West Yorkshire and Harrogate
Health and Care Partnership

Community Power and the NHS

An NHS that harnesses the power of communities, and recognises and builds on existing community assets will bring greater connection, trust and help identify and deliver local solutions to tackling health inequalities and improving population health.

A stronger connection with communities would bring a greater understanding of their health and wellbeing needs. It would give insight into simple and effective community based solutions – often delivered at primary care level and by voluntary and community groups rooted in communities – bringing cost effective and simple solutions to the range of therapies for long term conditions, mental health issues, pain management and so on and reducing demands on GPs and primary care services.

Community power can enhance the engagement of those communities least likely to access mainstream health services and boost trust and confidence.

Access to social connection through local community groups or peer mentoring for example provide a more sustainable way of tackling some of the issues that lead people to multiple visits to GPs and to A&E. Understanding these wider needs through a closer understanding of communities and giving them a stronger voice in what matters to them could enable the NHS to offer cost effective solutions to addressing community priorities around health and well-being and reduce demand on local services.

Barriers include

- Traditional ways of working – looking at 'what is the matter' with an individual, not 'what matters' to them. Need to move to a more holistic approach.
- Time – GPs and clinicians are time poor.
- Understanding of community led organisations and the voluntary sector by health professionals. There is often a lack of understanding of the sector, the breadth and reach, the professionalism, and the connectivity to communities.
- There is a "power imbalance" between communities and the NHS
- The NHS feels over complicated to navigate and heavy on bureaucracy
- Lack of a connection between emerging Primary Care Networks (PCNs) and their counterparts in the VCSE: PCNs have been developed at pace and as a result are at risk of being implemented without a true understanding of their communities' health and care needs. In a rapidly-changing environment, such as the one we find ourselves in now where a large-scale NHS structural reform is underway within a pandemic-influenced world, there is a real risk that the new resultant structures will be out of touch with communities before they even get started.

All these barriers can be overcome if all of us working in health and care embrace change and some of the innovation and ways of working we have developed during the pandemic.

In West Yorkshire and Harrogate Health and Care Partnership we have developed **voluntary, community and social enterprise (VCSE) led complimentary health and care pathways** which offer a different route to managing pain, improving health and wellbeing, and managing a long term condition or mental health better, thus reducing the demand for GP visits and improving lifestyle choices, social connection and self-care.

Included in the current pathways we have are: a joint pain management service for people also experiencing mental health problems and who are no longer seeking care; a befriending service developed with social prescribing and GP input to improve access to primary care for refugees, asylum seekers and the homeless; culturally appropriate cookery and exercise sessions with peer support for families from deprived communities or ethnic minorities with obesity and/or diabetes.

These pathways are rooted in local communities, cost effective and already showing a positive impact on the health and well-being of patients, and reduced use of GP services.

Further examples of working alongside communities at neighbourhood or place include:

Safe Spaces (Wakefield) - VCSE partners have worked in collaboration with each other, with CCG commissioners, secondary mental health services, Yorkshire Ambulance Service and West Yorkshire Police to develop non clinical safe spaces for people in crisis. Delivered by a broad range of place-based grass roots mental health organisations, the safe spaces (crises cafes as they are sometimes known) support people experiencing mental health crises often out of hours at times when there are significant pressures on A&E. Safe spaces offer peer support, de-escalation and multi-agency crisis planning in a relaxed, non-clinical community setting. Evidence shows that this approach reduces the pressure on urgent care and provides a stable and reliable accessible source of support which is highly regarded by service users.

Community-anchors (Kirklees) **-** The work in establishing community anchors has demonstrated that cohesion is most sustainably built from the ground up. The anchors are based in Kirklees nine Primary Care Networks and are improving the connectivity and influence of the local third sector and strengthening the voice of communities in health and social care by acting as the lead for VCSE involvement in their local primary Care network. This network of community anchors evolved during the pandemic to work alongside mutual aid groups and smaller community groups in their areas and the council Covid response hubs, to ensure that the needs of vulnerable people were understood and met.

Community power is simple but transformative. It is building on what exists in the community and harnessing the understanding and trust held by local organisations – especially in the local VCSE sector.

A shift to investment in prevention and offering alternative pathways which are non-invasive is critical to changing attitudes and reducing dependencies on medical interventions where lifestyle changes, social connection and access to support might offer an alternative route to good health. Using our learning and experience in responding to COVID-19, we need to shift the paradigm to open up the possibility of more fundamental, lasting change.

Harness the expertise of the VCSE - By harnessing the experience and insights of the VCSE into local communities, and working with grass-roots organisations that are trusted and understand their communities – we can reach some of the most at risk members of the population. By offering genuinely co-produced health and care pathways that are genuinely person centred* and non-invasive we can enable those with existing health conditions or at risk of experiencing poor health to access support, make social connections, increase self-care and make better lifestyle choices. This in turn leads to improved health and well-being, reduced demand on acute services, better long term health outcomes and increased life expectancy. For those awaiting surgery it is likely to speed up recovery times or in some cases remove the need for surgery.

Examples might be smoking, obesity and physical inactivity which negatively impact health outcomes. Taking a preventative, community based approach on these three issues would potentially impact many other linked poor health outcomes. None of these necessarily require medical intervention.

** By person centred, we mean putting the person at the centre of everything, not just each organisation's 'bit'. To achieve this effectively, it means all organisations – primary care, secondary care, social care, and most importantly VCSE – working together without silos, without selfishness, and without protection of their own self-interests. Only in this way will we truly see a system where people are genuinely at the centre.*

Shift resources from acute services to prevention –

It is a challenging time for all those commissioning and providing health and care services as we navigate our way through the current pandemic whilst restoring critical services, managing long waiting lists and with limited budgets. But perhaps that makes it even more critical to begin to shift some of our resources towards greater prevention and self-care to reduce the demand on our primary and secondary care services. The value of the VCSE sector has never been more evident and as we reset how we plan and deliver services, now is the time to consider the role of the VCSE and how the sector is built into future ways of working.

In WY&H Health and Care Partnership, our Partnership Board has made a commitment to a gradual shift of resources into prevention from acute health budgets at both system and place level which builds VCSE capacity and improves population health and well-being outcomes, reducing the need for acute care and higher intensity, invasive high cost interventions. Investment should be at place, health footprint and system levels with commissioners collaborating to deliver joined up arrangements. A shift in investment to community powered responses is critical to underpin this work. The pathfinders we are undertaking are one way in WY&H we are doing this to effectively embed new approaches within our mainstream offer.

Introduce simplified, streamlined commissioning procedures that are inclusive and accessible, low in bureaucracy and transparent as an essential enabler for change. This should include opportunities for integration of VCSE organisations within mainstream place based health offers.

It is important to recognise that some of most at risk communities such as Black Asian and Minority Ethnic groups, people with disabilities and unpaid carers have user led VCSE organisations that understand and respond to their specific needs more effectively and deliver value for money.

Commissioning needs to be accessible to these community powered groups to facilitate the greatest possible impact on health inequalities.

Volunteering – Volunteering is one way individuals can offer others support in their community or around a cause close to their heart. If we are to truly harness the power of communities, we must include volunteering.

It is important to invest in volunteering by not reinventing the wheel but building on the good practice and high standards of volunteering that exist within the VCSE.

Volunteering has been front and centre in the Covid-19 response and we must continue to value this army of people giving their time and skills to help others in their communities and invest in the training, development and support of volunteers as well as connecting volunteering across sectors to facilitate volunteer movement across providers. This should be led by the VCSE and requires a shared framework and investment from partnerships at place and system level.

The NHS Volunteer Responders – whilst making a valid contribution during the pandemic - has not connected to local volunteering programmes and has duplicated local services in many instances – and even poached their volunteers. This is not helpful in delivering a sustainable volunteering programme which understands and meets local need and is connected at community level and to the wider local range of services and support.

The **Covid-19 pandemic has changed how NHS services work with communities**

The VCSE has long contributed to reducing health inequalities and improving population health in West Yorkshire and Harrogate. In recent months, the value of the sector has been demonstrated in the integral role they have played as part of the COVID pandemic response including through volunteering, practical support for those most isolated including people who are shielding, people with disabilities and the elderly, offering emotional support to those experiencing mental health issues, and working with our most vulnerable communities to ensure they can access information, social connections and meet their basic needs for food, shelter and their health and well-being.

The pandemic has highlighted the power of communities and the positive and tangible impact of involving them in delivering 'solutions' and their ability to offer an accessible, inclusive and flexible response.

Positive developments we have experienced in WY&H include:

- **Quicker mobilisation, more flexibility of funding** and investment from all funders I including the NHS - including for grass roots organisations working in communities to meet needs before they escalate and require a medical intervention; supporting community based responses (in WY&H we invested over £500,000 to support grass roots organisations working to tackle health inequalities for some of those groups most impacted by Covid) and have since invested further in prevention work in communities.
- **The diversity, breadth and contribution of VCSE organisations has been critical** in reaching those communities experiencing the greatest health inequalities in accessible and inclusive ways. The VCSE sector has been engaged more widely in decision making and shaping

services, leading to greater connection with communities and the issues that matter to them.

- **The value of volunteering** has been clear and recognised and has been a cornerstone of the vaccination programme, food banks, mental health support, community action and anchor organisations/ community hubs at neighbourhood level, etc.

In West Yorkshire and Harrogate Health and Care partnership our ambition is to build on our progress so far and to continue to harness community power and the energy and skills of the VCSE to build back better.

Harnessing the Power of Communities Leadership Group

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