

Collaborating for Health – Speaker key points

This document provides a note of the key points made by speakers and in plenary at the Collaborating for Health conference at St Mary's Community Centre on 14th June 2023.

Matt Dean, CEO of Zest: Opening the Conference

Matt reflected on the range of community champions and advocates in the room, and offered some food for thought for the afternoon:

- We know about the complexity of the challenges ahead
- We need to also reflect on how far we've come, such as the development of the People Keeping Well framework: this took people with it and is a key building block, and started to mainstream the community first approach
- What factors have enabled and inspired us in developing this approach? What are the factors that have held us back? What can we learn from other places?
- We all need to come together to agree the shared priorities.
- We should reflection the importance of connections and how we work together as set out in Cormac Russell's latest text:

'we are not disabled, we are dis but not disabled, we are disconnected. We don't need services, we need community'.

- We have to listen, compromise, cede control, acknowledge our rich interdependence, and connect and listen beyond our own organisation's boundaries.

Greg Fell, Director of Public Health: Chairing the First Session

Greg set out his thoughts on the purpose of the event and what we are trying to get to:

- The conception of this event is: there's no more money, so we need to think differently about how we work to achieve what we want.
- The HWB strategy needs to be a CITY thing, it's owned by all of us.
- This is definitely not about state stepping back but the need to clarify who has what roles in this space.
- This is about Health Creation (not prevention).
- We have plenty of our own ideas and brilliant ideas of shining practice. But we equally want to steal other people's brilliant ideas.

Donna Hall

Donna reflected on her experience as Chief Executive of Wigan Council and subsequent work with New Local:

- Seen some really good practice but also lots of talk and not a lot of action in some places.
- The acid test is: what difference is that conversation going to make the people I work with.
- We need to really tackle the health inequalities and differential outcomes.
- **Wigan Deal** started off in 2011 trying to rethink the role of public services in place.
- Previously we'd been a good performing council but very paternalistic, very top down and transactional and doing to people.
- Wigan did some work with Hilary Cottam and recommend her book Radical Help, focused on building good health into communities and neighbourhoods.

- We needed to redress the balance of public services in the place.
- Did an experiment of 25 families on a Wigan council estate; these families were people with children on the edge of being sent into care.
- Wigan were spending quarter or half a million pounds per year without showing positive outcomes for the families. 80% of time was on assessment, referral, strict criteria for being referred for services. E.g. low BMI threshold for eating disorder services.
- Created a Community Investment Fund – streamlined approach to assessment and referral, looking similar work in Brazil – 230,000 community health support workers supporting families and communities.
- Not called ‘social prescribing’ because not about a GP, but about connecting people with available support. Introduced neighbourhood teams, worked intensively across sectors and partnerships.
- Everyone in the patch, even the job centre was supporting people (based on risk categorisation). Worked intensively with those at risk of having a fall.
- Schools and GPs used to reach out – they are the two most trusted assets in the neighbourhood.
- Used ‘anthropology’ to retrain staff so it wasn’t just about putting people in boxes, developed the Be Wigan experience to support this, about how everyone works together to help people in a very human way.
- Invested in assets – 13million into 500 next projects. These were things the community told us they wanted, like a Rugby memories group that supported people with dementia but wasn’t exclusive to those.
- Also looked at adult day centres – they were not functioning well, so found different ways of investing in the community.
- We managed to add an additional 7 years of healthy life expectancy in the most deprived wards.
- This healthy life expectancy gap is what we should all be focused on and public services can’t do this without communities.
- New Local with 7 councils up and down the council focused on bringing community power into public services. Resident voice in every aspect of the design of services.
- Looked at sexual health services and redesigned this with young people with lived experience. Created a different relationship between citizen and state.

Questions

- Has the approach and the improvements been sustained?
 - Humility as leaders is important, need to keep triangulating and checking.
 - Case conferences that involve communities. Having community support workers makes huge difference in areas of high poverty.
 - Need to not deviate from the model of community power – not a project but a complete mindset shift. Involves giving power to communities. Smaller life expectancy gap is being sustained in most wards.
- What barriers needed to be overcome to shift values?
 - Personal and professional ego. Failure to put yourself in the shoes of the resident. Also people failing to work together around the person and community – complexity of social care, need to put the person first, not start with the service.

- What was the most significant first step?
 - Clarity of purpose – the deal sets it out really simply. Constancy of purpose, not keeping chopping and changing strategy and sticking with it, letting the community driving it.
 - Three things kicked it off – having no money (needed to save 160million), people were doing ad hoc things, but needed to reimagine our role (enabling community power), then the work with Hilary Cottam and didn't just treat it as a project but rolled it out into everything.
 - It takes a different type of leader to drive that – recognising, I haven't got the answers but the community have – that's political and managerial leadership.

Alison Haskins

Alison reflected on her experience as Chair of Locality and as Chief Executive of Halifax Opportunities Trust, set up 21 years ago – a big but local organisation. Set up deliberately to contribute to the regeneration of west/central Halifax.

- A community anchor is a place-based organisation, as defined by the local community. Usually run out of buildings in the local community and run by the local community.
- There is growing recognition of the role of community anchors. Sheffield is blessed with incredibly brilliant range of local anchors.
- In Halifax Calderdale Council has shown real commitment from the top for this community led approach. It's a Keep It Local council – encourages council to procure locally, understanding the benefits of working with their local VCS organisations, supported by LM3 theory. Should lobby to get Sheffield to signed up to this.
- Lots of community asset transfers in Calderdale and there is a community anchor policy which recognises the importance of those local organisations.
- Public health match for UKSPF – Calderdale got 3million pounds which has been put into VCS. Working with local people to decide how they want to spend the money.
- Most of our health is determined by the social determinants of health. 5 principles of wellbeing as set out by Five Ways to Wellbeing.
- As well as individual wellbeing there is community wellbeing – need to think about both because it's so important and helps individual wellbeing as well.
- Community anchors are grassroots and have real roots in communities. Other organisations can parachute in and be like astroturf, not putting roots into it.
- There are specific organisations who do specific things really well – if it's about community support then it needs to be done with and through community organisations.
- Key is consistency around this work – not ad hoc projects and funding projects. Also need to always ask is this the right organisation?
- Do we stereotype community organisations as less skilled, professional or capable?
- Are we really really really committed to working with community partners as equals – this is how we see the change.
- Calderdale council have worked to build capacity within the community anchors – for example, tender for children's services had social value built in. Community anchors strategy is about recognising the value of investing in community anchors.

- How do we challenge the stereotypes – educate people about the sector and call things out when you need to.
- Environment, circumstances and leadership – makes a difference in this space. Calderdale is a small council and has had to work in different ways – supporting establishment of community anchors.

Table exercise and Break

Session 1 Plenary Feedback

Following the break Greg and Alison reflected on the output from the table exercises:

- Things that sprang out – changing mindsets and hearts and minds; Sheffield ‘deal’ – a plan on a page; moving from talk to action (accelerating and leveraging to next level); wellbeing economics, want to be a keeping it local council.
- Getting the structural side right – having something to aim for. And then having the cultural side to match.
- Making sure we are joined-up – linking with Sheffield City Goals, ensuring that we don’t duplicate.
- We don’t always get the insights back and understand the impact around the action that takes place – so we don’t build as much as we should on what we’re doing really well.
- Isn’t a collective story at the moment about how we devolve power to communities and to VCS – this is happening across the city from different organisations but not joined-up.
- There is something about the dissonance between the way that statutory services are commissioned and monitored and the desire for communities to be at the heart of delivery (NHS related).
- Something about what the community anchors are doing to come together and articulate what they want to do together, not just looking to the council, NHS etc. Then ask the public sector orgs to help us resource that – community anchor network?
- Community anchors are important local institutions but they’re not everything – we have to work in partnership to revitalise local democracy, because you can’t have a single community voice. People need to be mobilised.

Megan Ohri, Partnership Manager at SOAR: Chairing the Second Session

Megan introduced the second session focused on Sheffield:

- Everyone is fired up now but we want to reflect what is happening locally, and being honest about the challenges.
- We need to reflect on the power dynamic and horizontal bonds – this is what it really is, not ‘partnerships’.

Our Sheffield: building on positive approaches

Covid-19 Vaccinations Programme

- There’s a lot of talk about ceding power – but it is just a concept.
- We have a very powerful BAME community sector in Sheffield. We should be very proud of that, but we haven’t been able to sell this in the same way many other cities have done.

- We met as black community leaders at the very start of the pandemic – to plan for how we were going to work together to deliver for communities. There were a lot of good initiatives which came from this.
- A lot of awful things from the pandemic but one good thing is that by accident, but not by planning, we did come together.
- We didn't have prior experience of engaging properly. We must never forget how well we worked together and capture the lessons to be prepared for the future.
- We have huge expertise and experience in our communities – we don't need a new strategy or a new idea.
- We want you to see us, not just for us to see you – come out to us and show humility and respect.
- You need to value us for our role in the community. People have got used to be told what to do and need to be listened to.
- When covid hit Sheffield, there was a disproportionate impact on black and minoritized ethnic communities.
- Public Health recognised that we had to get people together from all backgrounds to address this.
- Fir Vale was hit hard early on (care homes). It started people panicking and the council were recognising the issue.
- This was where the BAMER PH group came from – gave an opportunity for people to express their views openly and do so in a safe space.
- Resources were invested, we felt equal, we had a pot of money that was just for us and our communities.
- We had the opportunity to co-ordinate, co-produce and deliver the services at the grassroots. We built the confidence of those communities.
- At the end of it I felt a change in the city, there was more openness to us and a focus on us. There was independent evaluation from the University of Sheffield and a report that can be shared

Heeley Trust

- Heeley Trust uses an asset-based approach – this takes relationships, partnership working and action planning.
- But it is really hard work to make this happen – we've been working on our own Heeley Deal really.
- We have good relationships with NHS now but this has taken hard work as well to establish this.
- Took on social prescribing work – the information was out of date, so we took an ABCD approach and went out into communities and asked them things.
- We also collaborated around vaccinations and worked through PKW etc.
- But we also have to be accountable for everything.
- Building trusting relationships takes a really long time – the idea of a community anchor is that you are doing this not just for yourself but all the smaller groups in your area.
- Represent our community and translate the conversations that are happening on the ground into these kind of spaces.

- Care – this is part of the carers economy – so much unpaid work. Hold our community memory, put all this work around the edges.
- This isn't funded or recognised: all of the stuff we have to do to join that up and make it work.
- Issues around community development work and where this sits – bringing people in to do community development when it would be better situated in the community groups.

Disability Sheffield and Healthwatch

- Sheffield Voices have been working a lot with Healthwatch and we are focused on learning from collaboration and innovation.
- Healthwatch wanted to get involved in the development of the new Working Adults Framework.
- We went out to people to do workshops – drama, art, music, magician – engaging people on their own level.
- This learning from that project has also fed into other co-design projects. A focus on fun creative activity meant that people could get involved as much or as little as they wanted to.
- Not leading the conversation, but listening to what people want to tell you. Because it's a relaxed space it's a really good vehicle for listening to people who are seldom heard – e.g. using drama to act out or play the role of director.
- But you do need to be clear from the outset what you are doing and what your expectations are. Asked very open questions, what do you love? What worries you? What are you looking forward to? Visualisation of where you want to go, where the bus is going to take you.
- Captured visual minutes. Draw them on A5 post it notes so people could see what we were recording.
- Gave ownership of the post it notes to other people too – it's about the power, we're not the only ones to have the power to collect and capture the information.
- Worked with support workers to incorporate questions into people's daily routine and what works for them.
- Now meeting back with people to talk about what's been done with what they've said.
- Coming out of the project is 50% representation on the Learning Disability Partnership board.
- Pilot project – we speak, you listen – originally called the community sharing hub (was an event for adults with learning disabilities to come together).
- Been doing this for a year now and the pilot has helped commissioners to hear lived experience. The events are accessible and out in the community so we can keep the feedback loop open.
- Commissioners come to the events. It's an ongoing project not about one off consultations.
- The events are themed but people come along and speak about whatever they need to – average 40 participants, happens monthly.

Community Development & Health

- Important to focus on self-care in these critical roles.
- Staff going into traumatised communities – need to not leave there traumatised but also having done something useful, positive.

- A model was developed – plan was to get everybody to come and do community development, self reflection, respite, experience affirmation but also getting challenged, to reorient themselves and make adjustments, rediscover or recultivate their personal agency, build the courage.
- People are loved and cherished so they can reflect on whether they are inclusive, do they empower people etc. 16 week programme.
- The experience starts to spill over to work life, personal life, professional adjustments, looking at things differently.
- This helps formal and informal transformation – changes to systems and processes, radical change in how things are done.
- Not enough to build the courage of the frontline workers but need to do that with CLT, with middle managers and service managers.
- Community health – council staff as the community and need community (organisational council) health as well as the individuals.
- Gives people an opportunity to reflect, to say that things need to get better and be the change - this requires courage, fortitude and understanding yourself.
- We have to invest if we want people to have the skills.

Table Exercise

Session 2 Plenary

Megan chaired rapid feedback from table facilitators:

- Humility in leadership
- We don't necessarily understand Sheffield communities as well as we should – equality of voice and representation
- Long-term consistent funding – lots of pilots, less longevity
- Trust, commitment to change
- Human qualities to work together to identify who is best to do what. Our leaders need to make us feel safe to be creative and take risks. Compassionate leadership.
- Community anchors should invite the statutory bodies to an event, where they speak and lead. And then the statutory bodies listen and do something. Because community anchors keep being asked to similar events.
- All parts of the system need to be transparent and accountable, like the VCS is
- Why are some organisations deemed as more important or heard more?
- To create trust and maintain it we need collaboration across sectors for a shared goal.
- Team around the person model needs to be built upon

Cllr Angela Argenzio: closing comments

Cllr Argenzio closed the event in her role as co-Chair of the Health & Wellbeing Board:

- From today we can see that we are committed to addressing the social determinants of health.
- We need to build on what we've talked about today to build a new system to address this – a genuine partnership of equals.
- Want to change the culture of the council – it's a big job and we need your help.

- Not all conversations are going to be easy, but we need to accept that to make change happen.
- Next steps – a round-up of the outcomes of the conference and bring people back together to deliver.