locality

the power of community

Proof of concept for Grapevine and Moat House Community Trust

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Coventry City Council

Better Care Coventry

NHS Coventry and Rugby Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

Contents

Introduction

In 2018, Locality was commissioned to undertake a proof of concept for two community projects to capture the value of working in non-programmatic ways, where individuals are in the lead. The aim of this proof of concept is to learn what works to mobilise community assets, re-orient formal services to work as a whole system, and boost prevention to produce better health and wellbeing outcomes for communities. The conclusions are intended to support decisions about future ways of working, including future Improved Better Care Fund (iBCF) investment.

It focusses on two community organisations, Moat House Community Trust and Grapevine. Both organisations are carrying out pilot projects under the Community Capacity and Resilience workstream for the Better Care, Better Value programme funded jointly by the iBCF, Coventry and a Public Health Grant via Coventry City Council. This initial feasibility assessment has been carried out whilst both initiatives are still in fairly early stages.

The work takes place in the context of the Upscaling Prevention Programme, which aims to translate the commitment set out in the Alliance Concordat for the Health and Wellbeing Boards throughout Coventry and Warwickshire to work together. This programme's vision is to "galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the health and wellbeing system"[1] It plans to achieve this partly by taking a place-based approach to systems change, creating and fostering the conditions necessary to support a system wide uplift in prevention.

Fig .1 Alliance Concordat

[1] The Upscaling Prevention Programme Mandate: iBCF; 22/03/2018

In developing the proof of concept, one of the areas we were keen to measure is the impact of both programmes on growing the capacity for action and leadership in a community, both key components of social capital. As highlighted in the Marmot Review,[2] social capital creates a buffer against ill health; building resilience and agency a lever to address health inequalities. When people have a say in what happens locally, they feel more in control of their own lives, and behaviours change accordingly. We are also interested in capturing the impact that working in non-programmatic ways, where people are in the lead, can have on formal services.

We have explored the impact of the projects on residents' health and wellbeing and started to understand the plausible contributions these initiatives are making to formal service outcomes., This includes the iBCF outcomes, however it also focuses on the broader early help/prevention measures in line with the emerging Coventry Early Help Strategy,[3] . We also aimed to expose critical success factors, including inhibitors and facilitators for working as a whole system at the local level. In capturing broad outcomes, were interested in successful ways building sustainable communities and the wider benefits that can be realised from partnership working across sectors.

The proof of concept outlines the methodology and overall approach, the case for change and aims of the pilot projects, before examining their impacts and approach. The key findings identify critical success factors and improvements, and finish with final conclusions and recommendations.

Locality would like to thank all those that participated in workshops, interviews and meetings and gave their time and insights to this work.

Methodology

We have used our experience of evaluation and measurement in demonstrating the value of these approaches alongside the intelligence from our network of members, local authorities and partners such as the What Works Centre for Wellbeing and Public Health England to inform this work. Our focus is on the feasibility of the projects to work within an integrated model of health and social care.

We have appraised existing methodologies to measure impact at an individual, organisational and wider community level and conducted a rapid literature review on preventative health measures and indicators. Meetings and workshops have been held with both Grapevine and Moat House to co-design the indicators

[2] http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

[3] Coventry Early Help Strategy 2019 – 2020 Right Help Right Time, accountable to Children's Joint Partnership Board and the Children's Safeguarding Board

and methods used, and a series of stakeholder and service user semi-structured interviews were also carried out.

A theory of change has been produced with each organisation which articulates the relational and asset-based nature of their approaches and how this leads to the outcomes and impacts defined. This proof of concept develops this further in aiming to understand how and why interventions lead to short and long-term change and what those changes are. Above all it recognises that the approaches being piloted are not transactional, but relational.

An asset-based approach to the research has been adopted, with principles of Appreciative Inquiry applied alongside a listening approach as demonstrated within the Community Organising field of work.

The Case for Change – context and aims of the pilot projects

The business case[4] for each of the pilots recognises the unsustainable nature of the current model of health and social care, with the gap between the cost of the service and levels of income widening. They also highlight the fact that the burden of ill-health falls to a much greater extent on the most vulnerable in society, and those living with higher levels of deprivation.

The challenge therefore falls into two categories: to improve healthy life expectancy, and to reduce health inequalities, thereby instigating a change in demand for services. The current focus across Coventry's health and social care system is "to significantly improve pathways and interventions by working together to provide a better level of care and keep people healthy and well".

The Upscaling Prevention Programme aims to manage population and individual health risks by focusing on early intervention to prevent ill-health and, where people have health problems, to stop those health problems escalating to the point where they require significant, complex and specialist health and care interventions. The programme is aimed at individuals who are 'at risk' and takes an early intervention/prevention approach. The focus and vision is to galvanise effort, expertise and resources to stimulate a step change in commitment to prevention across the health and care system.

The success of the workstream relies on its ability to influence behaviour within the wider Better Health, Better Care, Better Value programme and leadership, as well as across the wider health and care system and public service system activity.

Some of the ways it seeks to achieve this are:

[4] iBCF Business Case: Community Capacity and Resilience Moat House neighbourhood pilot, and iBCF Business Case: Community Capacity and Resilience Grapevine citywide pilot

- Taking a place-based approach to system change;

- Creating and fostering the conditions necessary to support a system-wide uplift in commitment to and action on prevention;

- Coordinating effort and expertise across the wider system in support of an uplift in prevention, recognising that we are not starting from a zero base and instead seek to build and capitalise on existing good practice and assets.

There was an intentional differentiation of the models invested in: a place-based community anchor model[5] (Moat House) operating at the neighbourhood level with a focus on vulnerable older people; and a more fluid community organisation (Grapevine) that operates at a city wide level, working with people accessing social care, with disabilities and those living with a long-term illness among others.

Both projects take practical steps to strengthen community-based action and ensure that greater value is placed on the contribution of the informal sector and non-service solutions.

The stated overall aims and outcomes of both the initiatives are as follows:

- Identifying people with support needs and preventing them from entering crisis;
- Growing capability at individual and community level reducing as much as possible the support needs of people who might otherwise require social care;
- Building the web of individual, family and community relationships, to support people to enable to take a more active role in managing their own health and well-being in the community.

Resulting in:

- Reducing social isolation and loneliness;
- Increasing physical activity;
- Preventing / delaying re-entry to health and social care system;
- Reduction in A & E and GP attendances;
- Improving independent living;
- Improving lifestyle behaviours.

[5] Community anchor organisations are place-based, multi-purpose organisations, which are locally-led and deeply rooted in their neighbourhoods

Moat House Community Trust – Community Navigator

Moat House Community Trust has a clear vision for creating a prosperous and powerful community where they are proud to say they live or work. Their mission is to act as an independent and trusted voice of the community, to be a catalyst for positive change.

The Trust delivers a range of engagement activities including weekly tea and talk peer support, activities for families and children, get active sessions such as healthy walks and armchair exercise classes as well as large scale events such as family fun days.

It has developed strong partnerships with agencies working in the area including social landlords, the police, children's centre, faith organisations and a local GP surgery. The pilot aims to identify and provide targeted support to vulnerable older individuals living in bungalows within the Moat House reach.

The navigator service aims to understand the local environment and community in order to gather intelligence and build connections from the ground up. This enables them to proactively reach out to the most vulnerable and to identify system failures and opportunities to support good outcomes for local people.

A community capacity worker is employed part time (0.5 FTE) to work with others and proactively visit the bungalows to build trust and relationships. Where isolated individuals can be encouraged to attend a session, this can help grow confidence, and improve wellbeing. In some cases, engaged residents have become active volunteers and support others. There are also 3 part-time community navigators (one each for older people, families and young people) bringing value to each age group.

A steering group is in place to cascade good practice, ensure coordination with other work taking place, increase community outreach, encourage participants to shape services and build trust in the community hub.

The project aims to reach 320 vulnerable residents over 12 months. To date, 157 senior residents have already been engaged, along with over 400 children.

Grapevine – Community Capacity and Resilience

Grapevine works with people facing isolation, poverty and disadvantage to help them to build better lives. They help people with finding, developing and growing networks. In particular, this project aims to strengthen support networks through generating community action, with an established pool of community activities to which they will add during the course of the project.

The Community Capacity and Resilience Grapevine project is based on the successful Good to Go[6] programme and focusses on the recognition that connections matter[7]. 'Good to Go', an umbrella term encompassing working with local residents to enable them to manage their own health, and engaging them to care for neighbours, friends and others in their community. This project seeks to take practical steps to strengthen community-based action focussing on prevention and building stronger, self-sufficient communities. It aims to ensure those who are vulnerable to ill health or health inequalities are better supported to develop resilience and reduce the need for crisis level services.

Central to this is mobilising people in activities and causes they are passionate about, so there is a united commitment to change.

Examples include the Slow Roll community cycle rides for all abilities, and Wave Rave, an afterhours disco in a swimming pool for all ages. The key is to bring different people together, those with vulnerabilities and those without, to exchange skills, aspirations and knowledge. This has been 're-evaluated'[8] and an excerpt appears below:

Capacitate

What could not have been foreseen at the outset was the way Good to Go would create capacity for change of all kinds. Deep, extensive, networked relationships have been created that provide the infrastructure for innovation, and naturally regenerate in the face of challenges and in response to demand. These networks – Innovation Factory, Ideas factory, CovMindtheGap are fully integrated – no distinctions are felt or drawn between people who are living with disabilities and anyone else; or between public service providers and public service users. Through these networks over 200 people have been involved in creating the conditions for changing how public services are designed and delivered. More than 80 people have been trained in change leadership.

Perhaps most significantly of all Good to Go has started to create a roadmap for the transformation of service delivery, especially for social care, starting with Coventry. What we see in #CovMindtheGap and its test beds, for example, amounts to a blueprint for a 'third and half sector' – co-created in the gap between the state and civil society.

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[6] http://www.grapevinecovandwarks.org.gridhosted.co.uk/wp-content/uploads/Grapevine-Good-to-Go-revaluation.pdf

[7] Positive social relations are included in many models and scales for the measurement of individual wellbeing and quality of life (see Seligman, 2012; Keyes, 1998; Ryff & Keyes, 1995; WHOQOL. group).

[8] http://www.grapevinecovandwarks.org.gridhosted.co.uk/wp-content/uploads/Grapevine-Good-to-Go-revaluation.pdf

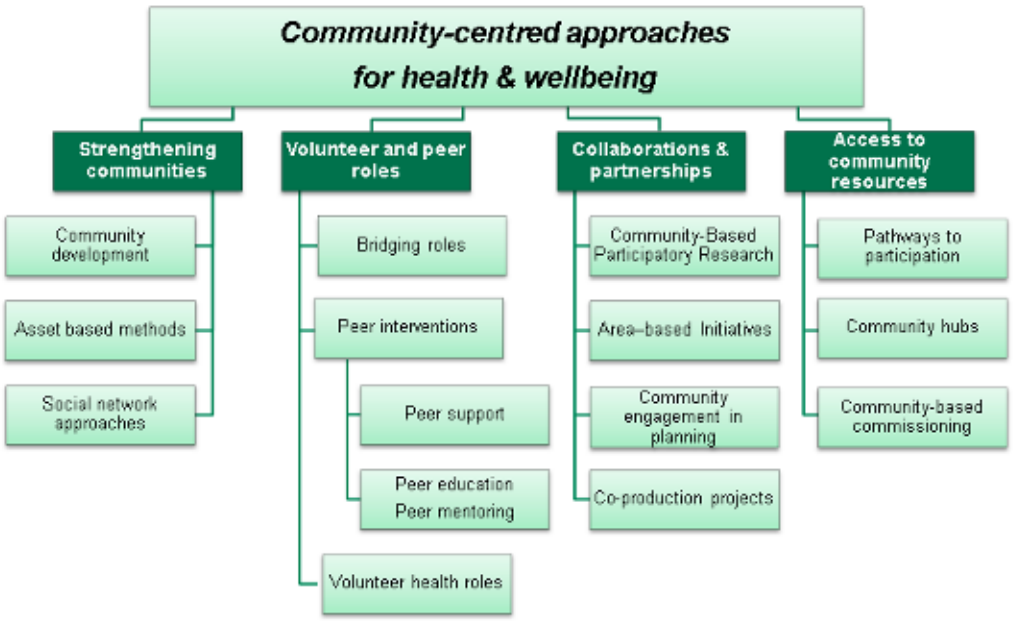
Grapevine's business case states that the pilot will share good practice from the Ignite programme that they established with the Central England Law Centre to change how public services are delivered and needs met. They aim to embed learning from their movements in community hubs, so they can build on community strengths and ambitions. They employ community organisers to deliver this project which aims to reach 500 people living with long term illness over two years. To date they have already reached 269 in 2018 and a further 96 in 2019.

Community Led Approaches

A growing body of evidence has been noted by Public Health England[9] who have endorsed such approaches to health care in their guide to community-centred approaches where they recommend that health leaders and commissioners consider the following:

- use the family of community-centred approaches as a tool to consider potential options for commissioning health improvement and preventive services;
- involve those at risk of social exclusion in designing and delivering solutions that address inequalities in health;
- celebrate, support and develop volunteering as the bedrock of community action.

They have also produced the following diagram to illustrate the family of community-centred approaches to health and wellbeing.



The Health as a Social Movement[10] collaboration between NHS England, New Economics Foundation and the RSA has also affirmed the benefits of this way of working, as has the final report in the Connected Communities programme

[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report_.pdf

[10] https://www.thersa.org/globalassets/hasm-final-report.pdf

produced in partnership with the University of Central Lancashire, the London School of Economics and the RSA.[11] This last report identifies four key 'dividends' of connected communities:

- **A wellbeing dividend.** The research suggests that social connectedness correlates more strongly with wellbeing than social or economic characteristics such as long-term illness, unemployment or being a single parent.
- **A citizenship dividend.** There is latent power within local communities that lies in the potential of relationships between people, and it can be activated through the methods that are advocated in this paper.
- **A capacity dividend.** Concentrating resources on networks and relationships, rather than on the 'troubled' individual as an end-user can have beneficial effects which ripple out through social networks, having positive effects on people's children, partners, friends and others.
- **An economic dividend.** There is evidence that investing in interventions which build social relationships can improve employability, improve health (which has positive economic impacts) and create savings in health and welfare expenditure.

The two community projects are demonstrating use of these approaches and an appreciation of the key principles and values behind them.

Grapevine

Grapevine works with people experiencing isolation, poverty and disadvantage to build better lives through practical guidance, advocacy and support centred around the person.

Using practical tools and training Grapevine helps people build their collective power to tackle the problems they're facing and spark and sustain movements for change. Grapevine aims to solve complex, deep rooted issues with partners by working with systems and services like the NHS and local authorities.

Their work is multi-faceted and aims to build social movements that put people in the lead through various activities including community organising, ideas and innovation factories, training, leadership development and peer support through self-care socials.

[11] https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities

Ideas and Innovation Factories are two related activities through which they co-create innovative actions and solutions, building the capacity of 'leaders' from all sectors and communities across Coventry.

Self-Care Social stemmed from a Feel Good Community[12] event and aims to create a culture of self-care across communities, with individuals suffering from a long-term illness. By starting conversations on what loneliness and good self-care looks like, they are then helped to look at what they can do together to address it.

Central to their work is story-telling. As Marshall Ganz[13] and others have evidenced, story-telling can be a powerful way to shape identity and can become what Charles Taylor calls our "moral sources" – sources of emotional learning we can access for the courage, love, and hope we need to deal with the fear, loneliness and despair that can inhibit action.

> **"Storytelling is central to social movements because it constructs agency, shapes identity, and motivates action. Story telling is how we learn to exercise agency to deal with new challenges, mindful of the past, yet conscious of alternative futures."**

Grapevine's work is about movement building where those who have needs are also those who provide the support. This builds meaningful connections and sustains activity rather than a service that 'provides help to people who need it'.

People first connect through common values and concerns, then are supported and trained to take ownership of a group. Participants develop stronger ties as they work together, tackling shared challenges, and experience less loneliness as they collectively organise and participate in events. The work is structured with 1:1s[14], calls to action and pledges of commitment to transform participants into leaders.

Three key principles are applied in their work: they are beneficiary driven; they empower members to take the lead and self-organise, building capacity and leadership; and they keep things open and accessible to all, using social media and technology as a way of supporting meaningful connection, rather than a substitute for it.[15]

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[12] The Feel Good Community brings people together through shared experiences and a collective desire to feel connected, feel strong and Feel Good

[13] http://marshallganz.usmblogs.com/files/2012/08/Power_of_Story-in-Social-Movements.pdf

[14] Structured 1:1s using the Citizen UK model, Act, Build, Change. https://www.citizensuk.org/our_training

[15] Reaching Communities bid, Grapevine

Moat House Community Trust

The Moat House model is inclusive and fully integrated, taking each individual as a whole with a range of differing strengths, skills, experience and needs. It is multifaceted and intergenerational by design. For example, grandparents may attend holiday clubs with their grandchildren and disclose health and wellbeing issues whilst at the Centre. These can then start to be addressed.

The role of the community capacity builder is to understand and gather local intelligence, to proactively reach out and connect with the most vulnerable and work with them to develop activities and solutions to the problems they are facing. The navigator works to identify isolated and /or vulnerable older people and work with them to build connections as well as to raise awareness around 'winter wellness' and other issues.

After an initial approach of door-knocking, Moat House have found and reported that word of mouth from trusted individuals is now becoming the most popular and effective source of referrals.

Community Navigator schemes have been endorsed through the Social Care Institute for Excellence briefing[16] on preventing loneliness and social isolation.

An evaluation of care navigation in the Isle of Wight[17] identifies seven individual active components of care navigation work:

- Respond quickly to the needs of people
- Repeated problem solving
- New referral processes with local agencies and services
- Tailored help at the time it's needed.
- Providing the tools to self-manage
- Coordinating with other teams
- Manage the fine line between dependency and self-management.

[16] https://www.scie.org.uk/publications/briefings/briefing39/
[17] https://wessexahsn.org.uk/img/projects/Isle%20of%20Wight%20Care%20Navigators%20Evaluation%20Report%20FINAL.pdf

Summary of Key Findings

What have you enjoyed most?

> **"Gaining deep understanding of people's needs and directing them towards each other without making it obvious."**
>
> **- Clinical Nurse, stakeholder interview**

What's working well

We have found evidence that the community approaches taken by Grapevine and Moat House Community Trust are contributing to the deliverables of the overall programme, which are as follows:

- Improved joint working between health, social care and the community sector so that activities intended to improve health and resilience (by statutory and non-statutory providers) are more tailored to the local area, resulting in a greater coordination of activities and more efficient and effective use of resources.
- Reduced hospital admissions and prevention or delaying re-entry to the health and social care system through increased individual resilience and access to support networks and through people feeling more in control of their own health and wellbeing.
- Reduced social isolation of people through the development of supportive networks.
- Connecting isolated and vulnerable individuals to activities that will increase their resilience.
- Improved quality and patient/service user satisfaction.

Measuring the scale of that contribution is challenging. Cost reductions and social impacts are often measured over a longer time frame. For example, the New Economy Manchester[18] cost benefit analysis model's primary time frame is a five-year assessment of costs and benefits.

However, the data we do have, does show encouraging trends and early impacts that have the potential to go beyond these measures and influence systems change.

[18] http://neweconomymanchester.com/media/1443/2765-pu1617-cba-guidance-020414-1312-final.pdf

Improved joint working, more tailored services

There is evidence that increased levels of service coordination are taking place, and that these are predicated on existing relationships that have been developed over time. This is evident in the Moat House setting where the physical siting of statutory services enable the observation and opportunity to work with their clients in a more informal setting, gaining deeper understanding of the whole individual.

Moat House navigators have also facilitated a partnership network, of service providers and agencies within the locality, to improve quality of life and well-being for older people. Partners include local authority (including Councillors) Whitefriars, local GPs, Family Hubs, social care services, the police service, European City of Sport, City of Culture and public health service providers.

This group is reported to be growing in reputation and reach, with new agencies continuing using it as a means to reach the community with key health messages.

Grapevine are also collaborating with statutory services, as this written feedback illustrates:

> **"Grapevine and health services are working together and engaged locally through the recognition that people with a LTC, social isolation, loneliness are frequent users of primary care to provide social and emotional support, as well as physical reviews and diagnostic services.**
>
> **"Any person with a long-term condition will require much more support than 2 or 3 ten minute GP or nurse appointments per year, and with growing demand on primary care services, and the need to develop the person's self-management skills, Grapevine provides a wide range of opportunities for our residents to improve their mental health and physical wellbeing.**
>
> **"By recognising the value Grapevine can bring, we are developing closer links between GP networks and Grapevine activities, to bring services right to the heart of our communities, identifying where need is greatest, and listening to those who are engaged with Grapevine to shape and influence what is provided."**
>
> **Anna Wheatley Diabetes Transformation Education Lead NHS Coventry and Rugby and NHS Warwickshire North Clinical Commissioning Groups**

Asset based approaches are starting to become more widespread, for example Asset Based Community Development in action in adult social care can be found in Birmingham in their neighbourhood network schemes.[19] Sharing learning between such schemes could be beneficial to continue to influence statutory providers.

NHS England recently announced a plan[20] to invest in 'specialist' link workers to support GPs to use social prescribing to support people living with conditions such as diabetes and depression. The aim is to reduce costs, decrease the burden on GPs and move towards personalised care.

> **"When they then interviewed a GP it was just like listening to Dr Shiv [Moat House partner GP] who said exactly this to me!"**
>
> **GP interviewed said "that link worker is actually curing those conditions, I can't as a GP cure them, because I can only patch them up and that's why social prescribing is fundamental to the future of the NHS, we can't carry on doing what we're doing ... that's why it is so exciting"**
>
> **CEO Moat House Community Trust**

The work MHCT and Grapevine are doing could inform the development/recruitment of such posts. For example, a place-based role linking to a number of different surgeries, adopting key principles around meaningful connection.

Both organisations have been gathering intelligence with people who are living with long term health conditions and/or are vulnerable to isolation and can feed this back to service providers to enable them to improve and better tailor services and social prescribing.

Reduced hospital admissions/delayed re-entry to the system through increased personal resilience, access to support and people feeling more in control of their wellbeing

Service users interviewed at Grapevine reported that they had accessed statutory services less since accessing the activities and being connected with

[19] https://brumnns.wordpress.com/2019/02/05/learning-from-leeds-asset-based-community-development-abcd-in-adult-social-care-health-and-neighbourhood-network-schemes/
[20] https://www.england.nhs.uk/2019/01/army-of-workers-to-support-family-doctors/

each other. Others stated that they were more likely to access appropriate services, due to increased awareness and confidence. This is positive, in that accessing appropriate services at an earlier stage may lead to a decreased need to access more acute services in future

An impact of the work done through the community navigator was a reduction in accessing health services. One participant reported accessing health services monthly following this intervention where they had been accessing weekly interventions previously.

Reduced social isolation through development of networks

A clinical stakeholder interviewed about the work felt that the Grapevine project's ability to create a deep understanding of people's needs meant that they were supported in a more meaningful way through connections with other people.

This approach also has a strong element of sustainability in the creation of peer support networks and activities where people take the lead.

Grapevine are using Kumu or Dandelion maps to illustrate the connectedness of individuals participating in the programme (see p22 for an example) which show the scale of the web of social interactions.

Moat House interviewees were very positive about their increased social networks:

> **"I've gained more friends and connections - it helps to bring people out of themselves".**
>
> **"Everything is great - trips, the people, the fact that we can think of our own projects"**
>
> **"The sense of belonging and that whatever I bring is appreciated".**
>
> **"Helps me to help others - so many people have helped me that I wanted to help other people."**

Increased customer satisfaction

The quality of the engagement appears high and 100% of all those questioned at Moat House and Grapevine would recommend it, and the majority (90%) had already done so. Soft data on satisfaction is also being collected and this is being fed back to GP services and others.

The skills of staff and volunteers have a significant impact on engaging and building resilience in communities. At Grapevine the coordinator had set up a project previously and is building on the learning and from building social capital through that project. A key finding from the interviews for both projects is that the lived experience of the staff contributed to the success of both the engagement and the activities.

> **"staff are able to relate to people and have an understanding of people's need because they have lived experience"**
>
> **Grapevine participant**

More widespread recognition of the skills base needed to engage and build resilience would be beneficial, as the perception in the statutory sector can be that these are not 'professional' qualifications. However, the community organising training, for example, has proved highly valuable in moving people from recipients of services to an increased level of agency and an ability to help themselves and others.

Connecting isolated and vulnerable people to activities to increase resilience

The numbers of people engaged in the activities for both projects are well on target, and we have found that further to this engagement, many participants are moving beyond passive engagement towards influencing and establishing their own activities based upon their interests.

100% of the interviewed participants in the Grapevine initiative reported greater agency, confidence and motivation for self-care and many have gone on to volunteer and provide care to others.

As natural networks disappear, there is evidence that a place-based approach works to engage all people, not just a targeted demographic. For example, Moat House has found through targeting the older generation they are also engaging with young people and families, finding it unhelpful to disconnect one group as all are interrelated. In this way the project engagement targets are being exceeded. This is further explored in the case studies which show that when a participant presents with a need, they often then disclose other issues that may have contributed to that need, enabling the community to address solutions to the root cause rather than the symptom.

> **"I think what is unique about the community anchor model is that it works both in and of its community / it generates its own income and brings in local**

residents and others to support the community, forging a sense of collective purpose and responsibility."

CCG

Long-term relationship building is also a key factor in the Grapevine model, with six of the nine people interviewed having been involved with the initiative through earlier involvement with the organisation or knowledge of other activities.

Both organisations are building on existing strengths and connections. Achievements of this programme are a result of a continuum of activity that requires key skills, resources and time to develop. This existing infrastructure constitutes an added value, therefore there is a risk if there is a gap in provision, this infrastructure will be eroded.

Grapevine have found through their work that "'o gain understanding of individual strengths depends upon a relational dynamic that builds over time, who is going to step up (to lead activities) at any one time changes, it's hard to map it as it depends on a number of other variables working together." CEO Grapevine

The approach adopted by both organisations means that services are able to be flexible and respond to emerging need. For example, older people in the Moat House neighbourhood were offered trips and events in the summer but really need them in the winter when they tend to feel more lonely. This knowledge has facilitated a shift in provision.

Where people have taken the lead in initiatives it has led to reporting greater wellbeing. Partly demonstrated by the quote below, from a Grapevine participant who feels inspired and enabled to lead projects that then lead to change.

"Feeling uplifted, inspired & full of encouragement after today's Collective Leadership Workshop, focusing on how we can create people-powered social movements & improve wellbeing for all within the city of *#Coventry* 😃🙌💙✨Thank you"[21]

What could be improved, issues and barriers

"The real win is to get attitude change in the public sector through mobilising community assets"

[2] Grapevine iBCF report September 2018

Workshop participant

With reduced capacity and resources in the statutory sector to take risks on different, sometimes unproven, ways of working requires a re-balancing of control and a genuine belief in better outcomes for service users. Moving from a dependency relationship to a partnership relationship is a cultural shift that require good relationships and trust built over a period of time and which have a mutual understanding of the solution.

Contracted services could be improved if seen as more of a negotiation, based on a shared understanding and shared risks. This also require a parity of esteem, that is community-based and clinical services should be treated in the same way. Toby Lowe from Collaborate talks about the need to become an 'eco-system engineer'. This requires a focus on relationships, unrestricted funding, workforce development and moving from monitoring to learning.

The iBCF evaluation framework developed as part of this commission aims to create a parity amongst the projects in their achievement of outcomes. One way to mitigate against the perceived risk of working across the different sectors is to highlight the quality assurance systems in place in community-based activity and for the statutory sector to understand and recognise the value of non-clinical skill sets and experience.

The challenge posed by the integration of community-led approaches and health interventions can be described using complexity theory. Community development is an iterative process based on interactions and a constant feedback loop. This uncertainty can prove challenging for a system designed to put together a **complicated** process with an understanding of what the output/outcome will be.

> **"The complexity of systems means it is difficult to plan to achieve all the changes we want to see, but a good starting point is to think about what can be done, and just do it, in an opportunistic way. It is not always appropriate to apply project management systems to a community."**
>
> **Interview with Grapevine and Moat House**

Learning from good practice elsewhere and sharing learning can be very beneficial; for example, the integrated health and social care services in Bradford and Bristol[22].

[22] http://www.bradfordcityccg.nhs.uk/news/what-is-integrated-care/ https://www.bristol.gov.uk/policies-plans-strategies/better-care

Participants in both the Grapevine and Moat House initiatives were keen to spread the word about the work being done, therefore further outreach, pop-ups and work with different types of groups may be beneficial using a mix of communication methods. That said, the target numbers engaged are on track to be achieved.

It's been shown that increased diversity can provide multiple benefits both in terms of addressing inequality and individual outcomes, and increasing community resilience. Analysis of Grapevine participants shows that they are not currently as diverse in terms of ethnic background as with their other initiatives. It is however important to note that there might be multiple reasons to explain this; including a cultural acceptance of long term health conditions, and how to/ willingness to access support.

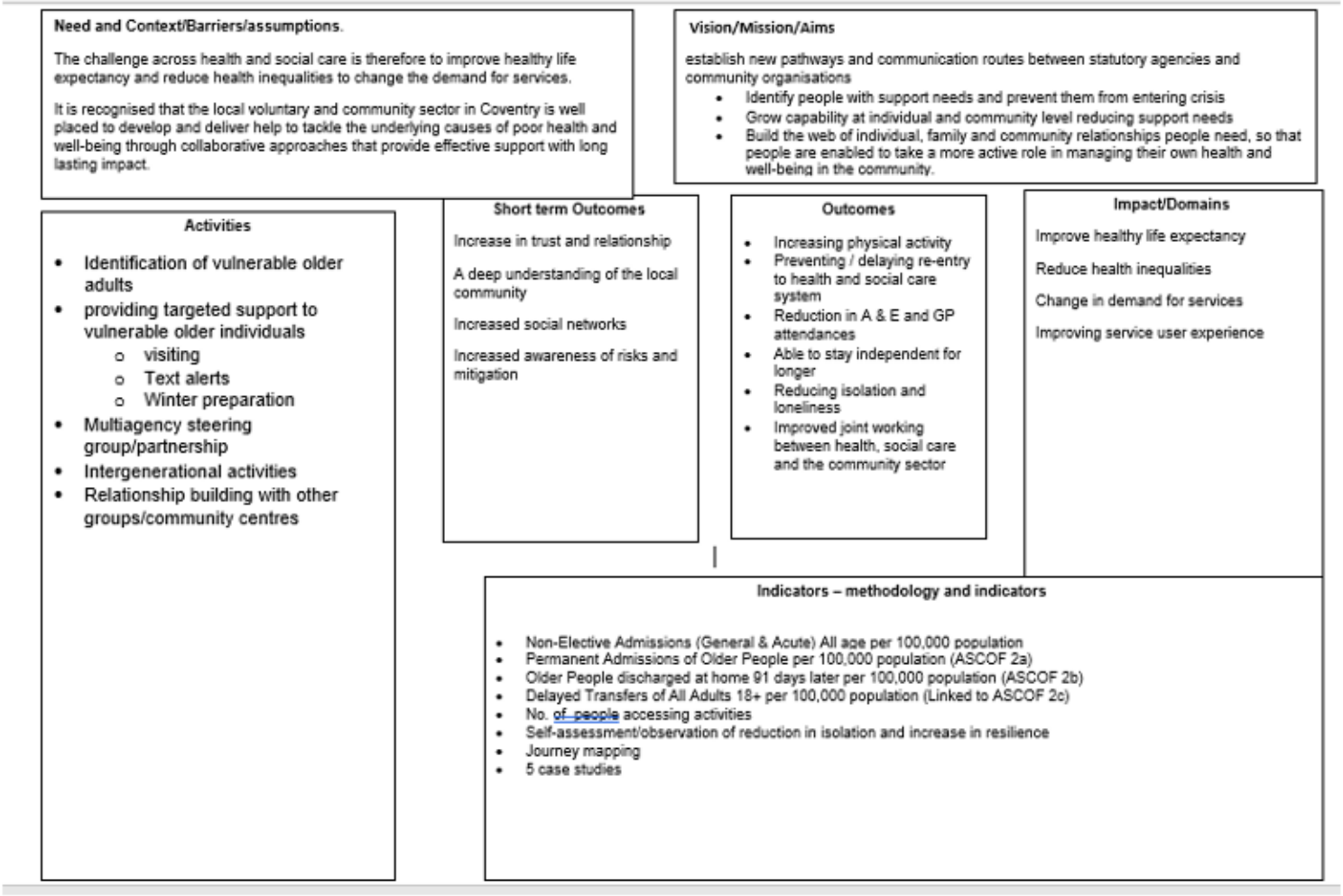
One stakeholder interviewed suggested an in-reach approach into communities (rather than a central location) may address this. It is worth noting that other Grapevine activities that are place-based attract a more ethnically diverse group of people.[23] One of the findings from this research was that Grapevine participants were mixed in respect to gender. This may be seen to be unusual because of the assumption women are more likely to access health support than men.

[23] Social movement work done in Stoke Aldemoor by Grapevine has built community resilience and leadership across different ethnic groups in the community.

Data Analysis and Case Studies

Moat House Community Trust

The Theory of Change helps to identify the relational aspect of this work.



The project aims to reach 320 vulnerable residents, who have support needs and to prevent them from entering crisis. To date 157 senior residents have been engaged, along with over 400 children.

Following a 'Cards on the table' event at Moat House two years ago, partnerships were developed and the community gained the confidence to trial new activities including food poverty (Fareshare and holiday hunger), Community Navigator (outreach & loneliness) and tackling anti-social behaviour (youth provision) which are now delivering multiple services to families.

Case studies

The below case studies demonstrate the impact of Moat House and their interventions on individuals, including through increasing their physical activity and reducing isolation and loneliness.

M – 68, recent widow and heart bypass

M, 68, recently lost her husband after two years of nursing him through cancer. Following his death, she became depressed and felt isolated and very lonely. She wasn't sleeping well and had a diminished appetite.

She came to Moat House through a chance meeting when she was voting at the polling station based at the community centre. She spoke about how lonely she was feeling and was invited to come to MHCT to join their 'healthy walks' on Tuesdays.

Getting out, walking in green spaces with fellow neighbours helped M in sleeping better. Often she would stay for tea and a chat after the walks, making friends with other residents. Encouraged by her new friends, she joined other clubs and outings, including an 'armchair exercise' class. Over 3 months, M's confidence and wellbeing improved, and she has taken on volunteering roles for MHCT, including a leading role in their summer event. M reports that her appetite has returned, and her energy levels have vastly improved. She now makes sure she goes out each day instead of staying in the house.

J and C, elderly couple in 70s. J has bad mobility and C has dementia.

J and C are in their 70s; J has mobility issues and is a wheelchair user and C has dementia. They act as one another's carers. Their sons live far away and do not visit frequently; they had been increasingly isolated and housebound. They did not have many friendships in the area and felt vulnerable. Inactivity was causing J's mobility to become worse.

J joined MHCT to take part in 'armchair exercise' classes. After 6 months, he no longer arrives to classes in a wheelchair, and reports being much more flexible and active. J and C both attend the centre for coffee, chatting with new friends, and have attended one of the day trips, on a canal boat. C has taken up baking again, with support from J, and they will often share their baking with their new friends at MHCT. Despite living in the area for many years, this is the first time they have felt part of the community.

C's dementia is progressing rapidly, and J is under strain to manage his own health and care for C. They both hold strong religious beliefs which restrict their engagement with health services.

However, through their relationships at MHCT, they have a new support network. The staff now have their mobile numbers, and their new friends will notice when they are not there and check up on how they are. Staff have also attended meetings with other local agencies and public services – to advocate with them and support them to navigate services.

The interviews Locality carried out with project participants demonstrated outcomes across the range of stated aims in the theory of change, and in the project documentation. These findings are presented thematically under the headings below. In addition to the formal outcomes, we have included increased agency and capacity for leadership, which was emerging from the conversations. Some of the comments could map across several outcomes, as the case studies show, so these examples are illustrative only.

In particular, the data does indicate a growing capability at individual and community level, reducing support needs and increasing resilience. Our research also shows that building the web of individual, family and community relationships

to enable people to take more responsibility is also taking place and is valued by the participants.

Quality of service

Participants valued the skills, time and approach that staff and volunteers brought to their work. The inclusivity of the environment, and the types of activities, alongside the opportunity to shape these was appreciated by those we interviewed.

> **"Excellent - they really listen to people here. The people here are always happy. They provide a service that no one else provides. I like the opportunity to give something back."**
>
> **"I lost my husband so felt very down. I was expecting some things for me to do but not the amazing support I've had. It's felt like a new family for me - like a second home. Everyone makes you feel so welcome."**
>
> **"I don't know what I'd do without them. It's really accessible. They really welcomed me with open arms and they call me when I'm not there - which is really nice. The trips and Tea and Talk sessions have been the best. Feels a great place - not intimidating in any way. Everyone talks to you. All ages and parts of the community there."**
>
> **"Everything is great - trips, the people, the fact that we can think of our own projects. It's evolving - there's an open dialogue about how to improve things."**

Reduced access to formal medical care

This is one of the measures that would benefit from a longer timeframe to evaluate fully, but early results are encouraging. There are multiple stories that the initiative has provided a lifeline and a way back into the community.

> **"I rely less on medication. I had a hard life but now it's easier. I have more confidence to go out on my own (felt difficult without husband). I used to access medical services weekly, now I go monthly."**

"I've gained mental stimulation and stability – I was on a very rocky road"

Reduction in social isolation

All participants we interviewed reported increased connection, and feeling less isolated. This shows that MHCT are identifying those who might otherwise be lonely, and vulnerable within their community and are successfully connecting them to others. A number of participants were pleased to have follow up calls if they did not turn up to an event, for example, or have themselves initiated checking up on others in the neighbourhood.

"I've made long term friends here, and I'm more in the know"

"I've gained more friends and connections – it helps to bring people out of themselves. I like working with young people especially."

"2-3 years after retiring (working as a housing officer) – I was becoming a recluse, needed something. Enticed by the trips. It gives me a daily routine and I've opened up to new things."

Increased Agency, capacity for leadership

At least three of the participants interviewed had initiated activities of their own or started volunteering elsewhere as a response to their engagement.

"I used to be very shy – but now I'm vocal in meetings. I'm doing a canal history project"

"Came to a residents meeting about young people causing problems – got more involved from there. Getting my husband involved was a real moment"

"Got me more involved in my church's community work"

Increased physical activity

The activities on offer have led to increased levels of physical activity, and MHCT has taken over the healthy walks provision from a previously PHE funded project which has enabled them to enhance their existing provision.

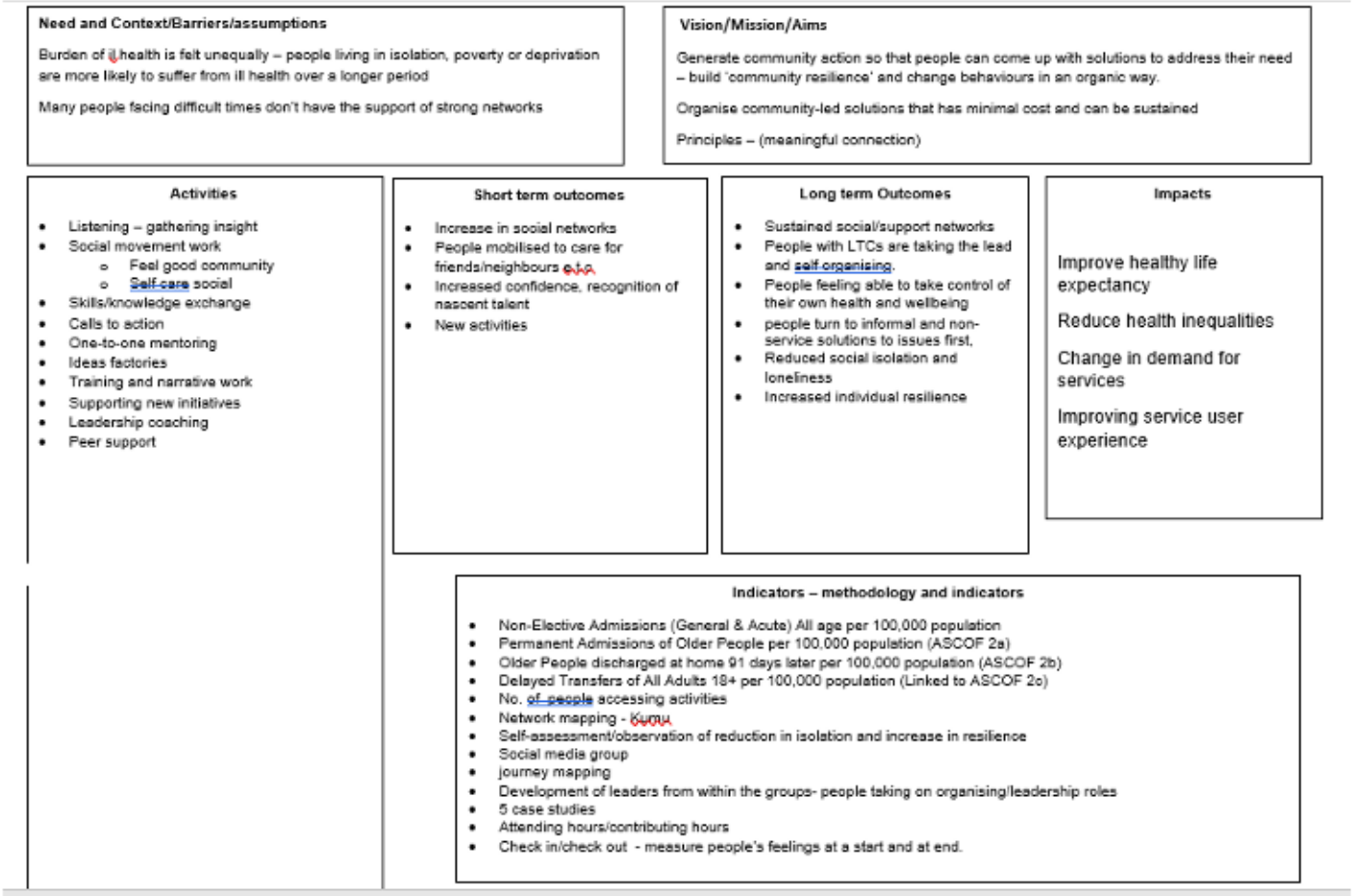
"Armchair exercise, healthy walks, trips, events. Love the social side more than the activity. It gets me out of the house (or the bed) – especially in the winter, and I help design new activities."

"I do more exercise – feel a bit more confident"

Overall the project is showing results at this early stage against their stated aims and is having enhanced impacts around lifestyle behaviours and personal agency. The value of their approach is being demonstrated by the data we have gathered and by research within our literature review, and the benefits of the navigator role in forming trusted connections are clear.

Grapevine

Final Theory of Change



Outputs

269 participants were engaged up to December 2018 with a further 67 attendees in 2019 to date. The overall target for the initiative is 500 so these are encouraging early results. The team have also logged over 1000 hours contributed so far.

Overall our interviews and workshops demonstrated that the Grapevine approach is working to generate community action so people can come up with their own solutions and address needs. Examples of individuals establishing new behaviours, and building resilience were found and are detailed below in the case studies. The key principle of meaningful connection runs through their interventions and the skills of the staff and volunteers are valued by participants.

One issue that Grapevine have learnt is that people sometimes do not present with what they see as a long-term health condition (LTHC). Instead, discussions

about conditions and symptoms at the first Self Care Social helped to open up the conversations. People understand the term chronic or invisible illness better. Also, people often initially engage better with prompts to think about health and wellbeing more broadly.[24]

"In 1-1s when we ask people about if they know anyone with a LTHC they often stumble, when we break it down into conditions they are able to relate to, such as poor mental health, diabetes, or high blood pressure." CEO Grapevine

There are also positive indications that Grapevine are influencing improved services and systems change through partnership working:

> **"Grapevine and health services are working together and engaged locally through the recognition that people with a LTC, social isolation, loneliness are frequent users of primary care to provide social and emotional support, as well as physical reviews and diagnostic services.**
>
> **"Any person with a long term condition will require much more support than 2 or 3 ten minute GP or nurse appointments per year, and with growing demand on primary care services, and the need to develop the persons self-management skills, Grapevine provides a wide range of opportunities for our residents to improve their mental health and physical wellbeing.**
>
> **"By recognising the value Grapevine can bring, we are developing closer links between GP networks and Grapevine activities, to bring services right to the heart of our communities, identifying where need is greatest, and listening to those who are engaged with Grapevine to shape and influence what is provided."**
>
> **Diabetes Transformation Education Lead.**

[24] https://www.facebook.com/SelfCareSocial/videos/533829357038006/ https://www.facebook.com/SelfCareSocial/videos/1838631186221280/

Grapevine

The following case studies show the impact that Grapevine is having on individuals, including in supporting people to take the lead and self-organise, reducing feelings of loneliness and social isolation, and increasing individual resilience.

Experience from participant in the project

Taking part in the programme at Grapevine has increased their social contact with other people and increased their feelings of a positive outlook, as well as supporting them to be more knowledgeable to make choices about her own health.

Prior to their involvement in the programme, they experienced feelings of shame, isolation and sense of failure associated with having a long-term condition. Their engagement with the programme has had a motivating and mobilising effect. It has also opened up new opportunities for other social activities, hobbies, and new friendships.

On their experience and understanding of self-care since the programme:

> **"The concept of self-care hadn't been on my radar. But it is on the forefront of my mind now. Now feels achievable and collectively has an impact…You deserve care, don't wait for that care to be from someone else.**
>
> **I've had a light bulb moment, but I know it's not an instinctive behaviour and want to develop this as something more natural. Prioritise myself more [take] small steps to put myself first. And talk to people about self-care, introducing the concept of self-care to someone else and I feel very confident to do that. Feels like a natural part of a conversation – a tool in my life that I can share with other people too."**

Case Study, Grapevine

E is in his 60s and recovering from a stroke in 2005. His brain injuries have impacted his speech and mobility, and he has experienced feelings of isolation, despondency and suicidal thoughts. He had gone back to college to do basic English and Maths and had started volunteering at a local centre, however he also struggled with fatigue and a sense of lack of purpose from not being able to be employed anymore.

Since being involved with the Grapevine project he has experienced an increased sense of purpose, and has valued the social interaction with others and the mutual encouragement. His contribution has been through art classes, and he will sometimes go out for meals with other people too:

"It helps me to help others. So many people have helped me that I wanted to help other people."

E reports that since joining the programme he accesses health services less frequently (from weekly to monthly). It has increased his knowledge about the choices available to him and his access to services in the community; he feels more independent and has a more positive outlook.

GL has been attending the Collective Leaders sessions.

"I have become a Self-Care Champion. This would not have been possible without the encouragement, help, support and patience that you have both [Grapevine staff]invested in me. Thank you.

Prior to the first Innovation factory I attended in 2016, I would not have believed this would have been possible for someone like me. I was so out of my depth and comfort zone on the first course and I struggled so much, but as I have repeatedly said to anyone who will listen, it really did change my thinking.

Since you both involved me in last year's Self-Care week, I have found a way to incorporate everything I have learnt from Grapevine into my Lymphoedema support group and I am slowly adding the same principles to my website."

Quality of service

Feedback from service user interviews asked about what they enjoyed about the service illustrates the impact that the Grapevine ways of working are having on the participants in this initiative. They value the strengths-based approach and space for creativity within the activities.

> **"Space for ideas and creativity – human."**
>
> **"Sense of belonging – whatever I bring is appreciated."**
>
> **"A lot of different thinking - notice a lot more now about what I can do. Even with big problems you feel like you can do something about it."**

Reduction in social isolation

> **"I became isolated when I retired but now I have a massive network of friends. I now feel able to use my skills and knowledge to help others."**

Kumu or dandelion maps are used to demonstrate the increase in social engagement by participants. This is a relationships map that can be viewed differently by everyone, not just the creator. It demonstrates the power of relationships, as well as giving options to be able to see how different people have moved between different activities, which includes ones they have started themselves. The viewer can 'cluster' the dots (people or activities) based on what they would like to see. Cluster options include 'self/family/carer/work' (which is how the individual identifies with LTC) or 'tags' which is the activities they have attended.

An example of a map appears below.

Increased Agency, capacity for leadership

Grapevine's approach challenges traditional power relationships within communities and, as a consequence, people attending activities are supported with a platform to take on the operation and decision-making of the work. The interviews undertaken show the level of meaningful connections made as well as individual agency and resilience developed.

Grapevine has developed unique indicators that highlight the increase in someone's social network as a result of participation and demonstrate the increased leadership of participants[25] and thus their increased agency.

> **"Helps me to help others – so many people have helped me that I wanted to help other people. Gained a sense of purpose - social interaction with other people and encouragement."**
>
> **"Got some ideas of my own want to tell my own stories. Collective leadership meeting was 4 hours and I felt energised and activated as a result."**
>
> **"This takes you out of clinical service – taps into something you didn't know you had e.g. storytelling. Makes you realise that there's more to you than your illness."**

Participants have also accessed volunteer and paid employment through this intervention and set up new projects:

"I'm taking forward a project about the history of disability. Making new friends. Experiencing a non-traditional type of service."

Increased physical activity

Through engagement with swimming sessions, mindfulness and happiness walks, and attending craft and other sessions, participants have increased their physical activity while accessing the social side of the interventions.

[25] The shift from participating hours to contribution hours shows the shift in people's leadership.

Reduced access to formal medical care

Participants reported increased confidence whilst accessing health care, and a reduced need to access it:

> **"I'm less likely to access health and social care services as my mental health is in a better position. Because of the authentic approach if I was having a bad day, I could just say it and then feel better about it. Don't have to put a mask on and will be isolated.**

> **"Removing the shame about poor health and isolation – paid people who have health condition means you are not a failure. Representing that you are a well-rounded successful person. Very motivating and mobilising."**

Conclusion

Both approaches show a significant impact on addressing loneliness and social isolation, a deep understanding of communities, an ability to simplify and integrate multiple services and systems and act as a catalyst and platform to develop networks and leadership within communities.

Furthermore this proof of concept identifies key components that both projects demonstrate in relation to mobilising community assets, re-orienting formal service to produce better health and wellbeing outcomes for communities. These are:

Established and trusted infrastructure. The results gained are building on work and relationships developed over time. It is important that this is valued, and not put at risk as a gap in services could impact detrimentally on service users and is hard to fill later.

The skill sets and experience of the staff are critical in shaping the activities, mobilising and supporting people. They are key to the outcomes achieved and well qualified but are often not seen as 'professional' by statutory sector. There needs to be a recognition that without this workforce the most vulnerable people may not get the support they need in a timely way and therefore their health and support needs may escalate.

There is a skill and structure to **building relationships in a way that creates meaningful connections, trust and a deep understanding of the community** that enables the development of sustainable networks. The theory behind this methodology is evidence based and should be recognised and adopted where possible. Investment needs to support creating the conditions for this as well as the activities themselves.

A holistic and asset-based approach: Grapevine do not use standard GP definitions of 'long term illness' instead anyone who self identifies as having a long-term health condition is welcome to attend the self-care socials. The people who attend are treated as "more than your illness" and supported to discover nascent skills and talents. The approach is also used at Moat House who support all of the needs a person presents with as well as supporting them to take the lead in addressing their own challenges or supporting others with theirs.

The community-led approach links to the core system behaviours observed by Lankelly Chase[26] where people are facing multiple disadvantage and exercise power, perspective and participation. Where people view themselves as part of an interconnected whole, are viewed as resourceful, bringing strengths and

[26] https://lankellychase.org.uk/our-approach/system-behaviours/

sharing a common vision, this perspective helps to create and build effective systems.

Equality of power, devolved decision-making and mutual accountability, where people take responsibility for their own change, form part of the conditions for effectiveness, as do open and trusting relationships, and valuing leadership in those experiencing interlocking disadvantages. Lankelly Chase argue that feedback and collective learning drive adaptation, so people can see a learning loop between the actions they take, and their understanding of problem they are trying to solve, so that each is being continually refined and adapted.

Added Value: the approach taken by the two projects goes beyond the two outcomes tested through this proof of concept. Both projects demonstrate an approach to creating better health outcomes for people including generating economic and social value through volunteering, getting people (often long term unemployed) into jobs or creating new products and services.

The fact that the two organisations have invested over the long-term in building skills and relationships mean they are often able to reduce the time it takes to achieve outcomes. This investment is not factored into any evaluation process but is a key factor in the projects' success.

There are substantial health and wellbeing outcomes that are generated through building community, including through increased community connections, social capital[27], and sense of power and self-efficacy. An independent review of a Patient Empowerment Programme (PEP) facilitated by Locality member BARCA Leeds, for example, states 'responses indicate positive change in levels of self-efficacy to self-manage their long term conditions, in this sample, depression. Review data shows a 16-18% increase in those very or totally confident in each of the five questions asked. Support provided by PEP is enabling participants to consider routines, coping strategies and activities to help themselves on a day to day basis.'[28]

The financial costs are relatively low in both cases, and whilst it is too early to conduct a cost benefit analysis, based on the trends and other evidence and evaluations such as this one from the What Works Centre for Wellbeing[29] that if the projects continue to perform, positive economic returns on the initial investment may be realised.

[27] Social capital broadly refers to those factors of effectively functioning social groups that include such things as interpersonal relationships, a shared sense of identity, a shared understanding, shared norms, shared values, trust, cooperation, and reciprocity.
[28] Leeds West CCG Review Patient Empowerment Programme, BARCA Leeds (2014-5 data)
[29] https://whatworkswellbeing.org/product/a-guide-to-wellbeing-economic-evaluation/

Co-location provides opportunities for statutory service workers to observe and relate to their clients in informal settings helping them to form more insightful views of the individuals being helped. However, a formal mechanism to feed back may be a further opportunity to capture learning about what works. As was pointed out in the project interviews there is "no current mechanism to influence the system".

Experiential learning is important to change the culture of formal services. There is an opportunity for this to happen through social work and clinical training as well as an opportunity to recruit people with lived experience in to health professions. This has shown to shift the culture within formal services in Hull where a community-led doula project led to the recruitment of volunteer doulas to midwifery courses.[59]

Our findings are that both community initiatives are delivering services that are needed within their localities and co-designed with the people they are serving. Building on trusted relationships, referrals and word of mouth the initiatives are reaching new participants weekly and are likely to achieve or exceed their engagement targets.

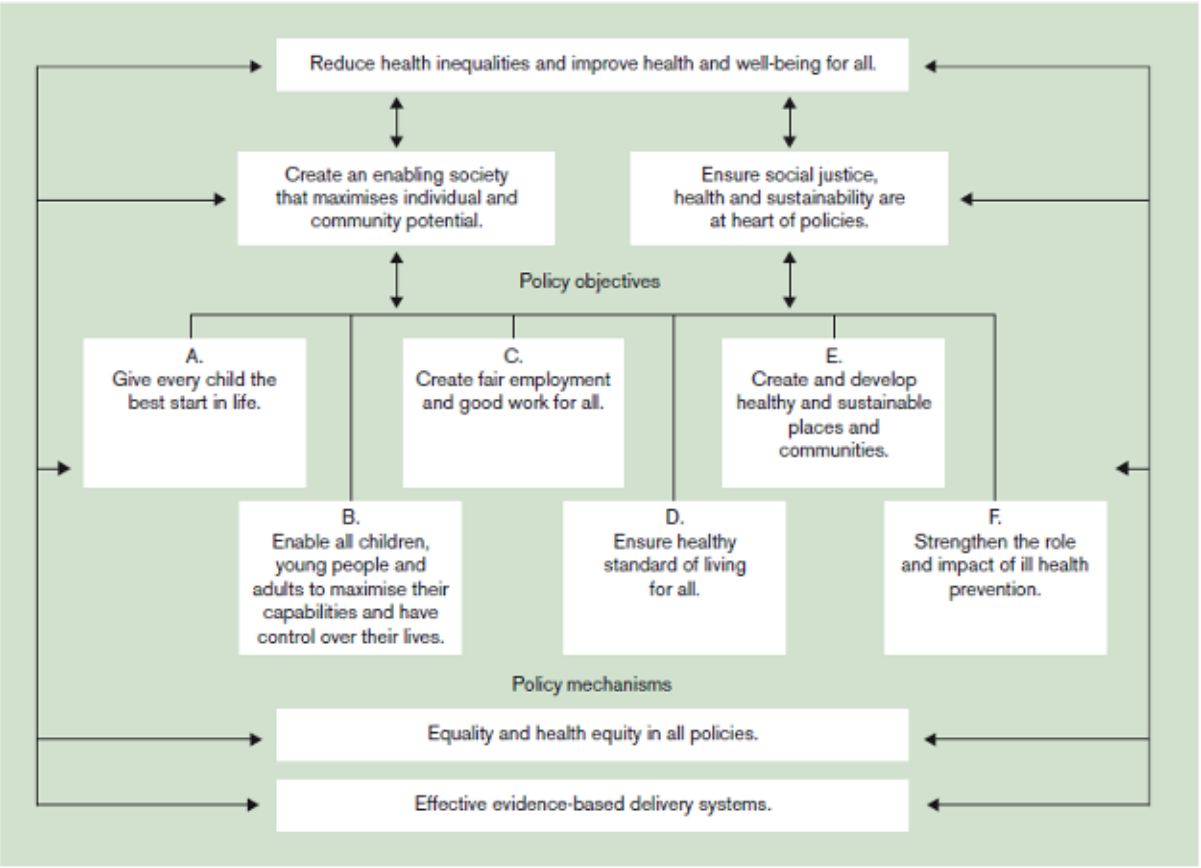
We have used a number of examples and case studies from those impacted by this work, and this body of evidence can be built upon through use of the evaluation framework and related back to the Theory of Change for each organisation. Both approaches allow space for creativity and innovation which can add further value to the interventions.

[59] https://goodwintrust.org/doula-project-breast-feeding/

Appendix

The Marmot Review provides a key source of evidence on health inequalities and addressing the wider social determinants of health such as education, employment, gender, race and the environment. We revisited this evidence as part of the proof of concept and its conceptual framework is included for reference below.

Figure 4 The Conceptual framework



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