

A JOINT POLICY FOR ENABLING ACTIVE COMMUNITIES IN GLOUCESTERSHIRE – REALISING OUR SHARED VISION

1 Purpose

- 1.1 This policy describes how the Gloucestershire Health and Wellbeing Board will work to enable local communities to become more active, stronger and more sustainable, and in turn improve the health and wellbeing of local people.
- 1.2 This joint policy is accompanied by a governance framework, as well as a joint action plan describing what collective steps we are going to take.

2 Introduction

- 2.1 During 2013/14, the key organisations within the Gloucestershire Health and Care Community developed a five-year strategic plan, which was based on a programme of extensive community-wide engagement. This plan - Joining Up Your Care - included a shared vision for the future of health and care services in Gloucestershire:

To improve health and wellbeing, we believe that by all working better together - in a more joined up way - and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to all local people.

Three key ambitions were stated as:

- People are provided with support to enable them to take more control of their own health and wellbeing. Those that are particularly vulnerable will benefit from additional support;
- People are provided with more support in their homes and local communities where safe and appropriate to do so, thus moving away from the traditional focus on hospital-based care;
- When people need care that can only be provided in a hospital setting, it is delivered in a timely and effective way.

- 2.2 For the purposes of this policy, we are defining 'communities' as a group of people with a common interest or identity or who share a common place.
- 2.3 A set of principles as the foundation for collaborative working were also agreed, including -

To build stronger, more sustainable communities and in turn improve the health and wellbeing of local people, we will draw upon, and stimulate the provision of, the diverse range of assets within each local community.

3 Background

- 3.1 For some time, as individual organisations GCCG and GCC have been developing their thinking around how the community assets in the county can be used to improve the health and wellbeing of local people. Since 2014 a joint programme of work has been underway to ensure the strengths derived from aligned working are maximised. Other key agencies have also sought to build on and support community-based activity.
- 3.2 Later in 2014, flowing out of its 'Together We Can' consultation, GCC has been working to clarify its own thinking about community capacity building and people accessing information, advice, guidance and services (across all council activities). The feedback from the consultation is summarised below, and has been used to support the formation of a GCC 'Active Communities Policy' and an 'Active Individuals Policy':
 - Strong support for GCC's aim to make it easier for people to make choices that help them to stay active and independent;
 - The need to make it easier for people to access information, advice and services;
 - People need a range of options when they require support or advice, using technology and face-to-face support;
 - Support for the notion of the Council consolidating its buildings and land in order to free up money for frontline services, but with many commenting on the potential of buildings to act as a community resource or to generate income.
 - Overwhelming support for the idea of communities taking on a bigger role;
 - Active Communities is people about being supported and involved, with people coming together to work towards a common goal. Also, it is about developing a new relationship with GCC, with more power and decision-making going to the community so that they may develop their own solutions to issues that are important to them;
 - People identified a number of activities that they felt GCC could assist in supporting Community Capacity Building, such as funding, support and training, advertising of examples of other communities that were active, supporting the provision of places for people to come together, and utilising the assets of the Council itself (including buildings, information sources, publicity mechanisms and a large workforce);
 - Communities need time and support to take on more responsibility, recognising that not all communities will be equally ready and able to do this.

It is recognised that the above messages will resonate in different ways with all the partners – i.e. health, county council, district councils, the VCS Alliance, Gloucestershire Healthwatch, Gloucestershire Constabulary and the Police & Crime Commissioner.

4 Our Starting Point

4.1 For many people in Gloucestershire outcomes are good. However, there are significant health inequalities that remain and must be addressed. Some of the key challenges we face include:

- 19,000 people in Gloucestershire classifying themselves as socially isolated;
- Comparatively high numbers of older people living in Gloucestershire mean there is greater pressure on health and care services;
- Challenges in supporting families and individuals who have benefitted from intensive professional support and preventing re-referrals;
- The county covers a large geographical area, with some isolated rural areas and a widely distributed population with two main urban centres, posing a challenge for equality of access to health and care services, as well as leisure activities.

4.2 *What are we aiming to do?*

Our Shared Vision states we will:

- Draw upon the diverse range of assets within each local community;
- Stimulate the provision of the diverse range of assets within each local community.

... And for what purpose?

Discussions taken place to date have suggested that the purpose of doing these things is to:

- Improve individual and community health and wellbeing through a **range of measures to encourage and enable positive health behaviour**;
- **Reduce social isolation** and the associated negative impacts on health and wellbeing;
- **Improve outcomes for vulnerable people and families**, and reduce the risks they face.

Although these are the primary drivers, further areas include to:

- Reduce demand for services by enabling more people to receive help within their communities
- Enable people to live in their own homes safely as long as they are able/wish to;
- Encourage people to take more control of their own health and wellbeing, including self care/management;
- Be local centres for community activity, and connecting local people;
- Be a gateway into accessing other public services;

- Reduce the need for people requiring extra care;
- Enable protection of, and support for, vulnerable people in their communities;
- Strengthen local communities in an inclusive way.

Furthermore, the ambitions within the Shared Vision include the following purpose: *“People are provided with more support in their homes and local communities where safe and appropriate to do so.”*

5 Our Approach

5.1 Building on the wide range of work already underway across the county, our approach is to focus future work around three key strands in order to achieve our ambitions to:

- Draw upon the diverse range of assets within each local community;
- Stimulate the provision of the diverse range of assets within each local community.



6 Developing Local Solutions

6.1 In line with the well-documented Asset Based Community Development (ABCD) approach, we need to work with communities to identify what their needs are and how they might be better met. Where possible, the following steps are required to develop local solutions:

STEPS
Agree desired outcomes (see section 4.2 above)
Define the community you want to achieve the desired outcomes for, e.g. geographically, area of deprivation, age groups, health characteristics/condition
Define, with the community, what are the right solutions (e.g. interventions/activities) to meet the desired outcomes
Undertake a baseline assessment of existing community resources for the defined community
Evaluate success of existing community resources for the defined community to meet the desire outcomes
Identify gaps , if any
Formulate plan to address the gaps (using best practice/innovative approaches where possible). The plan is likely to include: <ul style="list-style-type: none">• Expansion of existing community groups/services• Creation of new community groups/services

6.2 It is envisaged that there will be a range of triggers that could enact the above activities; for example, part of rolling-out good practice models to inspire others to take action; an approach requesting assistance from a community; and needs identified through another community based activity, for example social prescribing.

6.3 Over time, it is envisaged that communities themselves will continue to develop the above process further as part of an ongoing cycle, with the aim of commissioners being to draw upon and stimulate community assets by providing an initial 'helping hand'.

7 Creating a Knowledgeable Community

7.1 Most people want information and advice to point them in the right direction. Many will use online services to 'self serve'. There is little value in supporting community services and activities if no-one knows they are there and/or how to access them. Creating a knowledgeable community should:

- Enable people to resolve minor issues quickly and easily;
- Maximise access to, and utilisation of, appropriate services and activities;
- Help in the ongoing process of identifying issues where the community could 'step up' or where there is a real need for additional statutory services;
- Help deliver the aim of 'drawing upon community assets'.

7.2 As well as the individual needing help in some way, there are a wide range of people – from the public themselves, to community and voluntary groups, to the staff across the public sector - who need to be knowledgeable and have access to reliable advice and information, such as those shown in Annex One.

7.3 Aligning to the GCC Active Individuals Policy, the key question then is what can the health and care community in Gloucestershire (practically) do to support the creation of a knowledgeable community? There are three areas of focused work required to answer this question:

- a) Raising awareness/interest/knowledge of staff about services and activities (building on considerable work already underway);
- b) Access to, and promotion of, relevant information about what is available;
- c) Public sector organisations working together to ensure their collective investment in advice and information is better managed for impact and reviewed.

8 Creating a Culture of Utilising Opportunities

8.1 There are already a wealth of health and care-related services and activities available in Gloucestershire to support local people. As well as ensuring communities have the knowledge about what is available, it is vital that existing opportunities are utilised and that the workforce is willing and able to build on community resources.

8.2 What do we mean by opportunities? They include:

- a) **Workforce:** Annex One demonstrates diagrammatically that for many people in Gloucestershire, they already have 'connections' (possibly multiple) with health and care staff and services. These people/teams could support individuals by signposting other services/activities from which they would benefit;
- b) **Buildings:** We cannot let ourselves focus entirely on services and buildings. However, we know that many buildings (public, private and VCS owned) are underutilised, such as community hospitals, GP surgeries, schools, churches, extra care housing, care homes, community centres, libraries etc, and we should be making the most of these valuable existing resources. We may also take opportunities to bring access to community services advice and information together;

c) **Existing services/centres/hubs:** There are already centres of community activity that can be used and developed, for example the GCC Older People's Community Hubs.

8.3 In summary, we need to utilise existing opportunities provided by the staff we employ and the connections they already have with people in local communities, spare capacity in buildings and maximise use of existing activities/community resources. We will align this work to the approach set out in GCC's Active Communities Policy.

8.4 As part of creating a culture of utilising opportunities, we also need to consider how new opportunities can be created.

- How will health and care staff be trained and supported in sharing knowledge and information with individuals and communities?
- How will people interested in setting up new community groups be enabled to do so (e.g. advice on fundraising, governance, marketing)?
- How will communities be stimulated to identify where there are buildings with spare space?

The joint action plan accompanying this policy will seek to tackle these issues.

9 Working Together

9.1 We recognise that each organisation (health, county council, or district councils, as well as partners such as the VCS Alliance, Gloucestershire Healthwatch and the Police & Crime Commissioner) cannot achieve all the above alone – we need communities to be willing and able to work with us. Similarly, we need to make sure that we are working in a joined-up, coherent way with other public sector partners to avoid making it unnecessarily complicated for communities to interact and work with us. We will therefore work together based on a clear set of principles, adopted from GCC's Active Communities Policy:

'Engaging with Communities' Principles

- **An asset based approach:** recognising and building on the strengths that exist within each local community including the people, facilities, places and environments
- **A needs-based approach:** The Council should prioritise *its* support for those communities where need is greatest
- **A shared approach:** Looking for shared priorities and co-producing shared solutions so that plans take account of what is important to and what works in each community
- **A local approach** that allows people to take control of the process, helps them to decide which outcomes matter most and finds solutions that suit the local circumstances. This means that solutions will look different in different communities

- **An empowering approach** that recognises the legitimacy of different voices within the community and give local people the opportunity to express their views, develop consensus and take action. As a council, we will be willing to participate without taking charge
- **A partnership approach:** We will work with other parts of the public sector, voluntary and community groups to develop common approaches to building capacity
- **An inclusive approach:** Ensuring that the voice of under-represented groups is heard within communities and that communities include all views and backgrounds.

9.2 We recognise that it is vital to have a shared/common language across all parties in order to simplify how we work together. We will adopt the definitions detailed in GCC's Active Communities Policy (see Annex Two below).

9.3 We have developed an overall governance framework to support work across partners to deliver the approach described in this policy and realise our collective ambitions. Our collective work is described in a joint action plan. The action plan is a starting point that will grow and evolve as communities identify their own strengths, weaknesses and opportunities to engage in active communities.

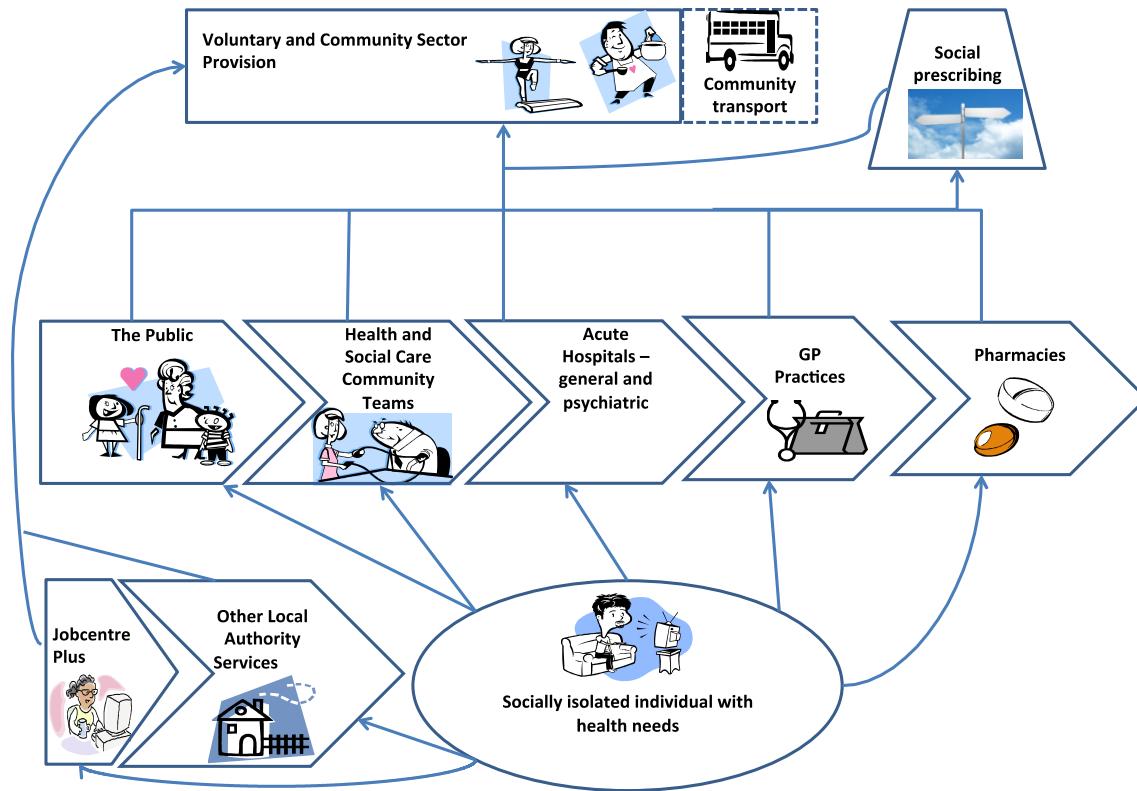
9.4 The challenge we have in taking forward this work is a considerable one. Statutory organisations can assume they know what is best for individuals and communities; this is often based on a professional view of the world. Delivering our ambitions will therefore inevitably be a very long-term process in order to change what has been decades of entrenched thinking. However, it's a journey that we must go on if we are to have a sustainable health and care system over the coming years, recognising though that the length and breadth of the journey for each community will differ. In considering the best way forward, we need to begin by collectively acknowledging this timeframe and challenge, but also recognise that there is significant collective interest in starting this journey, albeit one step at a time.

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ANNEX ONE – Existing Connections with Our Staff



ANNEX TWO: Definitions

When we say	We mean
Asset Based Community Development	Community Development (see definition below) that starts from the point of view of identifying the strengths and assets within a community
Commissioning	Commissioning within public services simply means understanding what is needed and deciding on the best ways of meeting those needs, that make a positive difference to people's lives through the use of all available resources
Co-production	Working together with communities as equal partners to identify priorities and develop solutions
Community Assets	Skills, knowledge, abilities, capabilities and resources that exist within a community and can be used for the common good of that community
Community Capacity Building	Activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities

Community Development	A process where community members come together to take collective action and generate solutions to common problems
Community Engagement	Activities [statutory agencies] undertakes to involve communities and community groups in shaping its thinking in order to influence the direction it takes
Communities	A group of people with a common interest (e.g. sports club) or identity (e.g. a faith community) or who share a common place (e.g. neighbourhood watch)
Social Capital	The collective values, confidence and capability that exists within a community or group with a common interest or purpose. It can be described as the “glue” that holds individuals together in a community
Social Value	A concept which seeks to maximise the additional benefit that can be created by procuring or commissioning goods and services, above and beyond the benefit of merely the goods and services themselves