



The Releasing Community Capacity Programme

Day One

Change Champions Course

The Aims of this Session



- To introduce you to the new approach to health and well-being
- To introduce you to the Releasing Community Capacity Programme

National agendas

- Health and Well-being Boards
- Joint Strategic Needs Assessment
- Structural changes in NHS - CCGs
- Public Health
 - Starting Well, Living Well, Ageing Well
- Adult social care – Care Act
- Policy developments: Prevention; Personalisation
- Dementia, Frailty, Mental Health

The Care Act 2014

- Duty to promote Well-being
- Principle to be embedded throughout care system
- Work with communities to focus on assets
- Duty to meet needs, including of carers
- Individuals best placed to judge own needs
- Prevent and delay need for care
- Must provide information and advice relating to care and support, including how to access independent financial advice, even when do not provide services

The Area



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The Community Issues



- Gap in health inequalities are expected to widen between the most deprived and least deprived areas - significant variation in mortality
- Ageing population, increasing isolation and frailty
- Hidden levels of depression due to lack of social interaction
- Main causes of death circulatory, cancers, heart disease and diseases of the respiratory system
- Obesity
- Smoking, including pregnant women
- Alcohol abuse and hospital admissions
- Lower rates of women accessing breast screening

The Community Issues



- High numbers accessing benefits and lower than average hourly rate
- Reduced proportion of working adults with NVQL3 or equivalent and children achieving at least L2 writing, maths and science
- Low levels of participation in volunteering, adult sport and active recreation
- High rates of crime and the perception of crime
- Overcrowded housing in some deprived wards
- Increasing pressure from vulnerable groups
- Lack of suitable housing for some groups
- Problems reported accessing health services

Our Priorities



- Growth and Development
- Safer and Stronger communities
- Health and Well-being

Healthy People in Healthy Places

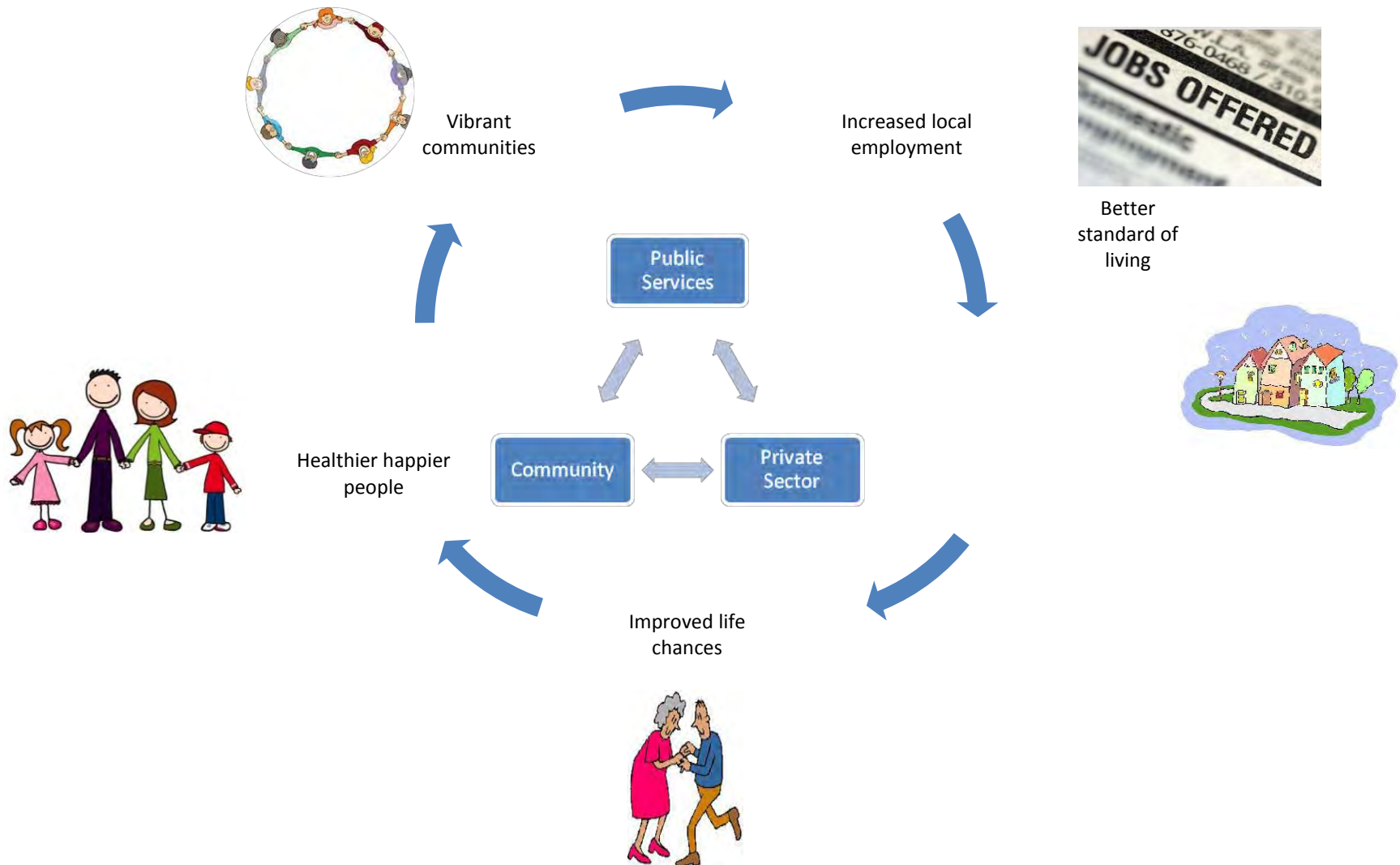
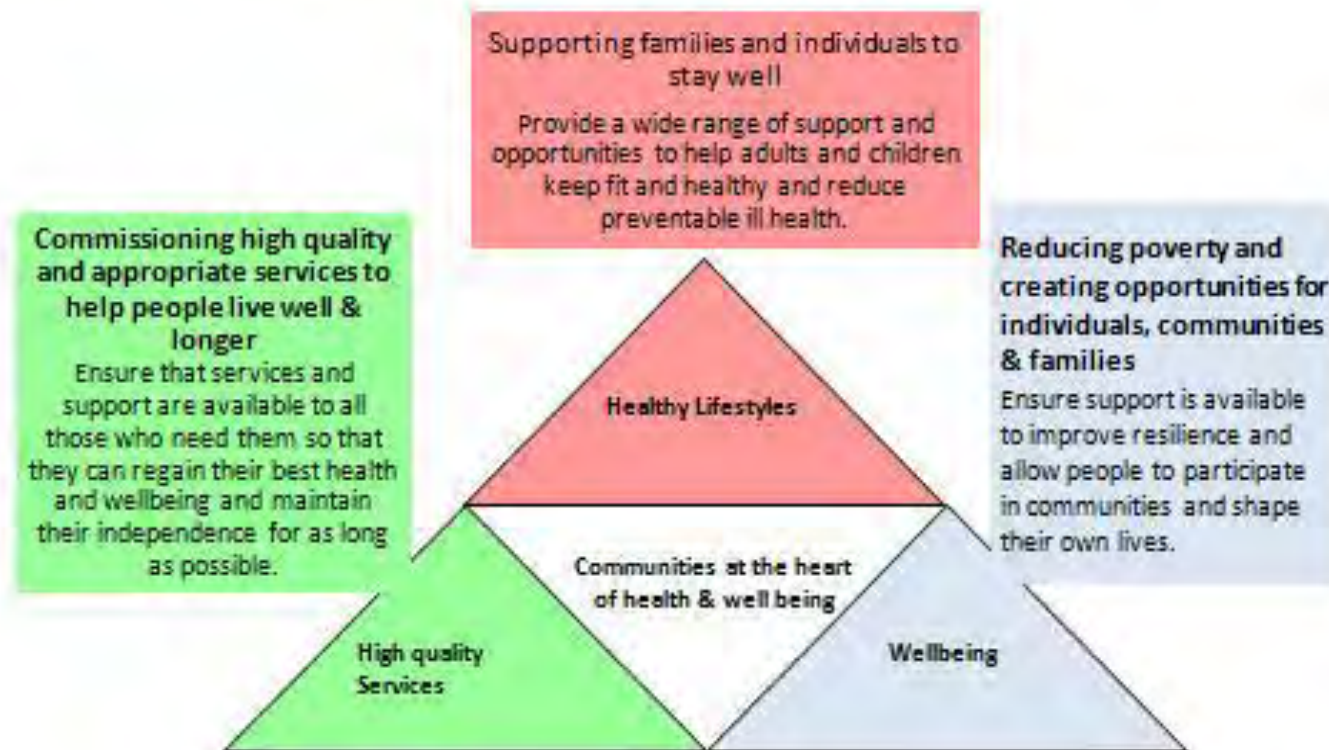


Figure 1: Health & Wellbeing Strategy Thematic areas



Healthy People in Healthy Places

- Healthy Places – by reducing poverty and impacting on wider determinants of health
- Healthy Services – by commissioning more “joined up” and aligned equitable services and solutions
- Healthy Lifestyles – through a much greater focus on prevention and earlier detection

What does this all mean?



- More people, wanting more support, for longer
- But people don't want traditional services
- What; When; Where
- Choice, Control, Independence
- Major pressure on services
- Cost and volume
- To do things differently

Our Challenge

- To support and provide community based solutions that will offer prevention, choice and control for service users, rapid access to local solutions, build on what works well and what adds back to the community
- To manage the increased demand in a way that ensures fair and equitable service for all

Promoting practical actions that will deliver improvement and change



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Building Choice and Releasing Community Capacity in North East Lincolnshire Programme from Autumn 2012

Started with Unique Improvements & KHC Consulting
Consortium - but about how we do things in North East Lincs.

The History



- Commissioned in 2012 by the Council on behalf of the HWB Board
- Representation from the CCG, the LA and communities
- Robust selection process
- Overseen by a Board which meets monthly, an accountable sub – board of the Health and wellbeing board
- Board Membership
 - CCG
 - LA
 - VANEL
 - Focus
 - Parishes
 - Elected Members
 - Community reps
 - Delivery partner rep

Positive focus on well-being and health

- Tackling the underlying determinants of well-being
- Moving from providing support in crisis interventions
- Commissioning in new ways
- Promoting practical actions that will deliver improvement and change
- Supporting and providing community based solutions
- Managing the increased demand equitably and fairly



What is different?



- Health and Well-being is everyone's job
- Frontline staff taking responsibility for well-being conversations with people
- The public understands how it can 'ask for help' and feels able to do different things
- The focus is on intervening at a community level with an asset based approach
- Organisations are focusing on community and individual interactions
- Solutions are being driven by people themselves not organisational needs





Change Champion Course Highlights



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Programmes they are working on;

- Time Banking
- Older People's activities
- Dementia education for practices, dementia friendly surgeries and a sleep pilot for people with dementia and their carers.
- A reminiscence project
- Raising awareness of dementia services in the community.
- Inter – cultural older people activities
- Developing a social enterprise to fund subsidised activities to develop sewing skills. Working with Mental Health services and the private sector.
- Developing a young people's clothing recycling company.
- Developing musical activities for young people.
- Pulmonary rehab services for people in the community & a falls service in sheltered accommodation

Change Champion graduates in calendar photo shoot.



3 Tiers of Development



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1. Light touch – health and well-being overview – larger numbers – awareness raising
2. Targeted skills development – individual focus, including organisations – bespoke
3. In depth – knowledge and skills development – focus on action not awareness – smaller numbers – intensive, project support

2014– How are people better off?



- ✓ Communities experience more interaction with service providers who are more knowledgeable and empathic – co-production.
- ✓ People have greater control of their lives and a wider choice of support is becoming available.
- ✓ Staff and the wider system think differently about well-being and have increased knowledge and skills to use in their work and everyday lives.
- ✓ Council and NHS assessment processes are changing to be more people centred and flexible.
- ✓ As a result of training, staff are developing networks and communities and other organisations understand others' skills and roles better.

The Community : living and working together

Sarah



John



Ann



St Martin's Church



Now- Sarah



Sarah

- She was sent on some health and wellbeing training which was really interesting.
- She enjoyed the training and feels more confident. She may go to one of the other courses they are running. She now has contacts to talk to about developing her other interests.
- She is going to offer some of her spare time to St Martin's to do massage, and is getting some support with publicity materials in return.

Now - Ann



Ann

- She has heard about some new initiatives that are being planned in Nunsthorpe from John.
- John found out about her from the Age UK worker who does her shopping. John introduced himself and told her about the new lunch club starting in St Martin's.
- She is on the group who are planning the lunch club. Her experience of bringing up 10 children has proven invaluable.

2015 – John



John

- He found this approach really useful. As a key worker he was told he could attend some specific courses.
- He attended the key worker courses and is now very positive and full of enthusiasm. He learnt about some new approaches such as collaboratives and enterprise start up. It has given him some ideas.
- He has started to map what is provided in his area and formed some new relationships from the training.

2015 – St Martin's

St Martin's



- John has helped St Martin's committee to produce a simple business plan.
- They are working through the plan to develop a lunch club and café and to provide low cost nutritious meals aimed at obese young parents.
- One of the members of the committee is a keen gardener and has helped landscape the 'Podium' with funding from Shoreline. The committee are considering how they can develop this service to other local residents.

Two years from now

- **Sarah** is working part-time as a holistic therapist across several community venues.
- **Ann** is helping at St Martin's café; and is getting her hair done by Jenny in return.
- **John** is supporting a ULO of people with Learning Disabilities running their own befriending and support group out of St Martin's. They are using direct payments from the Council's revised care planning and assessment process.
- **St Martin's** operates a time bank and several new self-funding ventures and its future is secure.



Good Neighbours



- Started with BIG Lottery Funded “Ageing Better” Application
- Focus on reducing isolation for older people
- Partnership with Older People led Board
- Started in Humberston and New Waltham, Haverstoe, Immingham to prove the concept and to learn

The Approach

- Level 1: people just need information, signposting or advice
- Level 2: people need support, buddying or befriending to become involved in activity
- Level 3: people with significant challenges needing some professional support

The Approach

- Promoting cultural change to build capacity and resilience
- A neighbourhood approach
- Might be different in every neighbourhood
- But with a local forum in every community
- Based around community hubs - real and virtual
- Start with insight capture
- To identify barriers to removing isolation
- Encouraging good neighbours
- Good neighbour cards
- Making contact via frontline staff and community contacts
- Creating groups of community connectors / advocates to support people
- Encouraging people to develop their personal approach / plan to engage
- 1-2-1 support and visiting with most frail
- Building community capacity
- Supporting communities to develop activities and clubs

Our ideas

- What do we want to do through CC course?
- What does this mean for us?
- How do we get started?
- What is our/my role?
- What skills do I need?
- How do we help people do it themselves?