Community-centred approaches for health and wellbeing

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Conversations

“We can talk to people here in their own language that they can understand, because we’re just normal people. And I think they trust us because we are normal people...And I think we get through to quite a few people, don’t we? Because they trust us. I think it’s trust.”

Why a whole system approach?

- We can’t afford to maintain a focus on community deficits and ignore assets.
- We can’t close the health gap without involving those most affected.
- We need to design solutions that work using the health intelligence, creativity and ideas from communities.
- We can’t sustain change without the support of communities.

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
Men’s Sheds

Men’s Sheds and other gendered interventions for older men: improving health and wellbeing through social activity

A systematic review and scoping of the evidence base

A report for the Liverpool-Lancaster Collaborative (LiLaC) and Age UK

by

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School for Public Health Research

Lancaster University Centre for Ageing Research

Institute for Health & Wellbeing
Health trainers and health champions
Healing Our Broken Village
Wandsworth, London
Participatory budgeting

Durham County Council – participatory budgeting

By 2014, 19,000 residents have directly participated in deciding on how to spend over £1.5m on local projects.

http://pbnetwork.org.uk/municipal-journal-features-durham-participatory-budgeting/
Social prescribing
Figure 3: Community-centred approaches for health and wellbeing – with examples of common UK models

Community-centred approaches for health & wellbeing

- Strengthening communities
  - Community development
    - C2 – Connecting Communities
    - Asset based approaches
      - Asset Based Community Development
    - Social network approaches
      - Time banks
  - Bridging
    - Health Champions
    - Health Trainers
    - Volunteer health roles
      - Walking for Health
      - Befriending
- Volunteer and peer roles
  - Peer interventions
    - Peer support
      - Breastfeeding peer support
    - Peer education Peer mentoring
- Collaborations & partnerships
  - Community-based Participatory Research
    - Area –based Initiatives
      - Healthy Cities
      - Community engagement in planning
      - Participatory Budgeting
      - Co-production projects
- Access to community resources
  - Pathways to participation
    - Social prescribing
      - Community hubs
      - Healthy Living Centres
      - Community libraries
      - Community-based commissioning
Implications for commissioning & practice

• Recognise scope for action: diverse and broad range of community engagement methods to improve physical and mental health
• Value what people bring and where needed support people to take part
• Design health systems that facilitate involvement; and have a connection between what people do in communities and how decisions are made.
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