



To: Coventry Health and Wellbeing Board

Date: 8th July, 2019

From: Valerie de Souza

Title: Community projects proof of concept evaluations

1 Purpose

- 1.1 This paper will update on two projects co-funded by Better Care Fund (BCF) and Public Health-Insight (PH-I) and being delivered by two community organisations in Coventry.

2 Recommendations

- 2.1 That the Health and Wellbeing Board endorse the work and the findings so far and support the development of a systemwide approach to mobilising community assets to improve health and wellbeing and reduce demand
- 2.2 That individual board members consider their organisation's current relationship with the community and voluntary sector and how this might become more collaborative to unlock the support required to meaningfully embed prevention at scale

3 Information/Background

- 3.1 Since 2017 two community organisations (Moathouse Community Trust and Grapevine) have been funded to work with individuals in a non-programmatic way with the aim of learning what works to mobilise community assets, re-orientate formal services to work as a whole system, and boost prevention to produce better health and wellbeing outcomes for communities.
- 3.2 The work takes place in the context of the Upscaling Prevention Programme the vision of which is to "galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the health and wellbeing system". This will be achieved partly by taking a place-based approach to systems change, creating and fostering the conditions necessary to support a system wide uplift in prevention.
- 3.3 The two projects are being funded through a combination of BCF and PH-I funding:

- 3.3.1 Grapevine Community Capacity and Resilience project seeks to take practical steps to strengthen community-based action focussing on prevention and building stronger, self-sufficient communities. The project aims to ensure that those who are vulnerable to ill-health or health inequalities are better supported to develop resilience and reduce the need for crisis-level services. This project is wholly funded through the BCF programme and has received a total of £37,500 per year, with funding committed until March 2020. Approximately two hundred individuals a year have been reached through Grapevine activity through this project, all of whom either have long term health conditions or care for those with long term health conditions.
- 3.3.2 Moathouse Community Development Trust-Community Navigator aims to develop a deep understanding of the local environment and community in order to gather intelligence and build connections from the ground up. It aims to proactively reach out to vulnerable older people and identify system failures and opportunities to support positive outcomes for individuals. This project received £6,000 from BCF in 17/18, £18,000 from BCF and £18,000 from PH-I in 18/19 and £18,000 from BCF and £4,000 from PH-Insight has been committed for 19/20. To date support has been provided to 180 senior, vulnerable community residents (the cohort which the project focussed on) but by providing holistic, whole-family support to these individuals, Moathouse have also engaged with over 600 children.
- 3.4 Evaluation has shown that the community approaches taken by Grapevine and Moat House Community Trust are contributing to the following deliverables of the BCF programme, however measuring the scale of this contribution is challenging:
- 3.4.1 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.
- 3.4.2 Reduced hospital admissions and prevention or delay of 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
- 3.4.3 Reduced social isolation of people through the development of supportive networks
- 3.4.4 Connecting isolated and vulnerable individuals to activities that will increase their resilience
- 3.4.5 Improved quality and patient/service user satisfaction
- 3.5 Key components that both projects demonstrate are needed to mobilise community assets and re-orientate formal services to produce better health and wellbeing outcomes for communities include:
- 3.5.1 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 once it is lost.
- 3.5.2 The skill set and experience of 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 the 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.

- 3.5.3 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. Investment needs to support creating the conditions for this as well as the activities themselves.
- 3.5.4 A holistic and asset-based approach: Grapevine do not use standard 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.
- 3.5.5 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
- 3.6 Added Value: the approach taken by the two projects goes beyond the outcomes tested. Both projects demonstrate an approach to creating better health outcomes for people which includes 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 means 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, and sense of power and self-efficacy.

4 Recommended Proposal

The full complete independent evaluation is included as an appendix to this report. It is recommended that H+WBB endorses and commits to building on these findings to develop a collaborative relationship with community and voluntary sector organisations so that the whole system can achieve improved health and wellbeing, decrease demand and reduce health inequalities.

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Appendices



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