Working with Communities, Developing Communities
Guidance for Primary Care

March 2013
Clinical Commissioning Groups (CCGs) will need the support of local communities in order to ensure success. As commissioning GPs we must proactively work together with all people within our communities.

‘Community Development’ sees the local population as an asset not a drawback, providing answers, not creating problems. Working with and developing communities will make commissioning better, easier and promote more effective results.

Community development professionals work with residents to identify key, local issues and set agendas important to local people. They also work with partners, such as local authorities and the NHS to bring together spheres of health, education, housing and policing in a fresh and innovative way- offering both cost-effective and health-effective results.

This report sets out the background and evidence for the mutual benefits that Community Development can bring for local citizens, primary care practitioners and CCGs. It also uses two case studies as examples of community development projects - the Health Empowerment Leverage Project (HELP) and Turning Point.

What is Community Development?

“No society has the money to buy, at market prices, what it takes to raise children, make a neighbourhood safe, care for the elderly, make democracy work or address systemic injustices... The only way the world is going to address social problems is by enlisting the very people who are now classified as ‘clients’ and ‘consumers’ and converting them into co-workers, partners and rebuilders of the core economy.” – Edgar Cahn

This view of Community Development is a form of co-production whereby individuals, communities and public service organisations pool their skills, knowledge and abilities to create opportunities and solve problems.

It is about reaching out to communities, supporting community groups - encouraging and facilitating effective and wide-reaching community activity. Under the guidance of professionals, Community Development will allow local people to:

- identify their own needs and aspirations
- influence the decisions that affect their lives
- improve the quality of their lives, communities and society in general

The positive impact of Community Development will be direct, through the participation of an individual, and indirect through the influence that community participation has on services.

One example of Community Development is Time Banking - conceptualised by Edgar Cahn (quoted above) - whereby hours of time become community currency and participants exchange skills and resources with fellow time bank members.
The introduction of Clinical Commissioning Groups will create new opportunities for primary care practitioners to work with local authorities and communities. Community Development provides an effective way for these agents to engage with each other proactively to:

- improve health protection
- address health inequalities
- be more responsive in our commissioning duties
- collaborate with statutory agencies
- enhance behaviour change in society
- save money

Working with communities is an essential part of the business plan for every CCG. GPs and CCGs are accountable to communities and, in order to improve and change services, we must engage with the local population, take on board their input, make decisions together and look to them for solutions to societal problems.

The focus of Community Development may not initially be health as the agenda will be set by communities. Local populations lead the collaboration of health, education, housing and policing agencies to best meet the needs of the local area. In doing so we have already seen many examples of innovative solutions to local problems.

Although the impact on health may be indirect, there is evidence that correlates good health with strong social relationships and which are encouraged through Community Development. There is also clear evidence that as communities work together to solve problems that are affecting them, leaders emerge, social capital improves and health benefits are substantial.

Whilst the hub of a Community Development project might not always be a GP surgery - although there are examples where this has been the case- projects do tend to be based in a specific geographical area and so are not dissimilar to the way that GPs and Patient Participation Groups (PPGs) currently work.

In addition, Community Development is an excellent opportunity for PPGs to engage further with local communities. Although the structures and processes of both initiatives are different, their interests are similar.
There is substantial evidence to support a link between Community Development projects and improvements in health.

1. **Social integration increases resilience against physical and mental health problems**

   Evidence shows that building links between people - creating social networks between friends, relations, acquaintances - protects both their physical and mental health.

   Social networks and more specifically social participation can act as a defence against dementia and cognitive decline in over-65s and research has shown that social links are consistently associated with reduced morbidity and mortality.

   A meta-analysis in 2010 studied 308,849 individuals’ data over an average of seven and a half years and found a 50% increase in the likelihood of survival for people with stronger social relationships. This makes social networks as important as not smoking, moderate alcohol and regular exercise in terms of good health and is consistent across age, and gender.

   Adversely, low levels of social integration and loneliness have been shown to increase mortality. And the most significant difference between those with and without mental health problems is a lack of social participation. Furthermore, there is evidence to suggest that stronger social relationships reduce the risk of depression.

2. **Social networks tackle health inequalities and have wider benefits in society**

   As well as being beneficial to physical and mental health, promoting social integration - which has been shown to be weaker in deprived areas- can help to tackle health inequalities.

   Social cohesion is led by communities coming together in their own interests and a starting point for this is encouraging the participation of local groups.

   Areas with stronger social networks have lower crime rates, less delinquency and there is some evidence of higher levels of employment and employability.

3. **Community Development builds social networks**

   Community Development projects, such as time banks, increase social contact and therefore promote the health and societal benefits described above.

   The Beacon Estate in Cornwall has seen Community Development projects lead to significant improvements in housing, education, housing and policing and overall increased confidence within members of the community. Similar experiences and outcomes have been found in Balsall Health.

   Another example is the ‘LinkAge Plus’ programme which aims to strengthen social networks for older people whilst simultaneously gaining their input as to how to best improve services. It combines self-help; peer support; social inclusion; participation in activities and advocacy support. The scheme has shown significant improvements in health and independence.
In terms of health inequality, Professor Sir Michael Marmot has said that reducing social isolation through community development is the best way to tackle the issue\textsuperscript{14}.

\section*{4. Societal benefits are longitudinal}

Community Development engages and empowers local people, which saves councils time and money and creates more satisfied communities\textsuperscript{15}. Communities are able to negotiate new relationships with statutory agencies, helping to develop and improve service delivery\textsuperscript{16}.

Research has shown that following Community Development schemes, the quality of public services is resilient in the face of economic and other adversity\textsuperscript{17}.

\section*{Community Development: the Financial Case}

As well as substantial benefits to people’s health and some wider social benefits, the success of Community Development can be measured financially.

A social return analysis with imputed financial value was undertaken to track the activity of Community Development professionals in four local authorities\textsuperscript{18}. It found that an investment of £233,655 would have a return of approximately £3.5 million: every hour spent by community members running groups and activities had 1:6 return on investment.

Time banks have been shown to be particularly cost-effective. Every time bank member on average involves less than £450 investment, but can result in savings of £1300\textsuperscript{19}.

A 32\% reduction in falls by older people (730 over two years) was the result of the Healthy Communities Collaborative which combined Community Development with targeted outreach. This scheme involved three areas with a combined population of 150,000 and is estimated to have saved £1.2 million in terms of hospital costs, £2.75 million in terms of residential social care costs and £120,000 in ambulance costs.

Community Development will also have a positive impact on heart disease and associated costs. Estimates that social cohesion projects and better networks will prevent 2.9 fatal heart attacks per 1000 people. This is compared to four fatal heart attacks in males prevented as a result of medical care and cholesterol-reducing drugs\textsuperscript{20}.

In wider society, Community Development will continue to save money. Evidence shows that greater social engagement reduces vandalism. A study of the £2.2 million Shoreditch Trust housing redevelopment project estimated that the prevailing community involvement saved approximately £500,000\textsuperscript{21}.

A cost-benefit analysis of the HELP project can be found in Case Study 1.
Case Study 1- Health Empowerment Leverage Project (HELP)

This scheme in Townstal, Devon, works to create long-term partnerships between residents and frontline services, health related and otherwise, in a particular neighbourhood in order to solve local problems.

HELP aims to multiply and widen the scope of existing activities as well as creating the momentum to make these developments self-renewing. In the long-term, the scheme aims to create a positive neighbourhood atmosphere.

The partnership is led by residents but generates parallel action and learning amongst agency staff in order to develop confidence, skills and co-operation.

It works through a facilitator leading residents and agency staff through a seven-step programme. The following outputs were seen within one year:

- a new dental service was established
- regeneration of a derelict area of open space into a play park
- well attended social events and regular football sessions
- improved relations with the local housing associations and tenants
- summer holiday activities for all ages
- reduced anti-social behaviour
- an agreed plan for social renewal through further activities
- citizenship lessons at the community college were established
- a youth community forum established
- a weekly activity hub at the community hall.

HELP adopted a method known as ‘C2’ (visit www.healthcomplexity.net) which has already seen substantial success for over 15 years across six deprived estates in both rural and urban areas.

Although reasons are uncertain, a C2 project on the Beacon Estate in Penwerris, Cornwall found major improvements between 1995 and 2000 in health, education, employment and crime. Comparable results have been seen in Balsall Health, an estate in Birmingham that independently developed a similar method. These both outstrip national trends at the time.

The Townstal HELP scheme continues to run a small number of local projects directly and provides training based on the C2 seven step programme. It enables local people to apply the system in their locality and link with the growing network of HELP and C2 projects.

A cost-benefit analysis of HELP shows a three-year NHS saving of £558,714 over three years based on cautious estimates of depression, obesity, CVD and a small number of other health factors being reduced events by 5% per year. This is a return of 1:3.8 on a £145,000 investment in community development over the period.

Additional savings through reductions in crime and anti-social behaviour are estimated at £96,448 a year per neighbourhood; £868,032 across the 20% most disadvantaged neighbourhoods of a local authority and £130m across England.

You can see more about HELP on Youtube.
Case Study 2 - Turning Point

Turning Point have delivered Connected Care in 11 places since 2006. A pilot ran in Owton, Hartlepool, a community of 2,905 households with 6,757 inhabitants predominantly living in social housing, within the 5% most deprived neighbourhoods in the UK according to the Index of Multiple Deprivation (IMD).

Owton has a strong sense of community spirit and a thriving voluntary sector with residents’ associations and community organisations delivering a range of services. The Connected Care project set out to build on this existing social capital and resilience to improve health and social care outcomes for local people.

Community Researchers were recruited from the local community and conducted one-to-one interviews, focus groups and a community roundtable event with 251 local participants.

This audit led to the development of Connected Care, a service delivered through a local community social enterprise and is incorporated as a Community Interest Company. The service includes a Connected Care ‘Navigator’, a debt and benefits advice service, support for older people to stay in their own homes for longer, supported housing for young people and a gardening and handyman service. Connected Care also includes a time bank to utilise the skills of local residents and co-ordinate volunteering between local people. Furthermore, the scheme includes a Benefits and Welfare Advice service.

The success of the pilot led to Connected Care currently managing 32 flats in Glamis Walk that are owned by Accent Foundation. Accent have refurbished the whole estate and have commissioned Connected Care to manage the whole estate.

This year Connected Care is being rolled out across Hartlepool. This builds on the services delivered in Owton and community research activity across the town over the last 18 months. This expansion has been led by Connected Care ‘Navigators’ with their experience from Owton. The pilot has helped identify needs and priorities across the town as well as further building community capacity to develop neighbourhood services. Connected Care is also working with the Council on Welfare Notices – a way for people to log requests for support and services that are then put into action by the appropriate Connected Care service.

The University of Durham has carried out an independent evaluation to assess the effectiveness of Connected Care to date. The evaluation concluded that services are now more accessible to the community, take-up of services has improved, a range of needs are being met, and people are less likely to disengage with the system.
A SET OF QUESTIONS THAT PARTNERS CAN CONSIDER IN THEIR LOCAL CONTEXT

1. **I am interested in taking these ideas forward – what are my next steps?**
   - Understand and evaluate different approaches against your needs, using the advice and contacts here.
   - Talk to your LA and HWB.
   - Look at the literature outlined here.
   - Pick a tried and tested approach, such as those outlined here.

2. **There is already work happening in our patch – I want to enhance it.**
   - Work closely with your local authority and existing 3rd sector groups.
   - Look at what is already working in your patch across the LA, in health, via the 3rd sector your LiNK/HW may be able to help.
   - Some organisations will help you get the most out of existing work.
   - Some organisation will help with training existing people.
   - There may be levels of intervention ranging from an analysis of current local work, mentoring of existing people, through to initiatives on estates, backed up with training and support.

3. **I want to invest in community development - how would this work best get funded?**
   - Consider commissioning new work.
   - Ensure you have a business case. You can build on the evidence presented here.
   - Community development would ideally be funded jointly by the local authority and the CCG, probably through the Health and Well-Being Board.

4. **What about evaluation?**
   - Some standard approaches are being developed, which would include cost-benefit.
   - HELP, Turning Point and the new economics foundation are likely to be able to assist.
References

19. Knapp M. Making an economic case. PSSRU, London School of Economics. NCASC Manchester Presentation. 4 November 2010
21. Empowering communities to improve their neighbourhoods- Sustainable Development Commission July 2010
Useful Links

Community Development Foundation - http://www.cdf.org.uk/
Community Development Exchange - http://www.cdx.org.uk/
Health Empowerment Leverage Project (HELP) - www.healthempowermentgroup.org.uk
Local Government Improvement and Development -
http://www.idea.gov.uk/idk/core/page.do?pageId=1 and
http://www.idea.gov.uk/idk/core/page.do?pageId=77225
Northern Ireland Community Development and Health Network - http://www.cdhn.org/
Scottish Community Development Centre - http://www.scdc.org.uk/
Turning Point - http://www.turning-point.co.uk/community-commissioning/connected-care.aspx
Welsh Government - Community regeneration and development -
http://wales.gov.uk/topics/housingandcommunity/regeneration/?lang=en

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