Coalition for Personalised Care

Understanding and aligning link worker and community capacity building activity: A place-based approach in York and Wakefield

Summary of Learning and Recommendations

Coalition for Personalised Care

Understanding and aligning link worker and community capacity building activity: a place-based approach in York and Wakefield

Summary of Learning and recommendations

Introduction

Universal Personalised Care[1] is a vision and strategy for making personalised care business as usual for health services in England. It was developed by NHS England and NHS Improvement's Personalised Care Group.

"Personalised care means people have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths, needs and preferences. This happens within a system that supports people to stay well for longer and makes the most of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences. This is one of the five major, practical changes to the NHS service model in the NHS Long Term Plan[2]. It recognises that personalised care is central to a new service model for the NHS, including working through primary care networks, in which people have more options, better support, and properly joined-up care at the right time in the optimal care setting.

This shift represents a new relationship between people, professionals and the health and care system. It provides a positive change in power and decision making that enables people to feel informed, have a voice, be heard and be connected to each other and their communities."

[1] Universal Personalised Care Implementing the Comprehensive Model

[2] NHS Long Term Plan

Universal Personalised Care (UPC) includes a focus on the role of social prescribing link-workers and their interrelationship with wider community capacity. As a key stakeholder body for the Personalised Care Group, the Coalition for Personalised Care (C4PC), was keen to support the delivery of the Universal Personalised Care Strategy. The C4PC partnership has a high level of diversity and reach and includes many people with lived experience. Partners were aware of the many different organisations employing link workers or involved in community capacity-building activity in areas where they were working. They felt that a piece of work that was place-based and explored ways to understand and align link worker and community capacity-building activity would be helpful to the delivery of social prescribing in line with UPC. C4PC was engaged to explore how social prescribing, the role of link workers and Voluntary and Community assets, worked together at place level.C4PC agreed a work programme, to be delivered in two places in the north of England.

This work began in January 2020 and prior to the Covid-19 Pandemic. There was an inevitable pause in the work as the focus of all areas turned to managing and mitigating the impact of the pandemic in their area. The vital role of communities, the value of the voluntary sector and the importance of the work of social prescribing and other link workers in supporting people at this time, became a dominant theme of this period of the pandemic and their experiences enriched the learning from the C4PC programme of work. Work began again on the work programme in September 2020 and was completed in early January 2021.

This report summarises the findings of this work programme and the practical recommendations to help Integrated Care Systems (ICS) better align social prescribing and other link worker activity and organisations involved in community strengthening activity. This alignment will help make best use of scarce resource, add value to the work of the different organisations involved and help health and other partners understand where investment may be best deployed. The overall aim is to strengthen the role of social prescribing link workers, the VCSE, and wider community support for improved health and wellbeing of populations.

Background

The Coalition for Personalised Care (C4PC) is a national strategic partnership working to further personalised care for all. It brings together health improvement bodies, royal colleges, think tanks, health organisations, VCSE organisations with a health focus and people living with long term health conditions to help ensure that people using health services receive personalised care.

C4PC has established subgroups to deliver a number of work streams, one of which focuses on communities and social prescribing and was the automatic choice to oversee the delivery of the work programme.[3] The sub-group used a transparent process to select four C4CP partner organisations with the right experience and skill sets to collaborate on the work programme and report. Community Catalysts, the National Association of Link Workers (NALW), the New NHS Alliance (now the Health Creation Alliance (THCA)) and Social Care Institute for Excellence (SCIE).

Approach

This work was coordinated by Community Catalysts and took place in two areas: York, and Wakefield. These places were selected because they supported a range of link worker activity including social prescribing link workers and had strategies to align their work as well as clear strategies for building the capacity and resilience of their communities. The lead for York was Joe Micheli, Head of Commissioning (Early Intervention, Prevention & Community Development) for York City Council. The lead for Wakefield was their Director of Public Health, Anna Hartley. The two councils welcomed this opportunity to share learning about what works really well in this space in their areas and to reflect on and explore ways to work even more effectively.

Community Catalysts worked with the two areas to identify and engage people who could help ensure that this work programme would be successful. It is a tribute to the two leaders that the kick-off meetings, which took place in early March and so at a time when Covid19 was beginning to be of major concern, were well attended with enthusiastic and engaged representatives from a very wide range of sectors.

All four partners and the York and Wakefield leads worked co-productively on the work programme to agree the following approach:

[3] See Appendix A for a list of members of the sub-group

1. Understanding the Landscape

a. Building on the knowledge in the kick-off meetings and working through community networks to understand and map the different link worker approaches and community strengthening activity already in place to support local people and communities. This included people who require more frequent use of acute health services.

b. Determining and understanding the connections, operating approaches and ways of working

c. Identifying duplications and gaps

d. Finding examples of great practice

e. Producing base line information for the other three delivery partners

Led by: Community Catalysts

2. Understanding and aligning link worker activity

a. Engage with community link workers identified through the scoping exercise in each area, including primary care network link workers, High Intensity User link-workers, Practice Health Champions, housing and police 'connectors' and Local Area Coordinators.

b. Bring link workers together to explore how they can and do collaborate and complement each other's' work, for the benefit of people needing the right kind of (non-clinical) help to live their lives.

c. Agree ways to reduce confusion and help ensure effective deployment of link-workers, including shared narratives.

Led by: National Association of Link Workers

3. Identifying 'what works' in effective strength-based support for people and communities (THCA)

a. Engage with organisations and groups involved in community capacity building identified by the scoping exercise in each area.

b. Build on the work of NALW to engage link workers in each area.

c. Bring together community capacity building organisations and groups with link-workers in each area to extract principles of effective strength-based support for people and communities.

d. Test principles against real life scenarios, drawing on experience of key leaders, local and national partners.

Led by: The Health Creation Alliance

4. Exploring alignment of community strengthening activity and investment by health (SCIE)

a. Engage with local leads and community capacity building organisations identified through the scoping exercise in each area to understand the factors that encourage alignment of current community-strengthening activity.

b. Bring local leads and community capacity building organisations in each area together to explore barriers and enablers to alignment further and to agree on sensible and practical measures that will enable communities to better support people in those areas, including people making frequent use of acute health services.

c. Use the findings and evidence to identify ways to encourage better alignment of current community-capacity building activity, to identify gaps and support investment decisions in sensible and practical measures that will enable communities to better support people.

Led by: The Social Care Institute for Excellence

5. Exploring how impact is captured and measured

a. With local leaders and community capacity building organisations, explore and identify existing validated measures, particularly local measures that measure the impact of community-capacity building activity on the strength and resilience of communities and the wellbeing of individuals, including people who make frequent use of acute services.

Led by: The Social Care Institute for Excellence

Key Findings and Learning

Understanding and aligning link worker activity

The scoping exercise identified a range of organisations across a number of sectors delivering link worker and connector activity in both York and Wakefield. York in particular was able to bring together link workers from a very wide range of sectors, including the police and housing as well as social care and health.

There were common findings from the engagement work with link workers and local leads in York and Wakefield, which were that:

a. The different models in operation were broadly complementary, supporting different groups in different ways and together supporting people with a very wide range of needs.

> *"The different models may capture people who are not visible to other services e.g., people who do not attend GPs are more likely to access support from a community-based link-worker and vice versa"*[4]

b. Working in partnership, allowed a more holistic and targeted approach that delivered better outcomes for people.

> *"People have complex live, complex problems and require multifaceted solutions and interventions. Sometimes it takes more than one individual or model to provide a full solution"*[5]

c. The strong values-driven leadership evident in both areas was vital in enabling collaborative working among link workers in different sectors.

The engagement work identified common barriers to collaborative working, such as:

d. Lack of clarity and information where a number of organisations offer support under the heading of social prescribing but offer different services to different client groups This leads to confusion for link workers and for people making referrals as well as clients.[6]

[4] Appendix C1 report on engagement work in Wakefield
[5] Appendix C2 Report on engagement work in York
[6] Appendix C1 Report on engagement work in Wakefield

e. The different tools and systems used by the different organisations employing link workers, for example different electronic systems and different assessment tools.[7]

In addition to strong leadership, there were other enablers identified that helped support collaborative working.

f. A Directory of Link Workers as practitioners were concerned that they were not aware of all the organisations supporting link worker activity locally.

g. A Practitioners Forum that meets regularly and brings together link workers across the sectors to share learning and explore opportunities for collaboration.

Finally, practitioners reflected on more general barriers and enablers to effective working. Their main area of concern was that:

h. Community groups and individuals often lack the resource to respond to the needs of the people being referred or introduced. Small, devolved budgets can be useful in enabling link workers to support community activity to fill gaps.[8]

Identifying 'what works' in effective strength-based support for people and communities[9]

The scoping exercise identified a range of organisations across a number of sectors delivering community capacity-building activity in both York and Wakefield. These organisations included community providers, VCSE anchor organisations, statutory bodies, grass-roots community groups, commissioners, activity leaders, link workers and other community representatives. The work took place during the Covid19 pandemic and so activity was virtual. After individual engagement, representatives were brought together into facilitated 'deep dive' workshops into community strengthening activity in each area. The workshops considered:

- 'What works' in community strengthening and
- Ways in which systems might need to change to support community strengthening.

[7] Appendix C1 Report in engagement work in Wakefield
[8] Appendix C2 Report on engagement work in York
[9] Appendix D Digging deeper, going further: creating health in communities

What works in community strengthening?

a. There was a common understanding in both areas that to become well and stay well, people and communities need four things:

- Opportunities to connect with each other and ourselves.

> *"This means being connected to other people in ways that feel natural and also being connected to the things that we love and, in fact, to ourselves ..... Connecting people and enabling communities to self-organise is the principal skill in community development and community strengthening."*

- Space – physical, emotional and systems space

> *"Physical spaces where people can meet and feel comfortable to share experiences and stories; emotional space to reflect and work things through, often on their own. Individuals and communities also need 'systems space' so that the system doesn't tell them what to do but enables them to find their own solution."*

- Opportunities to employ and enjoy their skills, talents and passions.

> *"This is how people connect with themselves and others. It is how they build confidence and develop purpose in their lives."*

- To take control over their lives and the places where they live.

> *"Taking control so that communities drive local agendas, influence services and create positive futures for residents and communities; the role of professionals is to share power and work with them as equal partners."*

b. Professionals have an important role in supporting communities and individuals to become and stay well. Those present at the workshops agreed a set of tangible actions, along with a focus on culture to support professionals to get this right. These include:

- Find out what matters to people locally. Listen to what the community wants (not what you think they want).

- Look for the connectors within communities – the people who get things done.

- Work with people on an equal basis

- Understand how the community functions. Identify and engage with key community networks. They are talented, resourceful, and embedded in the place.

- Develop community leaders. Spot talent in local people. Talent-spotting is a way to build people's confidence to act.

- Identify people that are ready to take on community leadership roles and help them to take the next step.

- Use meeting places where people are comfortable.

> *"A Community Dog Café started with an individual struggling with mental ill-health and alcohol issues. He connected to community through love for his dog and a shared interest with others and helped set up this new initiative in York: a shared common interest. They were in control so that meant it worked!"*

> *"'Makey Wakey' - using empty retail outlets in a local shopping centre - Is led by The Art House. People came in because they saw something they connected with - words and paintings about Covid19. For many these were things they felt but couldn't express themselves."*

How might systems need to change to enable individual and community wellbeing?

There was common agreement that systems needed to:

a. Invest in connection at both the community and the system level – to enable community strengthening and efficient, coherent, integrated systems. Community strengthening work needs to be resourced to be effective.

b. Support emerging informal groups and networks by enabling staff through training and support to work effectively with local people in their community.

c. Focus resources onto what works.

> *"Community strengthening work doesn't just happen. While it needs to be widely understood and elements of it practiced by everyone, there is also a need for dedicated resources to do it well."*

d. Commission community-based models of healthcare. Workshops identified some key actions that supported effective commissioning.

   These included:

   - Ensuring NHS procurement processes encourage collaborative design with communities.
   - Encouraging collaborative commissioning between commissioners across health and social care.
   - Incentivising sharing and employment of ideas and skills by, for example funding coalitions where partners working together are bigger than the sum or their parts.
   - Offering match-funding to get behind community-led projects: NHS resources can 'make more' of community-secured funds from for example the National Lottery.
   - Building the confidence of commissioners to commission new things.
   - Trusting community groups with larger sums of money, once you are confident that they handle small sums well.

Tensions and gaps between community and health social care systems can get in the way of community development. York and Wakefield have worked differently but effectively to try to bridge those gaps. More detail of the ways in which York and Wakefield worked to bridge those gaps can be found in be found in Appendix D.

Exploring alignment of community strengthening activity and health investment

This strand of the work programme focused on developing and testing ways to encourage better alignment of community capacity-building activity across the health, social care and the voluntary sector in local places. The aim is to enable scarce funding for community capacity-building to be used effectively, to strengthen what is there and fill gaps. This work was conducted during the COVID-19 pandemic and so was done virtually. The progress of the pandemic meant that in Wakefield stakeholders felt that they did not have the capacity to take part in a workshop and so engagement was on an individual basis. In York it was possible to an online workshop which was attended by 25 strategic stakeholders.

There is a detailed report of this work, which will be put onto the C4PC website in due course.[10] There was common agreement on the following key lessons for local organisations working with communities that enable effective working and encourage better alignment.

a. Start where the energy is and build on existing partnerships – do not invent new structures when you already have these working well and in place.

> *"We went where the energy was strongest – we have been working on community development for years."*
>
> *City of York stakeholder*

b. Leaders need to take the time to visit other organisations and services to build a better understanding of their operating environment and cultures.

> *"Effective place-based leaders are moving their thinking beyond traditional health and social care to develop a shared understanding of their combined resources and assets."*

c. A key enabler is having a clear framework and set of guiding principles for the scope of work and decision making at each level of the wider health and social care system.

> *"A key enabler in York is having a clear framework and set of guiding principles – the community operating model – for the scope of work and decision making at each level of the wider system."*

d. Ensure that contracts and grants require investment in volunteering. Involve local citizens and communities in the governance and decision making on community-strengthening activities, especially people with lived experience.

> *"We live our lives in neighbourhoods – so it makes sense for them to be the starting point for how we think about services. Working at a neighbourhood level – with communities who understand both the challenges local people face and the strengths they have to overcome them – can help find creative solutions to seemingly insurmountable problems."*
>
> *Anna Hartley, Director of Public health, Wakefield Council*

[10] Appendix E Aligning Community-Strengthening Activity

Effective measures of community strength, resilience and individual wellbeing[11]

It is important to be able to measure the impact of various community capacity building activities on individual and community wellbeing, in order to decide which kinds of activities should receive investment.

Colleagues in York and Wakefield generously shared their learning about the measures of impact that were of most value in deciding where to invest. Key learning included:

a. Local systems leaders emphasised the need to develop and agree locally a common set of measures for measuring the impact of community-strengthening activity and social prescribing.

b. In Wakefield, a combination of quantitative validated measures to help leaders understand the impact of their community strengthening activities, such as a wellbeing measure based on the New Economics Foundation (NEF) Five Ways to Wellbeing and qualitative measures addressing issues like loneliness, volunteering which services worked well for people.

c. In York, a broad range of measures have been adopted to enable leaders to assess and track impact, ranging from harder statutory measures of impact such as the numbers of people accessing formal social care, delayed transfers of care and number of people attending GP appointments, through to bespoke validated measures of wellbeing and measures of wider capacity building, such as the number of new community enterprises set up and number of volunteers.

d. Increasingly, local areas are thinking about how they best capture how local community-strengthening work and social prescribing is reducing inequality, with Wakefield for instance developing measures on the number of people from disadvantaged communities using and benefiting from social prescribing.

e. Stakeholders in both York and Wakefield emphasised the importance of using measures which resonate with the NHS primary care clinicians and NHS commissioners, such as number of GP consultations and non-elective admissions to hospitals, social action and community development.

f. Explore opportunities to bring workers together to develop a shared culture and approach, including through joint training.

[11] Appendix E Aligning Impact of Community-Strengthening Activity

Recommendations

Scoping

1. It is important to take time to understand and engage with the range of organisations and individuals working across many sectors that have connector or community capacity-building roles, in order to ensure good alignment and effective use of investment.

Understanding and aligning link worker activity across sectors

While the detailed reports[12] make individual recommendations for York and Wakefield, there are many recommendations that would be applicable in any area keen to understand and align link worker activity. These recommendations are:

2. Provide strong leadership that supports person-centred working and collaboration across organisations and sectors.
3. Explore and address any leadership, management and culture-based barriers to person-centred working and collaboration.
4. Scope all the link worker and connector activity in the area, looking across sectors and organisations.
5. Review and address perceptions of lack of collaboration and confusion.
6. Reframe competition and duplication as being healthy and resulting in better care options.
7. Ensure regular community of practice meeting for link workers and similar connector models to share learning and reflect on their practice.
8. Review opportunities for integrated systems, tools, processes, and questionnaires which can be used by all link worker and connectors in an area.
9. Explore opportunities for link workers and connectors to further support one another and ensure funding is used well.
10. Consider allowing link workers a devolved budget to support community capacity building. This can be used to support people within an established community group or to help create coproduced new community groups or activities where there are gaps.

[12] Appendices C1 and C2

Identifying 'what works' in effective strength-based support for people and communities [13]

Colleagues in York and Wakefield generously shared learning about what they have found works in effective community capacity-building. This learning leads to a number of recommendations for professionals including health professional keen to support effective strengths-based support for people and communities in their area. Rather than repeating the learning points these are:

11. Senior leaders should enable staff with community-facing roles to understand and follow the principles of good community development. This is likely to involve both culture and system change as staff move from a professional to a peer-support role and the power-balance between statutory organisations and communities begins to shift.

12. Senior leaders should focus scarce resource on 'what works' by:

    - Making time for relationship-building and collaborative design with colleagues from other sectors, staff and communities.
    - Co-designing health and care solutions with people who have lived experience of using health or care services.
    - Creating 'safe spaces' where staff can challenge, question and make mistakes.
    - Listening carefully to all stakeholders including people and communities. before you invest. It's easy to make assumptions and spend money on solutions that do not work in practice.
    - Investing in connectors and relationship-building.
    - Investing in existing community hubs and infrastructures structures so that they continue as places of connection.
    - Resourcing the small stuff as a matter of course: Trust front-line workers (and communities) with resources to deliver whatever will make the difference.

13. Senior leaders should support commissioners to work collaboratively across sectors and have the confidence to commission new things. This

[13] Appendix D Digging deeper, going further: creating health in communities

may involve changes to systems and rules that can get in the way of creative commissioning.

Exploring alignment of community strengthening activity and investment by health

SCIE has drawn from the York and Wakefield case studies a number of very detailed recommendations for alignment of community strengthening activity. A summary of those of those recommendations is given below:

14. Develop a place-based and aligned strategy for social prescribing and community capacity building. Do this by:

    - Working co-productively with the voluntary, community and social enterprise sector (VCSE), and community-based organisations, people who use services and their families.

    - Engaging political and corporate leadership across all sectors from the outset to help secure support for a strategic, place-based approach to improving community wellbeing.

15. Commissioning

    - Practise collaborative commissioning - encourage partnership working and sharing of local priorities between commissioners.

    - Develop long term contracts for commissioning the VCSE.

16. Build the support of primary care for community-strengthening activity

    - Use evidence in building the case for support from primary care – particularly evidence that shows the impact on primary care, such as data on reductions in GP appointments or admissions to hospital.

    - Ensure that leaders from community capacity building organisations and the VCSE are represented on all health and social care partnership boards.

17. Workforce development

    - Trust your front-line workers with resources to deliver whatever will make the difference.
    - Train staff across workforce to promote a culture of ‘What matters to you?’ conversations, similar to those used in social prescribing.

- Use national initiatives such as the Asset-Based Area framework to scale up the approach systematically across the council.

18. Develop sustainable models

- Engage Primary Care Networks (PCNs) early, individually, and over a sustained period to grow their support and involvement in the shaping of social prescribing.

- Encourage other statutory and non-statutory organisations to fund and support link worker models, something which York is doing through the engagement of the police and housing in the further development of its local approach.

- Ensure that PCNs are strongly linked into community capacity building efforts.

Effective measures of community strength, resilience, and individual wellbeing

As part of any place based strategic for community strengthening, it is important to develop and agree a clear set of measures to evaluate the impact of social prescribing and community strengthening activity on communities, which are embedded in strategic performance management frameworks.

1. In developing a measurement framework, avoid reinventing the wheel, building on existing measurement frameworks.
2. Ensure that a wide range of local partners, including housing organisations, the police and the VCSE, and people with lived experience are involved in developing and agreeing a local measurement framework.
3. Ensure that in any measurement framework, there are clear measures about the impact of social prescribing and community-strengthening activity on the NHS, such as measures relating to reduced demand for hospital-based care and GPs.
4. As part of any measurement framework, where possible draw on existing standardised measures which are used nationally. Here it may be useful to refer to Evaluating Personalised Care, an NHS England and Improvement funded guide which includes several national validated measures.

Useful tools and further detailed information

Early engagement and scoping produced base line information about the organisations delivering link worker or community capacity building activity in each area. From this, Community Catalysts developed a tool[14] which can be used by health leads to effectively scope link worker and community capacity building activity in their area.

Each of the other partner organisations has produced detailed reports of their methodology and findings. These are referred to as footnotes throughout this report and will be accessible via the C4PC website at a future date.

[14] Appendix B

Coalition for Personalised Care

Work undertaken on behalf of the Coalition for Personalised Care by the following Partners:

National Association of Link Workers
CONNECT LINK

The Health Creation Alliance

social care institute for excellence

communitycatalysts®
unlocking potential effecting change