

Adults, Wellbeing and Health Overview and Scrutiny Committee

9 December 2019

Developing County Durham's Approach to Wellbeing



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Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 The purpose of this report is to:
 - Provide an update on the development of the approach;
 - Highlight examples of where and how the approach is being used; and
 - Outline further areas to embed the approach.

Executive summary

- 2 There are many definitions of wellbeing, but in short it can be described as *'how well we are doing'* or *'how satisfied we are with our lives'*. As well as health, measures of wellbeing include our relationships; our work and finances; our levels of participation in sport, culture and community events, where we live and how safe we feel; and the services we can access. Wellbeing is starting to be seen as an equivalent measure to economic growth, ensuring that we consider these important factors in people's lives alongside factors influencing economic development.
- 3 Durham County Council has a statutory responsibility to improve and protect the health and wellbeing of local residents¹. It also has a 'Wellbeing Power' that can be enacted in order to promote or improve the economic, social or environmental wellbeing of the area².

¹ Health and Social Care Act 2012

² The Local Government and Public Involvement in Health Act 2007

- 4 In recent years, we have seen many improvements in people's health and wellbeing, for example, as a result of targeted health improvement programmes and reductions in smoking rates. Consequently, our residents can expect to live longer lives than previously; however, they are not necessarily living happier and better quality lives and many still face a considerable number of challenges to their wellbeing.
- 5 For example, alcohol related deaths are increasing, and almost 17% of adults in Durham (14% in England) report levels of high anxiety. In addition, 12% of adults have a long term mental health problem, (only 9% across England), over 50,000 people in the county are diagnosed with depression and, it is estimated, that 1 in 10 children have a mental health disorder. Finally, healthy life expectancy (the years we can expect to live in good health) is only 58.7 years for women in Durham (60.4 in England), and 58.9 years for men (59.5 in England) and only 70% of people in Durham report a high level of wellbeing (or happiness), compared to 75% in England.
- 6 The CDP event in 2018 set us a challenge to move away from 'doing to' communities to 'working with'. This premise is now embedded in our County Durham Vision and is at the heart of the Wellbeing Approach. It builds on our long history of engaging with communities, through the work of our Area Action Partnerships and through initiatives such as the Voluntary and Community and Social Enterprise Sector Alliance and the co-production of services such as 'Joining the Dots'.
- 7 Many countries across the globe are recognising that the quest for economic growth can often result in widening inequalities where some groups of people being 'left behind'. Such groups then act as a "drag" on any further attempts at economic growth (OECD, 2015).³ Consequently, the need for 'inclusive' growth and wellbeing is becoming increasingly important, with some suggesting that personal wellbeing rather than economic growth should be the primary aim of our Government's spending⁴. Certainly, this is now the approach being adopted in New Zealand.
- 8 Initiatives intended to encourage inclusive growth and improvements in wellbeing are founded on the engagement of communities and the devolution of power. County Durham has been at the vanguard in developing such approaches, engaging communities and sharing decision making through Area Action Partnerships. These have been originally designed to give people a voice in how local services are

³ <https://www.oecd.org/els/soc/OECD2015-In-It-Together-Chapter1-Overview-Inequality.pdf>

⁴ *A Spending Review to Increase Wellbeing: An open letter to the Chancellor (May 2019)*. Report by the All-Party Parliamentary Group on Wellbeing Economics. www.wellbeingeconomics.co.uk

provided. We know that this can make a difference and can build on these to close the gap and not leave people behind.

- 9 Our Approach to Wellbeing has been developed by colleagues working across DCC and with partners on the Mental Health Partnership Board, and the Resilient Communities Group, reporting into the Prevention Steering Group.
- 10 The Wellbeing Approach brings a shift in emphasis and resources from the delivery of wellbeing services to an approach that introduces greater devolution of decision making to communities and stronger community engagement. This can lead to better health and wellbeing outcomes for local people. The challenge is to embed wellbeing in everything we do.
- 11 Colleagues across DCC have begun to use the Wellbeing Principles, exploring their benefits in their day to day work. This has included working in Adults and Health Commissioning, Regeneration and Local Services, Resources and TAPs (via Area Action Partnerships). Examples of this work are shared in the report and further discussions are also planned with senior NHS colleagues to discuss alignment with the County Durham Health and Wellbeing System Plan; the Fire & rescue Service for their Prevention Strategy, the Joint Health and Wellbeing Strategy, and with Children and Young People's Services to evolve their place-based working.
- 12 Adopting the Approach to Wellbeing will challenge us to deliver services and programmes in a different way. It will also challenge us to measure our performance in a different way. It will mean services and assets that are developed with people rather than consulting with them during or after the event. Doing so, is not easy, and in some cases may not feel comfortable. It means handing over control and sharing decision making. But doing so, will result in improved outcomes for our communities.

Recommendation(s)

- 13 Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:
 - (a) Note the contents of this report and actively support the continuing development of the County Durham Approach to Wellbeing;

Background

- 14 Our Approach to Wellbeing builds on the County Durham Partnership Event last year which focused on mental health and the work of Cormac Russell on asset based community development; highlighting the importance of greater engagement with communities.
- 15 It also builds on the success of our Area Action Partnerships and their long established work with communities across County Durham. Our 14 Area Action Partnerships have been working within communities for over 10 years encouraging the identification of priorities and shared decision making on the funding of local services. The strong relationships they have built with community representatives and the voluntary, community and social enterprise sector (VCSE) across County Durham have been key to the engagement and support that has been offered in the development of this Approach to Wellbeing.
- 16 In 2010, the UK, through the work of the Office for National Statistics (ONS), became one of the first countries in the world to track the wellbeing of its citizens using, amongst other things, measures of health, relationships, education, finances and the environment. There followed a United Nations resolution and report in 2012 on the importance of wellbeing and happiness in forming a 'new economic paradigm' with a World Happiness report now being published annually by the UN.
- 17 More recently, in May 2019, New Zealand declared itself the first country in the world to measure its success by its people's wellbeing. Its entire Treasury budget is now built around a series of wellbeing priorities⁵ (mental health, child wellbeing, supporting Maori populations, building a productive nation, transforming the economy, and a supporting capital investment programme).
- 18 Wellbeing is therefore becoming of increasing importance, with an All Party Parliamentary Group also suggesting that personal wellbeing rather than economic growth should be the primary aim of our own UK Government spending⁶.
- 19 Wellbeing includes everything that is important to people and their lives. Wellbeing, rather than levels of employment or economic growth, even determines how people vote⁷. In purely economic terms, it is

⁵ The Wellbeing Budget, May 2019: <https://treasury.govt.nz/sites/default/files/2019-06/b19-wellbeing-budget.pdf>

⁶ *A Spending Review to Increase Wellbeing: An open letter to the Chancellor (May 2019)*. Report by the All-Party Parliamentary Group on Wellbeing Economics. <https://wellbeingeconomics.co.uk/wp-content/uploads/2019/05/Spending-review-to-increase-wellbeing-APPG-2019.pdf>

⁷ Ward, G. Happiness and Voting Behaviour in *World Happiness Report* (2019), New York, NY. UN Sustainable Development Solutions Network

responsible for levels of productivity, benefit dependence and absenteeism. In human terms, it can simply be described as *'how well we are doing'*, and *'how satisfied we are with our lives'*. This can then impact on a persons physical or mental health.

- 20 In recent years, County Durham has seen many improvements in people's health and wellbeing, for example, as a result of targeted health improvement programmes, the reduction in smoking rates or improved screening programmes. Consequently, our residents can expect to live longer lives than previously; however, they are not necessarily living happier and healthier lives and many still face a considerable number of challenges to their wellbeing.
- 21 For example, alcohol related deaths are increasing, and almost 17% of adults in Durham (14% in England) report levels of high anxiety. In addition, 12% of adults have a long term mental health problem, (only 9% across England), over 50,000 people in the county are diagnosed with depression and, it is estimated, that 1 in 10 children have a mental health disorder. Finally, healthy life expectancy (the years we can expect to live in good health) is only 58.7 years for women in Durham (60.4 in England), and 58.9 years for men (59.5 in England) and only 70% of people in Durham report a high level of wellbeing (or happiness), compared to 75% in England.
- 22 Taken together, these figures highlight the fact that there is more we can do to improve people's wellbeing across County Durham, and that doing so through interventions that engage communities, devolve power, develop social capital and build resilience will not only improve people's lives but lengthen their lives and improve our economic and inclusive growth. This will also support the County Durham Vision of More and Better Jobs, Long and Independent Lives and Connected Communities.

Advantages to using this approach

- 23 **Reducing Inequalities** - Performance management within the public sector is often focused on setting goals in plans and strategies and ensuring that targets are achieved through a planning and control cycle. However, this traditional approach in isolation can lead to criticisms of hitting the target but missing the point and the problem of relying too heavily on achieving indicators of economic growth with the danger that this can result in widening inequalities. For example, the employment rate across County Durham has increased from 69% to 74% in the past three years, there has been strong business growth, and GVA per head continues to grow. However, the gap in employment rate between those with a long-term health condition and the overall employment rate has increased from 16.5% in 2014, to 19.5% in 2018 and continues to

widen. Such widening inequalities can then result in some groups and communities requiring a disproportionate spend from a range of agencies in comparison with their peers.

- 24 **Low cost solutions to complex problems** - Focusing on greater community engagement and empowerment, whilst supporting communities to identify solutions and mobilise assets that may already be available, can lead, not only to people feeling they have more control over their lives, but can also result in lower cost solutions to complex problems. For example, the transfer of assets such as leisure centres to communities themselves can result in savings to the Council but result in greater ownership and control of assets by communities themselves.
- 25 **Lower dependence on healthcare and welfare benefits** - People who feel they have greater control in their lives and are able to build social capital and resilience by connecting and working with others in their community are likely to experience improved feelings of wellbeing and hence may be able to contribute further to their communities, to the local economy generally and may result in lower dependence upon healthcare and welfare benefits.

Developing the Approach to Wellbeing

- 26 This Approach has been developed through a series of workshops exploring the evidence base for community engagement and how this could be applied to a number of challenges to wellbeing. Scenarios built around the Taylor family, were used to identify key protective factors that could prevent ill health and developed a number of wellbeing principles. Key messages from those workshops included:
- the importance of connectedness;
 - signposting to local assets;
 - the danger of stigmatising and 'pathologising' what is 'normal'; and,
 - the need to do things 'with' rather than 'to' people (ie no quick solutions).
- 27 The model is built around three components.
- (i) It is ***Informed by Evidence and Local Conversations;*** highlighting the importance of ensuring a firm evidence base for our work, but at the same time, affirming the key role that communities play in supporting its own citizens, and the significant improvements in health and wellbeing outcomes that can result from involving communities more in decisions that affect them.

- (ii) The approach has **'people and place'** at its heart. Working with communities, building on the assets of those communities, supporting the positive development of neighbourhoods that people live in, and fostering the resilience and empowerment of those communities through the support offered to everyone and, importantly, to those who are most vulnerable.
 - (iii) Finally, it highlights the importance of **'supporting systems'**. Encouraging alignment of activities across agencies and sectors so that services are commissioned and delivered in a way that is collaborative and supportive; and that for those who require more formal interventions and perhaps NHS treatment, they are offered a person-centred approach with interventions that are empowering rather than stigmatising.
- 28 The three components of this Approach to Wellbeing are underpinned by a set of six principles, all included in the County Durham Vision.
- 29 These principles can be used in a number of ways. To support strategy and policy development, to review service provision and to support commissioning plans. They can also be used to gain feedback from communities themselves, testing out whether or not they feel they have been involved in making decisions that affect their lives. Finally they can be used to set out a commitment to change and do things in a different way.

County Durham's Approach to Wellbeing

Things affecting resilience and wellbeing



Our principles



Our commitments



Using the Approach to Wellbeing

30 The Approach to Wellbeing model is intended to bring about change in the way we engage and work with communities. It is dynamic, adapting, changing and being shaped by local conversations with those who will both use it, and those who are intended to benefit from application of its Principles.

31 A tool has been developed for use as a 'self-assessment', with a number of colleagues and teams volunteering to review their practice and services against the Wellbeing Principles. These have helped to identify the scope of activities that can be supported by the wellbeing approach, as well as testing out the approach itself, subjecting it to changes that allow it to be understood and adopted more widely.

a) Adults and Health Commissioning and Corporate Procurement Teams

The team are looking at innovative ways to include the Wellbeing principles in contracts with mental health and wellbeing providers. Building on the Principle of co-production, they are working with colleagues in Corporate Procurement to:

- Explore a new approach to commissioning (**Alliance Contracting**), building on agreed outcomes and a new model for community mental health services. This is intended to include collective ownership of opportunities, responsibilities and shared decision-making, rather than traditional forms of commissioning and contracting and has the potential to be applied to other services.
- Embed the Wellbeing Principles into all future contracts from service design stage through to contract monitoring.
- Agree outcome measures for Council-held community mental health services, based on the Wellbeing Principles and co-produced with health colleagues, providers, service users and carers.

b) Durham Health and Wellbeing System Plan

Senior NHS and DCC colleagues are looking to use the Wellbeing Principles to review the content of the Durham Health and Wellbeing System Plan. Whilst the System Plan is designed to align strategies and activities across agencies and to consult communities on major service change, there are further opportunities which can be explored to review and align the way in which assets are identified through Primary Care Network (PCN) link workers, the way health inequalities can be explicitly addressed through planned activities, and to consider greater alignment of the wellbeing principles with the personalisation agenda.

c) Area Action Partnerships

The lead AAP Co-ordinator for health and wellbeing volunteered to review the way in which AAPs approach their work against the principles of the wellbeing approach. This found close alignment between the wellbeing principles and the work of the AAPs as well as opportunities to:

- Use AAP funding processes to support greater identification and mobilisation of assets, as well as greater efforts to codesign and coproduce activities with communities.
- Develop a more systematic method of collating information about assets in order to inform the JSNA.
- More effectively address health inequalities through targeted call outs for projects.

As a result, changes are being considered to the wording of call outs and assessment forms for funding applications.

d) Regeneration and Local Services

The Wellbeing Principles have been used in two ways. Firstly, to review the high-level outcomes contained in the Housing Strategy, and secondly, to review the Housing Strategy's operational/ delivery based action plan. This enabled the team to identify:

- Which elements of their work were contributing to the improvement of wellbeing;
- Where language and terminology could be aligned to provide a clear link to the delivery of Wellbeing;
- Opportunities where the wellbeing principles could be used to inform and refine operational action plans, further detailed

action points and case studies, ensuring wellbeing principles are considered as part of partnership working and future delivery of the Housing Strategy.

e) Resilient Communities Group

Partners on the Resilient Communities Group are keen to explore the use of the Wellbeing Principles in the work of the Voluntary and Community sectors and a self-assessment is being undertaken with a commissioned service. Lessons can be learned from this which our commissioning teams can then apply to other commissioned services.

The RCG and AAPs are going to use the wellbeing principles as a means of testing out the degree to which communities actually feel involved in making decisions about things that affect their lives. This will be a vital element in enabling feedback to be given to those providing services to that community.

f) County Durham Fire and Rescue Services

Fire and Rescue Services – Discussions are taking place to determine how the Wellbeing Principles can be used in the development of the Fire and Rescue Services' Prevention Strategy. Consideration is being given to developing the Prevention Strategy with input from communities, as well as the revision of documentation and workforce training to ensure greater opportunity for person centred approaches and shared decision making for referrals.

32 Further actions include:

- a) Transformation and Partnerships – The Wellbeing Principles are being used to help design the 'Holiday Activities with Food' programme. Funding is being disseminated by the 14 Area Action Partnerships to support parents and guardians in feeding young people during school holidays. The aim is to co-design the project using input from groups currently providing support to families, as well as engaging parents themselves.
- b) The Civil Contingencies Unit – to consider assessing our current emergency planning against the wellbeing principles including the involvement of communities in designing those plans. The Cold Weather Plan and input to the development of the Humanitarian Assistance Centre Plan are two examples.

Next Steps

- 33 As the County Durham Vision is implemented, use of the Wellbeing Approach will become more systemic. We will continue to use the model across DCC and with partners in order to inform the steps that can be taken to improve the wellbeing of those living in County Durham. The approach is also congruent with other asset based approaches including “connecting people” and the development of the Durham Deal.

Knowing we have made a difference

- 34 It will be important to measure the impact of adopting this approach over time. This can be done in a number of ways including the use of data that is already collected nationally to measure wellbeing and is part of routine ‘performance monitoring’. However, it is important to also measure the impact of this approach on those communities and with those communities it is intended to support, gaining insight and feedback through local conversations and ensuring a dynamic approach to implementing this approach. It requires us to measure our success differently, for example in terms of building resilience within communities as well as social capital. Further consideration is required to embed existing and new ways of measuring wellbeing within our overall performance measurement framework.

What needs to change?

- 35 If this approach is to succeed, its implementation requires the support and commitment from partners working across all sectors and agencies. Each has a role to play in engaging and empowering communities, using the approach outlined in this document and aligning their activities with others, leading to greater gain. It is therefore important that the content of this document is shared widely, discussed and ‘owned’ by everyone across the County Durham Partnership. It will then be incumbent on each partner to support the Approach to Wellbeing, making organisational and personal commitments to help deliver supporting actions.
- 36 Ultimately, adopting these Wellbeing Principles will challenge us to deliver services and programmes in a different way. It will mean services and assets that are developed with people rather than consulting with them after the event. Doing so, is not easy, and in some cases may feel uncomfortable. It means handing over control and sharing decision making. But doing so, will result in improved outcomes for our communities.

Background papers

- Appendix 2: County Durham's approach to Wellbeing (Draft – 2 October)

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Appendix 1: Implications

Legal Implications

This work supports the Council's statutory responsibility to improve and protect the health and wellbeing of local residents⁸.

Adoption of this Approach to Wellbeing may have an impact on the way in which services are commissioned in the future. We will therefore need to ensure our work in this area complies with procurement legislation.

Finance

There are no financial implications arising from this approach at present.

Consultation

Formal consultation on this approach is not envisaged, however, proposals for wider engagement are highlighted in the main body of the report and will need to be considered further as part of a more detailed community engagement plan.

Equality and Diversity / Public Sector Equality Duty

Utilisation of this approach would support equality and diversity, emphasising the importance of citizens having equal opportunities regardless of where they belong, highlighting the need to address and reduce health inequalities, and valuing the diversity that people can bring to their communities as local assets.

Human Rights

This work would respect the human rights of citizens across County Durham, working with communities regardless of race, sex, nationality, ethnicity, language or any other status. In particular the work to engage communities would encourage freedom of opinion and expression.

Climate Change

None

Crime and Disorder

Improving community engagement and cohesion has the potential to reduce crime and disorder.

⁸ Health and Social Care Act 2012

Staffing

There are no staffing implications arising from this approach at present.

Accommodation

There are no accommodation implications arising from this approach at present.

Risk

Partnership support will be required to take forward this Approach to Wellbeing and failure of this support may result in a risk to its adoption. The evidence base suggests that its introduction will result in improved health outcomes for communities, therefore the risk if it is not adopted is that improvement in health outcomes may be more limited.

Procurement

One of the key principles contained in this approach is the need to ensure collaborative commissioning and co-design of services. Adoption of this Approach to Wellbeing will therefore have an impact on the way in which services are commissioned in the future. These are considered in the paper.

Appendix 2: County Durham’s approach to Wellbeing (draft 2 October)

Introduction

What is wellbeing?

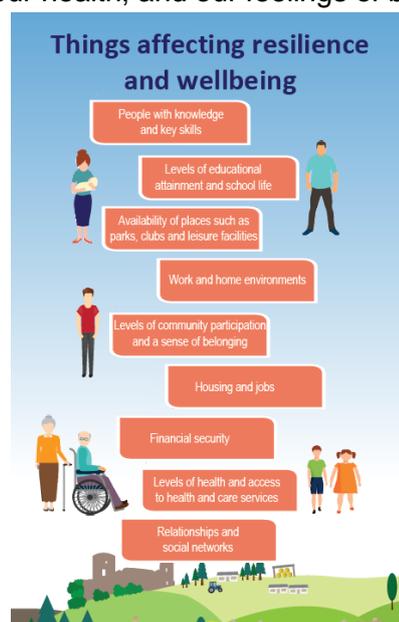
There are many definitions of wellbeing but in short it can be described as ‘*how we are doing*’, and ‘*how satisfied we are with our lives*’. Surveys are regularly used to measure our levels of wellbeing, and in County Durham, our residents report being less anxious compared to other areas, but they also report lower levels of happiness, and of satisfaction with their lives. In contrast, our young people generally report higher levels of satisfaction with their lives than their peers across the region (and nationally), and their mental wellbeing is the same as that reported in other areas.

There are other ways in which we can measure wellbeing including our relationships with family members; our health; our work and finances; our levels of participation in sport, culture and community events; where we live and how safe we feel; and the services we can access. Together, this information can provide us with a picture of the levels of wellbeing in our communities that we can use to measure changes over time.

Things that affect wellbeing and resilience

We all face challenges to our wellbeing as part of everyday life. Coping with stress at school, home or at work, having to deal with poor health or disability, and dealing with transitions in life such as leaving school, facing retirement or experiencing bereavement.

Many things affect our resilience and ability to cope. They include our levels of educational attainment; the support available within our neighbourhoods and the places we grow up in, work and play; the strength and quality of our relationships; our sense of belonging; our health; and our feelings of being in control of our lives.



Such factors often operate on a continuum and can change over time. For example, at some points in our life, we may have a number of strong relationships which make us feel positive and from which we can garner support if needed. At other times, the quality of our relationships may not be so strong, leading to feelings of isolation and loneliness. Similarly, our financial security, our health, our homes and jobs will change over time each of which bringing with it either challenges to our wellbeing or building our resilience.

Sometimes, however, challenges can be such difficult, prolonged or isolating experiences that people are simply unable to cope. As a result, they may feel stressed, low in mood and experience feelings of hopelessness. They may also try to cope by turning to unhealthy behaviours such as drinking, overeating or smoking which may then compound their feelings with those of low self esteem. At such times, it is important that they know where they can get help; help which is supportive and non-stigmatising, and enables them to build their resilience for the future. Whilst such help may include services offered by statutory agencies, it can also be found where we live, and amongst supportive communities themselves; communities that have identified ways in which its members can be protected from such challenges to wellbeing and have put in place the right support that is available at the right time.

Developing our Approach to Wellbeing

Building our approach

This approach is based around a number of broad principles, which we hope can be agreed by policy makers, service providers and commissioners across County Durham. Over time, it may develop into a more formal Consensus or Accord, lending itself to the development of a supporting action plan that partners can contribute to, each understanding their respective roles in realising outcomes associated with the introduction of the principles in this model.

The intention for this approach is to be as inclusive as possible, and free from jargon wherever possible, enabling it to be used not just with partner organisations, but to begin conversations with communities themselves, supporting their development and empowerment.

Conscious, however, that this has not been developed with communities, but that a starting point was needed, the development of this approach began with a dialogue between Durham County Council public health team and partners on the Resilient Communities Group (RCG). The RCG comprises a range of agencies, predominantly, those working in the Voluntary, Community and Social Enterprise sectors (VCSE) who have close links with communities and the challenges facing people in those communities. It was established by the Mental Health Strategic Partnership Board in response to consultation feedback on the need to improve action to address the wider determinants of mental health.

This document and model is therefore reflective of those conversations, with the intention of developing an approach to wellbeing and furthering our steps to working with communities more closely, supporting their development and empowerment.

Learning from others

We have also examined the development of similar approaches elsewhere. Many, who had originally developed health and wellbeing services that employed staff to offer 1:1 and group advice, have been seeking new approaches that work harder to develop and engage communities, and working in a more co-productive way.

The VCSE sectors have been a critical part of their success, helping to reach the most disadvantaged groups and it will be important to build on the strong foundations set by VCSE organisations and community groups in Durham in developing our own approach as we move towards more person and community centred ways of working.

Based on evidence; built around people and places; supported by systems

Our model is built around three components.

Firstly, the model is ***Informed by Evidence and Local Conversations***. This highlights the importance of having a firm evidence base for our work, but at the same time, affirms the key role that communities play in supporting its own citizens, and the significant improvements in health and wellbeing outcomes that can result from involving communities more in decisions that affect them. The aim is to ensure that ‘No decision about me, without me’ is a central tenet of this work, and that the emphasis is shifted to one where people are asked, ‘What matters to you?’, rather than ‘What is the matter with you?’.

Secondly, this approach has ***‘people and place’*** at its heart. Working with communities, building on the assets of those communities, supporting the positive development of the neighbourhoods that people live in, and fostering the resilience and empowerment of those communities through the support offered to everyone, and importantly to those who are most vulnerable. Such communities include groups of people that are linked by geography and place, but also groups that may be linked by characteristics such as being Lesbian, Gay, Bisexual or Transgender.

The final component highlights the importance of ***‘supporting systems’***. Ensuring that this Approach to Wellbeing is supported through alignment of activities across agencies and sectors; that services are commissioned and delivered in a way that is collaborative and supportive; and that for those who require more formal interventions and perhaps NHS treatment, are offered a person-centred approach with interventions that are empowering rather than stigmatising.



Our actions need to be informed by local conversations with people and communities, using their knowledge, and learning from their experience. It is important that conversations are held with communities about what is important to them and in doing so, recognising that this model must be a dynamic one, adapting, changing and being shaped over time by County Durham residents.

Our Principles

The three components of this Approach to Wellbeing are underpinned by a set of six principles. These have been derived from the evidence base and then further informed by conversations with partners on the Resilient Communities Group.



People and Places

Principle 1. Working with communities, supporting their development and empowerment

Communities have a vital contribution to make to health and wellbeing. Community life, social connections and having a voice in local decisions are all factors that underpin good health and there is a growing body of evidence that supports community engagement as a strategy for health improvement.⁹

The neighbourhoods where people live, work, play and have a sense of belonging to are also important. The design of a neighbourhood can contribute to the health and well-being of the people living there. Several aspects of neighbourhood design (walkability and mixed land use) can also maximise opportunities for social engagement and active travel. Neighbourhood design can impact on our day-to-day decisions and therefore have a significant role in shaping our behaviours. Other positive aspects of a neighbourhood are: feelings of safety, having places to meet people, a sense of belonging and a sense of control and thriving communities. These community/people aspects of a place are important health promoting components.

Working with communities and handing over power (also called **devolution of power**) and decisions from statutory agencies enables people to gain a sense of control over their lives. This can happen at an individual level through the development of personal skills and self-confidence, but also at a community level as people work collectively to shape the decisions that influence their lives and health. The approach can also lead to the development of **social capital**; the bonds that link people together (families, friends and neighbours), enabling a shared sense of identity which can then in turn provide help and support emotionally, socially and economically when needed.

The Due North report summed this up in the following way:

*"...community empowerment initiatives can produce positive outcomes for the individuals directly involved including: improved health, self-efficacy, self-esteem, social networks, community cohesion and improved access to education leading to increased skills and paid employment. Evidence from the 65 most deprived local authorities in England shows that, as the proportion of the population reporting that they can influence decisions in their local area increases, the average level of premature mortality and prevalence of mental illness in the area declines."*¹⁰

In order to achieve this, our work with communities means identifying priorities by focusing on the things that truly matter to them. As well as sharing power, it involves sharing knowledge; ensuring a full understanding of local issues and the

⁹ National Institute for Health and Clinical Excellence. Community engagement to improve health. London: NICE, 2008.

¹⁰ <https://www.gmcvo.org.uk/system/files/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final.pdf>

barriers to change so that informed decisions can be made. In sharing decision-making, it means supporting the development of their leadership role. Throughout our work, it is also important that ways are developed to reach out and seek those voices that aren't ordinarily heard.

Next steps

- Continually build and develop this approach by identifying which communities to begin to work with and how. This could include place based communities or communities of interest.
- Share these ideas and this approach to wellbeing, and begin conversations with communities on whether or not this feels the right approach for them, including how they can be supported in the development of their leadership role and in determining priorities for the future.

Principle 2. Acknowledge the differing needs of communities as well as the potential of their assets

Every Local Authority is required to undertake what is called a **Joint Strategic Needs Assessment** (JSNA). This is a process through which a comprehensive picture of current and future health and wellbeing needs for the area is formed and then used to inform decisions for the planning and improvement of local services with the aim of improving health and wellbeing in our communities.

Traditionally, JSNAs have adopted what is described as a '**deficit model**' of health and wellbeing, focusing on problems, needs and deficiencies in communities such as deprivation, illness and death. Whilst it is important that we continue to understand population health and wellbeing needs and health inequalities, it is also important to understand the **assets** (or strengths) in a community and work has begun to ensure the JSNA does this.

Whilst many people think of assets as being about buildings and services, assets also include people and their skills, social groups and networks, activities and spaces. For those who are facing challenges to their wellbeing, it can be just as important for them to be able to find the right person to talk to and to make a connection across their community, than it is for them to be offered a 'service'.

Assets may also be '**place-based**' and relate to our sense of belonging within a community, our cultural heritage, and the environment we live in. This may include, for example, the opportunities we have for good employment and education, our access to rail networks and transport to enable us to get to work or visit our families and friends, our leisure facilities and green space, and whether or not we live in areas that are safe and free from fear of crime.

Assets will differ from community to community, and each community, having different needs and assets, will find different solutions to the issues facing them. Mapping of assets and working to mobilise them for the good of the community means also looking at what already exists and then establishing what are the

gaps where further development is needed. This also means statutory agencies moving away from the idea that one solution fits all.

Next steps

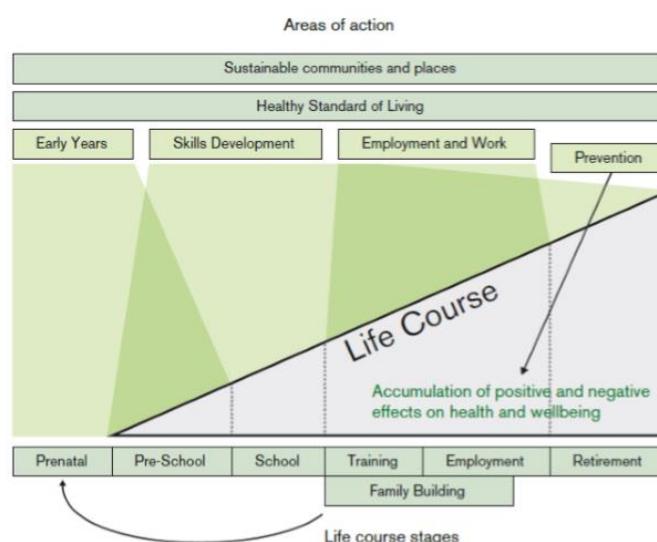
- Continue to develop the JSNA so it becomes more asset focused and place based.
- Share insights from the JSNA with communities to enable them to make informed decisions about the future.
- Pool information across partners on the assets and asset mapping that is currently known and then work with communities to enhance this.

Principle 3. Focus activities to support the most disadvantaged and vulnerable, helping to build their resilience

Some people living in our communities can face challenges and disadvantages, simply because of where they were born and raised. This may mean fewer opportunities being available to them as they grow and mature into adult life which can result in differences in their health and wellbeing compared to those born into more affluent families. Such differences are called **health inequalities**.

These inequalities and disadvantage can accumulate throughout life. For example, a child who suffers poor health and misses school, may leave school with fewer qualifications and therefore fewer job prospects. This accumulation of disadvantage emphasises the need to take action as early as possible in childhood and even before birth. This early intervention is key to breaking the cycle of health inequalities some of our communities face and is described as taking a **life course approach**¹¹.

Marmot Review: Action across the life course model



¹¹ Fair Society, Healthy Lives. The Marmot review. Strategic Review of Health Inequalities in England post-2010.

Our approach to wellbeing will take these factors into consideration, focusing our activities where they can help support the most vulnerable and those at greatest risk of poor health, whilst helping to build both individual and community resilience. These activities will take place across a range of settings – in schools, workplaces, different types of communities, and at all stages of the life course.

Continued inequalities undermine resilience, however, reducing inequalities and the hardships people face can strengthen their ability to cope. Set alongside the building of social capital and the identification and use of local assets, these can work to build **resilience** to handle future challenges.

Next Steps

- Work with communities to identify those groups that are most vulnerable and consider actions that could support them.
- Review services and assets already available against those that it is felt are needed, and identify gaps where assets need to be mobilised, increased or commissioned.

Supporting Systems

Principle 4. Align our related strategies, policies and activities to reduce duplication and ensure greater impact

It is important that our wellbeing approach is aligned with, as well as supported by, other **strategies**. By doing so, we will ensure the support of key leaders who can influence and encourage its use, as well as a higher concentration and consistency of effort, resulting in a greater chance in achieving our goals and outcomes. The County Durham Vision, the Joint Health and Wellbeing Strategy, the Mental Health Strategy and Concordat and the Children and Young People Strategy are key strategies for the convergence of our principles and are also areas where this Approach can offer support.

Using strategy to influence **policy** is important too, so that we should be looking not just at health in all policies, but health and wellbeing in all policies.

Alignment and support for the most vulnerable should also extend beyond strategy and policy, but also in our actions, whether these are in the commissioning of services, the advice we give, the papers we write, and the influence we have on change.

Finally, aligning our **activities** can reduce duplication of effort, for example in reducing the number of strategies we have across partners, or in the number of asset mapping activities that are already done, the output and learning from which could be shared more widely and systematically. Alignment of activities also improves the 'offer' of services to communities. There are lots of services available across County Durham that can offer support for a range of needs. However, we need to ensure that they are responsive, visible, accessible and known to the communities they serve.

Next steps

- Use the outcomes from our discussions with communities to shape this wellbeing approach, as well as our related strategies, policies and activities.
- Consider how this approach to wellbeing can influence the way in which partners can work together with communities and improve the alignment of that work with one another.
- Ensure that the development of all new strategies that have an impact on community and individual wellbeing are aligned with our wellbeing approach.

Principle 5. Develop and deliver services and assets in a way that encourages co-design and co-production with the people who need services and those who provide support

This principle, whilst of relevance to people who commission services, has a far wider scope. Its adoption by those who deliver services too is vital, working with local communities to design those services together.

It should also be adopted by those responsible for the development of place-based assets such as the homes we live in, the parks that we walk and play in, the schools and libraries that our children study in and the transport links that maintain our social connections.

Our approach to this principle is underpinned by the concept of **‘Collaborative Commissioning’**. This term describes an approach where,

‘Rather than being treated as the passive recipients of services designed elsewhere, the people of the community will be the active shapers of their own future, trusted to ‘co-design’ services, to direct commissioning decisions, and to play their part in making the service work.’¹²

Collaborative commissioning requires **co-production**; a way of working that involves people, families, carers and communities being engaged and involved at the earliest stages of service design, development and evaluation. It acknowledges that people with ‘lived experience’ are often best placed to advise on what support and services will make a positive difference to their lives. It puts an end to ‘them’ and ‘us’ and instead, people pool different types of knowledge and skills, based on lived experience and professional learning. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

The VCSE sectors, with their close community connections and position outside of the statutory sector, are important contributors to the co-production of health and care services.

¹² <https://www.gov.uk/government/publications/civil-society-strategy-building-a-future-that-works-for-everyone/5-the-public-sector-ensuring-collaborative-commissioning>

The concept of collaborative commissioning is in keeping with our ethos of engaging communities, empowering them and working with them to develop an approach to wellbeing. In terms of collaboration, commissioning will be done across organisational silos, engaging the VCSE sectors, as well as public and private sectors, and creating an environment of greater user-led, community-led and staff-led delivery.

Next steps

- Use this wellbeing approach to increase community engagement in the review and co-design of:
 - the services we provide.
 - the services that we commission from others.
 - the assets that we can develop and mobilise.

Principle 6. Make person-centred health and care interventions available, ensuring that they are empowering rather than stigmatising

On those occasions when people need more support than they can get within their communities, they need to feel confident that a referral into health and care services will be safe, of a high quality and person-centred.

Taking a '*whole-system*' approach to the wellbeing of our communities requires coordination and collaboration across a wide variety of sectors. It needs to be consistent and responsive to an individual's needs and to recognise that life circumstances are not static. The need for support can be complex and changing whether an individual experiences a single acute episode of ill health, or requires ongoing support for a longer term condition.

NHS policy is being refocused to enable people to have greater control over their own health and the care they receive¹³. It also recognises the role played by community staff to help people stay independent for longer; and the need for greater collaboration so that individuals, health and social care services, and national and local governments work together, alongside communities and employers, to remove barriers to healthy lives.

NHS organisations are also working with their local partners, as 'Integrated Care Systems', to plan and deliver services, and develop strategies to meet the needs of their communities. The principles in this Wellbeing approach can help to guide the development of such strategies including the introduction of social interventions and other programmes of work with the intention of preventing ill health. It will also encourage greater supported self-management and shared decision making.¹⁴

¹³ <https://www.england.nhs.uk/long-term-plan/>

¹⁴ <https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>

Too often, people receiving health care can feel disempowered through the relationships they have with the professionals involved in their care and in some case stigmatised by the type of treatment they may receive. It is important that professionals working in the health and care system use person-centred interventions, ensuring that the language they use and the actions they take empower people, rather than disempower them. It is also important that we all work together to remove the stigma that is associated with some forms of health care intervention such as treatment for people who may be obese or experience mental health issues.

Next Steps

- Use this wellbeing approach to review and explore current and potential care and support pathways

The Wellbeing Model

The Wellbeing Model brings together all of elements into a single graphic highlighting the things that affect resilience and wellbeing, the evidence based that underpins this work and the six principles guiding our proposed actions.

The final section of the Wellbeing Model also refers to ‘Your Commitments’ and has been left blank. This section is intended to act as a starting point for discussions across partnerships, organisations and teams about the commitments they can make to support delivery of the model.



Implementing our Wellbeing Approach

A number of next steps are suggested throughout this document as a means of taking forward this Approach to Wellbeing. In summary they include:

- Continually building and developing this approach by identifying which communities to begin to work with and how. This could include place based communities or communities of interest.
- Sharing the ideas and approach to wellbeing contained in this document, to begin conversations with communities on whether or not this feels the right approach for them including how they can be supported in the development of their leadership role, and in determining priorities for the future.
- Continue to develop the JSNA so it becomes more asset focused and place based.
- Sharing insights from the County Durham JSNA with communities to enable them to make informed decisions about the future
- Pooling information across partners on the assets and asset mapping that is currently known and then working with communities to enhance this
- Working with communities to identify those groups that are most vulnerable and consider actions that could support them.
- Reviewing services and assets already available, against those that communities feel are needed, and identifying gaps where assets need to be mobilised, increased or commissioned.
- Use the outcomes from our discussions with communities to shape this wellbeing approach, as well as our related strategies, policies and activities.
- Considering how this approach to wellbeing can influence the way in which partners can work together with communities and improve the alignment of that work with one another.
- Ensuring that the development of all new strategies that have an impact on community and individual wellbeing are aligned with this approach to wellbeing.
- Use this wellbeing approach to increase community engagement in the review and co-design of:
 - the services we provide.
 - the services that we commission from others.
 - the assets that we can develop and mobilise.
- Using this wellbeing approach to review and explore current and potential care and support pathways.

It will also be important to measure the impact of adopting this approach over time. This can be done in a number of ways including the use of data that is already collected nationally to measure wellbeing and is part of routine 'performance monitoring'. However, it is important to also measure the impact of this approach on those communities it is intended to support, gaining insight and feedback through local conversations and ensuring a dynamic approach to implementing this approach.

Making Commitments to Deliver Community Wellbeing

If this approach is to succeed, its implementation requires the support and commitment from partners working across all sectors and agencies. Each has a role to play in engaging and empowering communities, using the approach outlined in this document and aligning their activities with others, leading to greater gain. It is therefore important that the content of this document is shared widely, consulted upon and 'owned' by everyone across the County Durham Partnership. It will then be incumbent on each partner to support the *Principles for Wellbeing*, making organisational and personal commitments to help deliver the proposed actions.

These principles may also provide a starting point for conversations with communities themselves. Conversations that explore the value and appropriateness of this model itself, the needs and assets of each community, the identification of local priorities for action, and the support that can be offered by statutory and VCSE sectors. Working together to design solutions that are owned by communities themselves will create the environment for a lasting legacy of wellbeing in County Durham.