what they are, and are not, prepared to fund and the funding that is available. Support will also be needed to enable communities to engage with the wider decision making processes.
 - **Role of elected members** - politicians will need to take some risks and push power down into communities. Local authorities should provide support to enable members to adjust to their new leadership role.
 - **Funding** - Town' and 'Programme' budgets could be re-badged as 'Community' budgets but with provision to ensure that communities are incentivised to develop sustainable programmes.
 - **Appropriate performance management** - devolution should be accompanied by appropriate, but light touch, safeguards for vulnerable groups. Performance measurement should be proportionate to funding and outcomes focused.

What should the Health & Wellbeing Board do to support these actions?

Finally given the vision they had developed of strong, inclusive communities and who should do what to enable them groups were asked to identify key ways in which the HWB could support this development.

- **Community commissioning** – this should become a key development priority for the HWB.
 - **Overall vision** – raise the profile of prevention and the role that communities can play in it at all three levels, primary, secondary and tertiary using the TLAP framework. Use community commissioning as the priority means of delivering it based on the TLAP strong, inclusive communities framework; strength the community asset based element of the JSNA; influence and energise all stakeholders to deliver the vision; and get behind the Local Account.
 - **Focus on outcomes not services** – focus on achieving prevention outcomes; share local and national good practice; and monitor delivery of outcomes.
 - **Co-design** - enable and promote true co-design with communities, it's just lip service at the moment. Follow up consultations with action.
 - **Enable local partnership working** - develop clear links/working relationships with local Health & Wellbeing Partnerships; enable community wellbeing hubs to become community as against condition focused.
 - **Devolve control** - devolve authority to communities to allow them to have more of a say in how money is spent.
 - **HWB leadership** – needs to be able to manage the tension between being accountable and devolving some power to communities to enable innovation. Requires high visibility of board members at community level.
- **Relationship with the VCS** – that will be critical in enabling the HWB to deliver on the strong, inclusive communities agenda. The HWB and the VCS need to develop a **vibrant partnership** to support communities. **Support for small groups** will be needed e.g. with funding applications and capacity building. **Low cost commissioning processes** should be promoted that enable communities to action what they want to achieve. Simplify commissioning processes by: making them proportionate to the funding being provided; and outcomes focused but allowing more creativity in terms of how they are evidenced.
- **Resourcing** - ensure that both CCGs and local authorities contribute equal resources and leadership to funding the strong, inclusive communities work. Influence employers, job centres and other universal service providers to ensure their service re both inclusive and deliver social value.

Conclusion

Given the rising demand and reductions and constraints on resource availability the strong, inclusive communities agenda is critical to the continuing delivery of improvements to health and wellbeing. It is central to the delivery of the prevention agenda at the primary, secondary and tertiary levels. Change will be needed in services, the role and relationships between people and communities and organisations. This will require a rethink in the design of both targeted and universal services. Community commissioning, based on the TLAP *Developing the power of strong, inclusive communities* framework, summarises the change in the approach to commissioning of all services and community self-help that is now required. The HWB has a major enabling role to play in setting the parameters of this new approach to collaboration between communities and organisation.

Appendix 1: Participants in the consultation event

Appendix 2: The consultation event programme

West Sussex Health and Wellbeing Board (HWB)

Improving Health and Wellbeing through Stronger Communities

Stakeholder engagement event,

Field Place, Worthing

3rd June, 2014

Aims

The event is the first in a series designed to refresh the West Sussex Joint Health and Wellbeing Strategy, identifying key issues and priorities.

This event will focus on *how best to boost health and wellbeing through further developing strong inclusive communities* by:

- ☐ drawing on the national Think Local Act Personal (TLAP) partnership's draft framework *Developing the power of strong, inclusive communities*
- ☐ showcasing national and local good practice
- ☐ enabling participants to: pool their own knowledge of good practice; spot local gaps and challenges and how to meet them; and identify key priorities and next steps for consideration in the refreshed Health and Wellbeing Strategy.

Programme

9.45 - 10.15 Arrival, refreshments and networking

10.15 Welcome and introduction to the event (Christine Field (Chair of HWB) and Clive Miller (TLAP))

10.25 The West Joint Health and Well Strategy and Strategic Needs assessment for West Sussex (Judith Wright – Director of Public Health and Commissioner of health and Social Care; Jacqueline Clay – Head of Public Health Research Unit)

- The Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment
- Key emerging priorities and issues in West Sussex

10.40 Developing the power of strong, inclusive communities (Clive Miller)

- Presentation
 - TLAP and its work on developing stronger communities
 - The evidence that developing stronger communities can both improve wellbeing and is affordable.
 - How people, communities and services together can further improve wellbeing

11.10 Evidence, research and case studies in West Sussex

- Presentations
 - West Sussex Community Life surveys and implications (Dr Farhang Tahzib)
 - Case study - Developing Dementia friendly communities (Dr Laura Hill and Malcolm Bray)
 - Case Study – Join the Conversation Events (Nicky Kentell – Independent Lives)

Refreshments will be available from 12.00

12.00 Building strong, inclusive communities in West Sussex

- Briefing
- Small groups – working at their table people use the four TLAP Making it Real markers: building social support networks; encouraging membership of groups; nurturing an inclusive community; and enabling everyone to make a contribution to:
 - Share examples of existing community self help
 - Identify gaps, issues and challenges that need to be tackled

12.40 *Lunch, networking, market place*

1.30 **Making stronger, inclusive communities part of the refreshed Health and Wellbeing strategy**

- Briefing
- Small groups – working at their tables:
 - Work from their analysis of good practice, gaps and challenges to build a picture of what should be happening in the future
 - What needs to be done and by whom
 - Identify 2 things that the HWB could do to support it
 - Be prepared to feedback to the rest of the event
 - One thing that should be happening in the future
 - One thing that the HWB should be doing to support it

2.30 **Pooling ideas**

- Briefing that the detailed notes from each table will be used to produce a report of the event.
- Groups pool ideas by each reporting back:
 - **One** thing that should be happening in the future
 - **One** thing that the HWB should be doing to support it

3.15 **Next Steps** (Christine Field)

- How the new Health and Wellbeing strategy will continue to be developed.
- Thank you

3.30 **Close**

Appendix 3: Detailed analysis of the results of the group work sessions

BUILDING SOCIAL SUPPORT NETWORKS	
Examples of Good Practice	Gaps, Issues & Challenges
<p>People helping one another</p> <ul style="list-style-type: none"> • 4Sight groups for visual impairment along with other peer support groups • Peer support projects within schools • Buddies Calling Café • Gig Buddies • PA Support via Direct Payments enables those with physical disabilities to get out into their communities • Independent lives: people are pooling budgets (e.g. to employ PA's in rural areas) <p>Connecting people to communities and services</p> <ul style="list-style-type: none"> • Coaches and Recovery Champions work • Community Connectors in Littlehampton go out and knock on people's doors: don't wait for them to find groups. Use elderly people to knock on elderly people's doors (i.e. use peers to overcome trust/fear issues) • Church Wardens in Billingshurst who facilitate connections within the community 	<p>Overall aims</p> <ul style="list-style-type: none"> • There is a need to ensure increased connectivity • Ensuring that communities and individuals have access to good information about what's available <p>The variety of communities</p> <ul style="list-style-type: none"> • Capturing/replicating the vibrancy of some communities/towns • Rural v. urban issues • Where there are strong family networks that remain local, these can be found in both urban and rural areas. • Richer communities often have social support networks in their local areas such as taking it in turns to take the children to school. Query – can affluence have the opposite effect? People who have moved into areas for jobs etc without the family support? This can be countered by owning a car and being able to easily travel to family and friends. • Those in the drug/alcohol system / community create their own support networks – either as users helping each other out and being part of a hidden community (never underestimate the community power of the local drug dealer!). once in recovery support networks are created both formally with help agencies and informally as people need to move away from their old networks in order to remain clean (but that dealer will still deliver to your home more flexibly than any Tesco's or GP – a constant

- Prevention Link Workers in Worthing – identifying groups of people and getting them together
- GP Practice Champions (receptionists etc.) in the north of the county who help to signpost people through Wellbeing Hubs

Community organisation open to all

- Community fishing group in Littlehampton - 'Rods and Reels'
- Start Art group in Littlehampton
- Parent-carer forum (890 people) open membership, online presence – Facebook, support other groups
- Included After School Clubs
- Crawley Age UK – hold activities, day events, get people in, support with transport.
- Neighbourly Care (Burgess Hill)
- Time banks in some areas of County
- Rushy Mead Time Bank
- Burgess Hill Time Bank
- Residents Associations – some better than others

Services that work with and for everyone

Community orientated, targeted services

- Diabetes UK, and other support groups
- Age UK services
- Carers' Voice Network: open forum for carers
- Anchor Care Homes: promote volunteering in care homes
- Aldingbourne Trust – well organised, range of

battle that needs support). Coaches and Recovery Champions work well in this arena and need to be reproduced elsewhere.

- Older people in high value properties but without enough disposable income: hidden need
- Young families moving to area: working and children not in local schools, so they aren't engaging in the community

Acceptable inclusive groups

Linking people to resources

- Getting to the right people – the public don't know where to go for support, especially in rural areas. We would therefore benefit from 'community navigators' or 'community listeners'
- Tackling stigma
- "Finding your tribe" – where to find specific support and be in contact with people.

Creating a variety of opportunities

- People don't necessarily want to be around or meet those with similar conditions
- Befriending schemes for people with Disabilities
- Empowering individuals to participate
- Would like to start casserole clubs
- Transport and access

People and funding

Enabling people to get involved in their local communities

- Need to identify what motivates people to participate in community activities and facilitate and support people to get involved
- People need more information with regards opportunities to get involved in communities

services and events

- Faith communities, churches

Community oriented, universal services

- I count card for carers – enables carers to access things like cinema for nothing as they are accompanying cared for
- Public Libraries –Library staff – ensuring everyone is welcomed
- 'Playing Out' Schemes – making it easier for children to play on their street as street managed for particular periods of time
- Playstreets (Adur & Worthing) – where playing out projects have led to stronger networks between residents and increased peer support
- Community transport schemes

Building and reshaping communities

- Dementia Friendly Crawley
- Know Dementia (Sussex): facilitate community development around dementia and enable access to information and guidance
- Neighbourhood watch schemes (where done in an inclusive way)
- Thumbs Up' campaign in Bognor Regis
- Gypsy and traveller communities have strong social networks
- Selsey Community Forum – where new services have been created from joint, collaborative conversations
- Think Family Networks
- Mid Sussex Older People's Council
- Good local networks in West Sussex (i.e. at

Engaging professionals

- Creating opportunities for developing networks - time constraints for professionals

Role of elected members

- A challenge can come from the local community influencers / voice / gateway – a 'community leader' may not be speaking for the community but blocking information /progress. Their values may not reflect the wider community, they may just have the most powerful personality.
- Local elected members should allow community voice and action and not be threatened by it.
- Need to promote local community movements and development. Councils then need to value and take seriously local community groups and elected members must stop being so threatened by them.

Funding

- Lack of resources

Community commissioning

Sharing good practice

- How we share good practice with communities
- Need to share best practice/ideas

Timescales for bottom up development

- Practical 'doers' are needed, this takes time to develop. Too much emphasis on 'quick-wins' community action and development takes time – this is not allowed for by statutory services and funders.
- Valuing bottom up approaches and the need to identify and promote examples of initiatives working on the ground.

Appropriate performance measures

- We need to go local and link policy to real experience

very local level – parish)

- MSOPC: try to involve small local groups: have mapped all groups for local people in the area and send out info and newsletters to them
- Elected members – are part of the community/from the community

Support for community organisations

- Asset mapping across the county
- Local groups such as Lions Clubs, Rotary Clubs etc – they can either provide funding or other resources

- We need to develop evidence on value of communities contributing to Health and wellbeing
- This work requires resourcing and often it is difficult to show on paper what is achieved with the money. People at the top need to understand this and value the work and allow managers to develop alternative ways of measuring and agreeing success.
- There is too much research and consultation which is not followed up by action, this just puts communities off.

Low cost commissioning processes

- Regulations and protocols (e.g. CQC requirements for people grouping together to provide care)
- Need to deal appropriately with risk
- Bureaucracy can create barriers

HWB Partnerships

- Need to make better use of Health & Wellbeing Partnerships

Gaps

- The reduction in the number of community assets such as local post offices and corner shops that formed natural places for individuals to meet and build up informal support networks.
- Transport, especially in rural areas: at the heart of whether people can access support/services
- Not enough advocacy workers.
- There are some problems with the sustainability of Time Banks

Identifying and contacting isolated people

- The lack of active engagement with people including carers
- General public's awareness of needs
- People who don't know they have a need don't necessarily get the preventative

message

- Being able to identify the 'lost people'
- Reaching 'hard to reach' groups
- Individuals can be concerned that they will be seen as interfering if they call on someone they are concerned about. Equally people are now afraid of opening the door to strangers.
- How to include people: overcoming initial hurdle can be a challenge, but once they are engaged it's ok

Making best use of existing resources

Underused resources

- Stop sign-posting and actually do it! With the cuts real providers are reducing in number – there are loads of sign-posters referring to fewer services. Local community champions / coaches both 'do' and signpost as appropriate. These people need to be rooted in the community in which they work so they are known and trusted.
- Good community transport that is coordinated across areas is needed – minibuses left unused – there needs to be an effective county transport system.
- Lack of standardisation in terms of Thumbs Up

Effective use of funding

- Personal budgets can limit choice: authorities are too controlling. Need to ensure real personalisation. Have to empower people (entitlement): stop dictating lifestyle. Need a bottom-up approach. Accept this is hard to achieve given financial constraints
- Funding and ensuring resources are used effectively

Asset mapping

- Too often we focus on the deficit model
- Need to map local groups and facilities
- Identifying signs in shops which say they will help people with disabilities
- Churches could perhaps do more

Networks

	<ul style="list-style-type: none"> • Need to find ways to build on economic networks, including social responsibility agendas • Building up networks between groups and organisations.
ENCOURAGING MEMBERSHIP OF GROUPS	
Examples of Good Practice	Gaps, Issues & Challenges
<p>People helping one another</p> <ul style="list-style-type: none"> • Peer support groups • Transport helps (as per Age UK) <p>Connecting people to communities and services</p> <ul style="list-style-type: none"> • Wellbeing-Arun – Supporters to help people access services • WSCC Day Activities – Community Connectors • Prevention Link Workers • Good Neighbours Scheme • MSOPC CLC-funded event “Beat the Blues”: students from local college provided therapy, massage etc. This brought people in and showcased other clubs, services: good for networking • Some localities have Residents’ Packs for Older People which provide information on how to access local groups. For example, in Fishbourne through the Women’s Institute <p>Community organisations open to all</p> <ul style="list-style-type: none"> • Inclusive residents associations • Various older people lunch clubs • Various faith groups. 	<p>Overall aims</p> <ul style="list-style-type: none"> • Integration and inclusion should be our focus • Inclusivity - community need to ensure that they do not exclude certain people/groups of community • Building collective identity within community <p>The variety of communities</p> <ul style="list-style-type: none"> • Community includes a great deal of diversity – needs to be a balance between doing things together, accepting some difference and that specific groups want to do their own thing (without being made to feel bad about it). • Addressing diversity and the needs of new community groups - eg language, culture – • Isolated people and communities • Generational issues, need to engage more with children and young people. <p>Acceptable and inclusive groups</p> <ul style="list-style-type: none"> • Public expectation/hope that services will be available 7 days per week • Value of peer support <p><i>Exclusive groups</i></p> <ul style="list-style-type: none"> • Groups can appear to be exclusive and closed • Groups need to be more inclusive • Groups not welcoming new members • Need to use community centres better for inclusive groups – they are currently not welcoming for all people • Groups often become closed to newcomers or ‘your face needs to fit’.

- Sangam (?) ladies group in Crawley that is a mixed faith women's group.
- Local groups including Town Access Groups and Neighbourhood watch
- Residents associations

Services that work with and for everyone

Community orientated, targeted services

- Prevention Assessment Team (PAT) Working Age Service (supporting people experiencing difficulties in everyday life eg people with Autism, Aspergers Syndrome)
- Aldingbourne Trust – they provide a range of activities so attract different people with different interests – variety of events and services help.

Community oriented, universal services

- Hairdressers who do not play music – attracts a mix of people and encourages talking.
- Share the Warmth scheme (where people can get a coffee that others pay for – in a range of different coffee shops and cafes)
- Safe Place schemes
- Library Services - providing Residents' Packs for Older People
- Knit & natter groups in Libraries
- 6 Book Challenge – scheme from libraries supporting people who struggle to read

- Patient groups also noted as a challenge and the need to extend out to community

Organise around things people want to do

- Groups need to do what people are interested in.
- Activities are central to engagement rather than establishing groups for specific conditions etc (although recognised that important in certain circumstances)
- What groups can 'younger older people' attend? (I can't go there, its full of old people).
- Groups need to be less age specific i.e. exercise for the over 50s – should be marketed as lower intensity for younger unfit people who may want to give it a go, equally there are many older very fit people who do not want and 'over 50s' group.
- Need multiple entry routes to membership – making every contact count
- If you don't nurture groups things won't work, help them grow and refresh

Making best use of existing resources

- Universal access – not specific to disability/age – making it the norm
- Local Area Coordinators – stop re-inventing the wheel, (POPPs example), see what is already going on in an area, invest and then stick with it. Stop short-term projects, people just get jaded, instead try supporting communities in a sustainable way – if it isn't sustainable don't start it!
- Many groups would benefit from guidance re: Social Enterprises. This needs to be built into everyday conversation

Gaps

- Closing youth centres
- Teens not catered for and different approaches required

People and funding

Staffing

- Lack of skilled/professional carers in 'new' communities. Foreign qualifications often not recognised in UK.

<p>Building and reshaping communities</p> <ul style="list-style-type: none"> • Focusing on areas of specific need (e.g. deprivation/isolation) – e.g. MSOPC work in Haywards Heath funded by Public Health • Crawley support for BME communities and events • Wick Week in the Arun area • Patient Participation Groups – linking and widening engagement (Crawley cited as good example) • West Sussex Parent/Carer Forum • Worthing Voluntary Sector Forum <p>Support for community organisations</p> <p>No examples provided</p>	<p><i>Volunteers</i></p> <ul style="list-style-type: none"> • Volunteers tend to be older; we therefore need to attract younger people and possibly re-brand volunteering services • Understand the different motivations for engagement (some come from a glass half full motivation, some half empty) • Create space and time for engagement – people so busy difficult to engage some groups • Excessive professionalism required of volunteers • DBS system puts people off along with other rules and regulations around volunteering • Lack of information about all the opportunities • Using VCS to identify people for schemes • Wellbeing training needed in communities <p><i>Funding</i></p> <ul style="list-style-type: none"> • Resource constraints <p>Community commissioning</p> <ul style="list-style-type: none"> • It can take time for initiatives to gel and to make a difference • Rebrand “HWB” even just the name – sounds like a dusty old board meeting
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NURTURING AN INCLUSIVE COMMUNITY

Examples of Good Practice	Gaps, Issues & Challenges
<p>People helping one another</p> <p>No examples provided</p> <p>Connecting people to communities and services</p> <ul style="list-style-type: none"> • St Barnabas Hospice – Community Information Bus • Think Family projects (e.g. door-knocking to 	<p>Overall aims</p> <p><i>Health and wellbeing</i></p> <ul style="list-style-type: none"> • Need to develop healthy citizens who are supported to maintain and improve their health and wellbeing • Active engagement of wellbeing rather than passive consumption of services • Reduce the stigma of being a service user <p><i>Diversity, inclusion and tolerance</i></p>

find out what community needs; events highlighting facilities)

- West Sussex 'Connect and Support' which enables people to access local community groups

Community organisations open to all

- Kashmiri Women's Group – Crawley
- Students Unions and other trade unions playing a role

Services that work with and for everyone

Community oriented, targeted services

- Social 'prescribing' by GPs
- Health & wellbeing hubs helping to encourage more active lifestyles eg encouraging access to leisure centres
- CVS Forum focussed on specific areas eg older people, mental health – undertaking needs assessments –multi-agency approach to creating a homelessness 'pathway'
- Community clubs Coordinators Age UK – taking the 'club' to the people eg into Day centres
- Healthy Perks website (Adur/Worthing) – network which earns points for things such as itunes vouchers
- Recovery college (3 courses) for people with Mental Health issues
- Frame of Mind – Social enterprise in Bognor
- Drop in activities in Guild Care for different things – no need to book for an entire day

- With changing demographics we need to focus more on diversity and inclusion
- Need greater understanding and tolerance of difference
- Educating the next generation (that it is normal to mix)
- Making communities sympathetic/understanding to disabilities (and sometimes some health professionals)

Safe and non-stigmatised communities

- Much discussion with regards defining a safe community recognising different perspectives

The variety of communities

- Need community to have a mix of citizens with different experiences, cultures and social mix
- Movement of people in and out of communities and the reluctance for new residents to become involved in communities
- Housing development is changing the nature of community – more transient and fragmented
- Addressing barriers of places labelled as 'problem areas'

Acceptable and inclusive groups

- Don't create additional services all the time – look to see how existing services and provision can be more inclusive – need to avoid the issue of always labelling people
- Churches don't necessarily have knowledge or understanding of how to attract people into services

Making best use of existing resources

Health and wellbeing hubs

- Wellbeing Hubs need to expand to focus on supporting the community more effectively; for example making connections through faith communities
- People don't know about the Health and Wellbeing Hubs: not reaching out to people. May need to do something different? May need to involve and engage better with

- Aldingbourne Trust – gardening/furniture/wood/catering opportunities for members

Community oriented, universal services

- Education, training and employment opportunities important
- Selsey Works – a CIC running a wide range of associated services, inc job search, training, work with schools. They have a visible shopfront and raise funds by renting out space
- Guildbourne IT Workshops in Worthing
- Silver Screening in cinemas
- Intergenerational/sharing stories in schools e.g. Lions Clubs with Colleges

Building and reshaping communities

- Capacity Building Programme – CVS & Crawley Ethnic Minority Partnership 9CEMP) in Crawley
- Dementia Alliances
- Strong and vibrant village communities – encourage in urban areas
- Mid Sussex Older People’s Council

Support for community organisations

- Brentwood Project – mapping & assessing community assets
- WSCC training courses offered to VCS
- CVS run courses on how make grant funding applications

local groups (i.e. so they can help pick up on issues and problems)

- Health and Wellbeing Hubs don’t refer to VCS enough: most referrals are to CVD programmes/smoking cessations schemes etc. Too much Public Health focus.

Coordination

- Need to build connections between groups and local communities and share learning (i.e. although a lot of work is locality based, can learn from each other and best practice)
- Lack of coordinated services – duplicating information
- Making better use of churches and other groups e.g. hobbies as

Employers

- Educating employers about disabilities (better knowledge these days about needs of carers)
- Flexible working

Universal, inclusive services

- Many people need help with basic things like shopping – shop workers can be helpful, but this ordinary citizens need to help
- Access issues

Gaps

- Important to consider how people are supported in “safe environments” – for example how to encourage peer mentoring in the recovery community. And who holds the responsibility for this.
- Encourage intergenerational opportunities
- Transport (excited about driverless cars!!)

People and funding

- Some Districts (eg Arun) lack Community Development Workers
- Lack of resources invested in preventative/universal services over long-term
- Need to create opportunities for community itself – for people to do

<ul style="list-style-type: none"> • Community Development Workers – WSCC & District Councils • Community support through VCS and wellbeing services • Small grants: there are lots of these in West Sussex (but....some issues about how they are monitored) • Members Big Society Fund award to fund a local group of mums and their children to do the Duke of Edinburgh Award • Learn from case studies and share good practice 	<p>jobs/activities/volunteer, rather than bringing people in (e.g. recruit from within the community). These could provide vital work experience for people out of work and/or paid work.</p> <ul style="list-style-type: none"> • Build a picture of the various skills and assets in the community. • Sustainability – ‘battle-weariness’ of organisations seeking to access funding to maintain services <p>Community commissioning</p> <p><i>Low cost commissioning processes</i></p> <ul style="list-style-type: none"> • High level service monitoring – bureaucratic and time-consuming - needs to be proportionate • Bureaucracy eg health & safety, internet security etc. <p><i>Asset mapping</i></p> <ul style="list-style-type: none"> • People feel “surveyed out”: want to talk face-to-face • Service-based approaches don’t recognise people and are too top-down: assets aren’t just services • Think Family can appear to have all the answers: need to get the community to take ownership WSCC and others tend to override local input into consultation design (e.g. Think Family used own survey – wouldn’t listen to local community)
ENABLING EVERYONE TO MAKE A CONTRIBUTION	
Examples of Good Practice	Gaps, Issues & Challenges

People helping one another

- Personal budgets

Connecting people to communities and services

- Independent Lives: set up advocacy in GPs (Proactive Care): train volunteer advocates who are referred in by GPs (i.e. issues that GP can't deal with: wider social issues like heating problems). Working in 3 Worthing practices. Helping to reduce repeat GP visits and also enable GP to focus on the issues they can deal with (time better spent). Also increases self-confidence of patients.
- Community Connectors in West Sussex
- Promoting volunteers to be 'Health Watchers'
- Community events – BBQs, community cooking, encourage connections/talking between residents, festival
- New West Sussex Connect to Support website

Community organisations open to all

No examples provided

Overall aims

- Reaching under-represented and marginalised groups - increasing involvement of people from minority & ethnic communities
- Young people need to be more resilient and have an increased awareness of the world around them and new demographics.
- Need to invest in the emotional intelligence of young people and their many gifts and talents rather than focussing solely on academic achievement.

The variety of communities

- Recognising the differences between towns and villages
- Avoid categorising community into old/young etc
- Changing phases in life – different circles of friends/connections throughout life stages e.g. school, colleges, retirement
- Commuter communities – how do you engage with them?
- Engaging with local businesses (self interest)

Acceptable and inclusive groups

- Overcoming people being over-protective/cautious (e.g. friends discouraging people with dementia from attending clubs etc.)
- People tend to be willing to take some risks, if supported
- Communication barriers between service providers and users – eg language barriers, needs for BSL translators, visual impairments

Making best use of existing resources

- Consistent coordination of good information about what's available in communities
- Promotion of services through personal narratives including personal budgets
- Organisational changes have led to less connectivity between partner organisations.
- Academy school status has led to schools receiving less support (from the LEA) than they might need

Services that work with and for everyone

Community oriented, targeted services

- Think Family
- Wellbeing Hubs
- Prevention Assessment Team (PATs)
- Day Centres – volunteering eg Age UK. Also source of good information
- Dementia Awareness Day in libraries
- Dementia Friends sessions
- A shop front in Bognor for Aldingbourne Trust has led to more volunteers – the visibility of the shop front is important
- Aldingbourne again cited (includes gets people to do things where they are giving and make a positive contribution –e.g. repairing furniture)

Community oriented, universal services

- Santander training their staff to support vulnerable people
- Involve local businesses in community events
- Learning Disabilities: Safe Places with local employers
- Playing Out (getting around the processes)
- Library volunteers to cover weekends eg Angmering library

Gaps

- Young people are often forgotten/ignored/viewed as a problem
- Consider the financial impact of participating in community events for low income families e.g. free community events
- While online communities are helpful and can help people “find their tribe” at some point face-to-face contact is important.
- Advocacy in West Sussex is patchy

People and funding

- Resources, both in terms of funding and volunteers continue to cause a problem.
- Youth Service cuts
- Need to encourage more volunteering
- Capacity to volunteer may be limited by work/life commitments
- Sustainability of support and networks (e.g. volunteers): may need funding to support

Community commissioning

Low cost commissioning processes

- High levels of bureaucracy – eg for funding and navigating complicated local authority processes
- Take the bureaucracy out of the systems which commission services
- Insistence on micromanaging everything – let capable competent people get on with it
- Difficult for organisations to have long-term plans with short-term funding. Providers need to have a clear understanding at the outset.
- Need to restructure direct payments to enable people to take control of their lives and do something meaningful: empower them to use their skills and abilities and creativity in different ways
- Be less risk averse (local authorities, NHS etc.)

Community level

- Need to work more locally and provide local opportunities
- Commissioners need to think beyond engaging with traditional partners

Building and reshaping communities

- Young Crawley Consortium – Link to community activities
- Connecting Communities – Arun & Chichester District Councils
- Vibrant village communities
- Think Family Neighbourhoods – residents starting community newsletters
- Henfield website
- Use of 'Facebook' to connect with isolated people

Support for community organisations

- Community databases eg libraries
- Local CVSS

- Need to join things up vertically and horizontally
- Creating the right environment for VCS to work together to challenge/ develop policy

Commissioning principles

- Need to commission on different principles.
- Statutory Sector/Commissioners don't account for the citizens Voice/Rights
- Services need to be redesigned on co-production principles – based on and starting with relationships.
- Important more people understand how to get things changed, where power lies, there are tensions about engagement and participation and the reality of decision making
- Need to include young people in more events (like this)

Changing mindsets

- The language of co-production needs to be changed to communicate effectively.
- Need to change 'hearts and minds' not simply start and finish projects – sustainable baby steps
- Need to encourage wider thinking by GPs
- Need to communicate the changed role of the public sector – the move away from provider to enabler.
- Use newsletters to change ways of thinking.

Role of elected members

- Rother Together - members should not simply bow to the wealthy and loud but base things on real evidence.

What should strong inclusive communities look like in the future?	Who should do what to make this happen?	What should the Health & Wellbeing Board do to support these actions?
<p>What local people want</p> <ul style="list-style-type: none"> We should ask communities what it is they want Whatever those local communities want them to look like! It is not for us to say! Strong communities already exist in many localities. How can we learn from them? What are 'communities'? These need to be defined <p>Messy and highly varied</p> <ul style="list-style-type: none"> Messy – humans are complex so there will be many interconnecting communities i.e. geographic plus faith plus interest etc. people can be members of many communities at once. Recognises that communities are multi-faceted - interacting Need to factor in transient individuals/families and people who may only be resident in an area for a short time eg renting We need to embrace a multi-layered approach i.e. District/Borough Council → Parish Councils → Villages → Groups (including virtual) → Churches etc. <p>Diverse, tolerant, inclusive</p> <p><i>Diverse</i></p>	<p>Overall process</p> <ul style="list-style-type: none"> Overall conclusion – anyone (both in terms of individuals and organisations) can do many of the things required to make this happen. No one org is necessarily better placed than another. The questions revolve around HOW to ensure that activity is joined up. No one method/route to build strong, inclusive communities, so need to use a mixture of methods/ vehicles Partners should agree a model to work to (may not be one model) Start with individuals and how they can come together. <p>Identify and build on existing resources</p> <ul style="list-style-type: none"> Councils need to be aware of what is going on in an area before they put in something else. Don't just put in a Local Area Coordinator if someone else is already doing a similar job. Using community venues/ facilities/ assets Hack space Food banks 	<p>Community commissioning</p> <p><i>Overall vision</i></p> <ul style="list-style-type: none"> Raise profile of the prevention agenda NHS needs to be proactive not just reactive During the Board's planned review of priorities in September, we would expect 'community commissioning' to be one of the top priorities Fill in the gaps in the JSNA: levels of volunteering, hidden care provision etc Formulate the vision according to what we have found Navigating around information could be done by a wide range of partners (WSSCC, D&Bs, third sector etc) but the key is that it must be joined up. This could be a

<ul style="list-style-type: none"> • Individualised, local, personalised and driven by local people. • There is a mix of generations – living together and doing activities together • Intergenerational life skills • Recognises and respects diversity <p><i>Inclusive</i></p> <ul style="list-style-type: none"> • Open to newcomers – inclusive, organic, dynamic evolution • Open access for all • Non judgemental • People feel accepted • People aren't excluded or isolated • No-one is left behind • People are aware of and understand each other's needs/abilities: no discrimination • People speak to each other on an equal level (not condescending to each other) • People feel accepted • Equal opportunities for all and everyone is equally valued • Everybody has status and value • Achieving a situation where everyone is equal and have an awareness and there is acceptance – barriers are removed • Everyone can participate if they want to <p><i>Safe and tolerant</i></p> <ul style="list-style-type: none"> • Absence of fear • Safe communities, where you feel someone will help you. • A community that looks after and out for its members – self policing 	<p>Work with local communities</p> <ul style="list-style-type: none"> • Ask them what works well and what needs to change – gaps? • Involvement in local planning – what needs to be achieved? • Identify different communities of interest • Include young people and children in our discussions, plans, campaigns • Engendering a sense of shared purpose • Neighbourhood plans • Pilot something where there is no Parish or Town Council as they think they are the voice of the community but they are not. They get in the way and block community involvement. This would be a good test before trying anything out where there is a parish council. • Some things don't actually exist in services but only really in communities(e.g. recovery) <p>Community enablers</p> <p><i>Community leadership</i></p> <ul style="list-style-type: none"> • Engage with community leaders who are trusted members of the community • We need to look for natural leaders in the community and work to build multiple layers of leadership - Perhaps via Local Area Co-ordinators • Leaderships exists in different ways – e.g. people in recovery – mentor 	<p>role for Health and Wellbeing Partnerships.</p> <ul style="list-style-type: none"> • Influence and energise all stakeholders to deliver the vision • Get behind the Local Account <p><i>Focus on outcomes not services</i></p> <ul style="list-style-type: none"> • JSNA to be used to effect change • Sharing local and national good practice and evidence • Knowing what works: share best practice • Oversee and ensure targets/aims are met • Monitor the effectiveness of funding/grants: are outcomes being delivered? • Share common cost indicators <p><i>HWB leadership</i></p> <ul style="list-style-type: none"> • HWB – need HWB to lead a debate on this – have difficult decisions and articulate the direction overall (devolving) • Be prepared to engage with communities on their terms and hand some of power to the communities
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<ul style="list-style-type: none"> • Tolerant, celebrating difference but at the same time allowing groups to do their own thing (as long as those groups do not complain if others also do their own thing) • Tolerance of other community groups • Accept differences (not just tolerance) <ul style="list-style-type: none"> • Increased connectivity between all levels within communities. • People and organisations trusting one another • A diversity of involvement across all age sectors • Lots of different cohorts engaged and active <p>Trust, caring and sharing</p> <ul style="list-style-type: none"> • Trust between community members • Honesty, Accountability and Trust • Reinforcing/creating a culture of caring and sharing • Friendly, caring, supportive • Caring for vulnerable neighbours • Individual responsibility within the community and being confident to lead, demonstrate good behaviours and not just give in to peer pressure • Observant (just at a basic level people seeing other people's needs) <p>Resilient and sustainable</p> <ul style="list-style-type: none"> • People enjoy life! • Resilience, able to cope with the 'bumps' • Sustainable support networks • Prosperity 	<p>champions, therapeutic champions, then there are democratic champions</p> <ul style="list-style-type: none"> • Need to stimulate common bond/goal in the community to bring people together • Individual responsibility that develops collective responsibility • Community needs to reach OUT to support, not have things done to them • Recruit local community members to facilitate action • Try community mentors / street champions where there is no community action • Various examples given – adopt a block (from US) where champions identified to improve small specific area. • Community connector – working with community volunteers • Peer support needed (e.g. community organisers) • Buddying schemes and coaches in the community • Training • Too much emphasis on practicalities <p><i>Enabling development</i></p> <ul style="list-style-type: none"> • Need to develop a supportive environment to enable community to move forward with ideas/initiatives • Community engagement / development workers • at the moment • Local Area Coordinators (not just based around the elderly) 	<ul style="list-style-type: none"> • Important HWB enables innovation – understanding it is difficult to govern, be accountable but not stifle innovation. • HWB needs to consider changing/ rebranding – could lead on mapping of leadership and assets • Direct involvement of Board members and officers at community level – high visibility <p><i>Co-design</i></p> <ul style="list-style-type: none"> • Enable and promote true co-design, its just lip service at the moment. • Stronger commissioning where everyone is heard and views are acted upon • Ask people what they want/need! • Link with key community stakeholders • Health & Wellbeing Board needs to be less risk adverse, listen to communities and act accordingly. Follow consultation / engagement / research with action. Communities otherwise become jaded and do not believe that real change
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<p>Community overview and vision</p> <ul style="list-style-type: none"> • Clear community vision • Local community overview (or under-view) to identify gaps and issues • Knowing the neighbourhood • Have their own data and access to information. Need to be supported to do this. • Agencies should be more forthcoming in sharing datasets • Understand how your community links to the wider world and its responsibility (for example no-one wants a sewage plant near then but has to be somewhere for the wider wellbeing of all the population). <p>Recognise, use and develop local assets</p> <p><i>Knows its assets</i></p> <ul style="list-style-type: none"> • Maximise community assets and resources (people, places, skills) • Assets are visible, understood and shared – will need to develop a social marketing approach to identifying and unlocking what motivates people • Target areas of need – communities need to be able to buy fresh fruit easily etc. in some places it is easier to buy cigarettes and alcohol than a fresh apple. <p><i>Accessible hubs</i></p> <ul style="list-style-type: none"> • Recognise community resources and main foci e.g. school, pubs • Physical assets used as hubs 	<ul style="list-style-type: none"> • Community crier • Need to enable people within the community to continue their voluntary roles: create paid employment opportunities for people from within the community • Community soup – community partnerships <p>Community Commissioning</p> <p><i>Overall aims</i></p> <ul style="list-style-type: none"> • Statutory organisations need to embrace TLAP approaches (e.g. co-design) • This new relationship could be framed around the principles of Social Capital i.e. fostering trust between agencies • Promote place agendas (but also take account of communities of interest) • Champion inclusivity and inequality reduction eg through commissioning • Enhance opportunities for skill, knowledge and education • Communities could ultimately take a lead on the Wellbeing agenda i.e. the 5 steps to Wellbeing • Statutory commissioners to realign community-related commissioning intentions thus enabling communities to take greater responsibility for commissioning what their communities need • Manage the tensions of local variance inc strategic vs local – because one size 	<p>will ever happen. Politicians need to allow a community voice.</p> <p><i>Enable local partnership working</i></p> <ul style="list-style-type: none"> • Clear links/working relationships with local Health & Wellbeing Partnerships • Bridge the gaps: facilitate partnership working across all sectors in the community (and through this, develop links and raise awareness; listen to people; understand issues; and hence deliver outcomes) • Health & Wellbeing Board need to support this & local community voices. If Planning does not have the correct powers to action as previously stated the H&WBB needs to advocate upwards for change. • To explore expanding the role of Wellbeing Hubs to become more community-focused <p><i>Devolve control</i></p> <ul style="list-style-type: none"> • Allow communities to have more say in how money is
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<ul style="list-style-type: none"> • Pubs as hubs <p><i>Something for everyone</i></p> <ul style="list-style-type: none"> • A wide range of groups and activities • Something available for everyone in community e.g. club or group <p><i>Healthy environment</i></p> <ul style="list-style-type: none"> • Involve planning to make areas look better. • Have more gym equipment in public spaces. • People are able to enjoy their environment safely (e.g. cycling) <p><i>Vibrant shops and businesses</i></p> <ul style="list-style-type: none"> • Vibrant high street/local shops/markets • Ensure that businesses coming into an area are good for it – fewer takeaways and off-licences. • Good transport links and access to transport • Affordability and sustainability • Economic activity and spaces/places are supported (eg working from own homes) <p>Well linked services and activities</p> <p><i>Accessible</i></p> <ul style="list-style-type: none"> • Accessible to everyone, on community hours 24/7 • Organisations operating with an outreach approach <p><i>Linked</i></p> <ul style="list-style-type: none"> • Coordinated access points for information and advice – network at local level using existing groups – don't rely on a single point of access 	<p>does not fit all</p> <ul style="list-style-type: none"> • Ensure well networked public services • Promote the integration of community-focused commissioning • Improve connectivity and alignment between partners and layers of activity • Respond to bottom up issues – promoting connectivity and sharing intelligence • Statutory organisations – including parish and town councils, Police etc • Stronger community partnerships with Local government, Police etc <p><i>Asset mapping</i></p> <ul style="list-style-type: none"> • As part of this process, statutory services could support communities to: map assets, identify needs and develop their own business models. These models could include: engaging with local businesses to fund service developments, generating ideas for social enterprises etc. • Define what community/ interest/ geographic (can co-exist – we are in fact parts of many communities. • Asset mapping can be done by different stakeholders – possibly CD workers, local activists, local connectors • Provide resources for asset-based work • On-line directory for localities to support communities • We should have an A Political local account across Health and Social Care 	<p>spent.</p> <ul style="list-style-type: none"> • It needs to be prepared to devolve authority to communities • H&WBB need to facilitate sessions with local politicians to help them develop positively with the change necessary. • Devolve resources to community level • Use its power and influence in terms of where funding goes: let go of the resources (e.g. WSCC could outsource small grants funding to the CVS?) <p>Relationship with the VCS</p> <p><i>Vibrant connection with VCS</i></p> <ul style="list-style-type: none"> • More vibrant connection between HWB and VCS • HWBB to work in partnership with voluntary sector to support communities • Know what's going on in the community: use the VCS existing knowledge/ experience/data • Facilitating the voluntary
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<ul style="list-style-type: none"> • Social care should include a wider “family” • Statutory organisations (including GPs) know what’s available in the community • Community forum for residents to join up local clubs/groups and connect community ‘hubs’ <p><i>Good communications</i></p> <ul style="list-style-type: none"> • Self-contained community – knowing where to access information • Develop community websites • Street community ‘champions’ • Communities and the agencies which support them should be able to quantify the patient experience and the pathways which they follow <p><i>Getting help</i></p> <ul style="list-style-type: none"> • Access to the right information (tailored, joined-up information) • People know where to go to for the right help, support and services at the right time and right place (so problems are dealt with before crisis/crisis is avoided) • Good information and Knowledge (people know what to do with the information) • There are many agencies which provide Information and Guidance to members of the public and signpost them to services. We need an audit trail to determine how effectively these pathways are working 	<p>of the true picture of West Sussex</p> <ul style="list-style-type: none"> • We do not need another mapping exercise re: the support available through communities <p><i>Rethink local services</i></p> <ul style="list-style-type: none"> • Support services (e.g. GPs) get the right help to people when they need it, including through referring to the VCS • Advocacy needs to be available through health (e.g. GPs) • Provision of high quality accessible information and advice • Wellbeing hubs • Key community leaders/ professional e.g. GPs, teachers • Improve transport and access <p><i>Make use of planning</i></p> <ul style="list-style-type: none"> • Community pressure e.g. Starbucks in St James Street in Brighton. • Planning need to be more mindful of local areas and what issues they face and listen to local people. <p><i>Supporting community self help</i></p> <ul style="list-style-type: none"> • Stronger support structure for VCS • Support for smaller voluntary organisations when they have to provide evidence for grant funding and applying for grants (can be difficult for smaller organisations) • Commission, co-ordinate and nurture (those who can make the changes...) 	<p>sector to be able to communicate with it effectively</p> <ul style="list-style-type: none"> • Voluntary sector representative on HWB clear and effective <p><i>Low cost commissioning processes</i></p> <ul style="list-style-type: none"> • H&WBB need to promote council development (internal processes etc) that enable communities to action what they want to achieve – the council needs to stop getting in the way. • H&WBB need to promote more simplified commissioning (both up to funders and down to enable commissioners to do this). they need to promote and allow more creativity in the way success is measured – numbers are not everything. • Reduce levels of bureaucracy <p><i>Support for small groups</i></p> <ul style="list-style-type: none"> • Make funding available to local communities (small/new groups)
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<p>Producing change</p> <p><i>Working together</i></p> <ul style="list-style-type: none"> • Understand and pull together (community spirit) to support each other • More bottom up activities and less top down • More naturally occurring activities (not forced by top down initiatives...) • Responsive – sees need and people willing to get stuck in • There are projects and activities that bring people together and enable them to share experience and skills (able bodied, disabled, young, old) • We need to be more innovative: gain support from local businesses, facilitate the development of social enterprises, expand the function of wellbeing hubs to be more community focused etc. <p><i>Confident and motivated</i></p> <ul style="list-style-type: none"> • An engaged community that knows how to get its voice heard • Where people feel empowered • Increased confidence of empowered people • Motivated people <p><i>Politically aware and effective</i></p> <ul style="list-style-type: none"> • More political awareness and involvement that develops community / resident involvement • There was a discussion around the tension between “realistic expectations” and “aspiration” – some agreement that unrealistic expectations 	<ul style="list-style-type: none"> • Training for VCS in making funding applications • A range of “how to” toolkits needs to be developed to help with skills development – again could be done by a range of different stakeholders - no one organisation is best placed to provide this. • CCGs engage with and fund local communities and VCS • Local authorities need to go out and meet groups/projects they fund – and accept/gather more qualitative/soft data on achievements (e.g. through case studies) <p><i>Supporting engagement in decision making</i></p> <ul style="list-style-type: none"> • Infrastructure and support for communities to take action and move forward with ideas/plans • Need to explain who does what/roles and responsibilities of different organisations • Guidance from local Authority – be honest about what the situation actually is – no spin – ensuring the impact understood at community level <p><i>Role of elected members</i></p> <ul style="list-style-type: none"> • For a community to want to take action they need to believe change will happen. This means local politicians must let go of some decision making which will influence commissioning. • Take some risks • Push resources and power down into the 	<ul style="list-style-type: none"> • Supporting smaller groups with funding applications and capacity building • Support smaller groups to access all available funding opportunities • Training and development opportunities for small organisations and groups <p>Resourcing</p> <ul style="list-style-type: none"> • Ensure resources are available • CCG and local authorities contributing equal resources and leadership to programmes of work • H&WBB need to put pressure on Coastal CCG to become as engaged as CCGs in the north of the county. • Recognise and support voluntary/ community work – and work with/ influence employers, job centres etc. to encourage them to recognise social value
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should be addressed by greater honesty and openness – but also communities need to stretch and challenge expectations/standards

- There should be Community Champions in place. They can both: support communities to self-manage the wellbeing agenda; and, act as a conduit to commissioners and decision-makers

Enabling community self help

Encouraging self-help

- Community/voluntary work is valued and funded
Making it easy for people to get involved and make a difference
- Infrastructure of support and communication for community to tap into to support development and implementation of their ideas/plans
- It feels like: a facilitated community where people can achieve their aspirations
- Supported voluntary and community sector, with small groups able to bid for grants etc.

People able to influence

- People with influence over their lives and decisions – people who have a say (community size might be an important issue here – it might be easier to have a voice in a smaller community...?)
- People decide what's important and what they need: personalisation
- Meet people where they're at (literally and metaphorically): listen and understand; don't

community

- Councillors – Parish, District and County Councillors could support and facilitate community engagement
- Parishes – need to recognise that sometimes communities don't agree and some issues very contentious – good in the good times, gets tougher in the bad.
- Educate and encourage councillors (parish, district and county) to support communities
- Local govt should provide a local leadership role on many issues

Funding

- 'Town' and 'Programme' budgets could be re-badged as 'Community' budgets but with provision to ensure that communities are incentivised to develop sustainable programmes
- LA to be a conduit for funding
- Grants to stimulate communities, but need to be flexible and make system accessible

Appropriate performance management

- Agreement that "we" should devolve as much as appropriate to as local a level as possible BUT we do need to safeguard vulnerable groups and be mindful of inequality – can be the strongest communities having the most.
- Focus on measurement and benefits realisation activities
- Facilitating the partnership between

<p>rely on existing forums/networks (not everyone's in them)</p> <ul style="list-style-type: none"> • Advocacy available to support people <p><i>Supporting a holistic approach to health and wellbeing</i></p> <ul style="list-style-type: none"> • A holistic approach to health and wellbeing that focuses on the positive (wellbeing not ill health) • CCGs reframe 'programme budgets' as 'community budgets' with communities incentivised to develop sustainable programmes • Bottom-up approaches to service provision and development and communication and engagement • Encouraging social 'investment' in communities - community initiatives with a shared purpose • A lighter touch from the statutory sector • Bureaucracy that enables community development rather than hinders it. • Bureaucracy is kept to a minimum 	<p>communities, VCS but not in a prescriptive manner – agreed there needs to be a quality control/watchdog role from LA around safety (essential in terms of mandated, statutory services)</p>	
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