



North Somerset Wellbeing and Health Board Briefing Paper

“How we can build and share power with people to create resilient, fair and inclusive communities”



29th June 2022

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Main Contributors:



1. Executive Summary

1.1 The paper gives an overview of the voluntary, community, faith and social enterprise (VCFSE) sector activity and strategic thinking currently underway across health and social care in North Somerset. From a North Somerset Wellbeing Collective perspective, this paper looks at the potential opportunities for further integration of health-based provision, amplification of community voices and joining forces more effectively with all agencies to improve the wellbeing of every resident of North Somerset.

2. Overview of Partners

2.1 North Somerset VCFSE sector is made up of over 1500 third sector organisations, including registered charities, social enterprises, sports, faith and unincorporated community organisations, providing a breadth of social support and interventions to meet the needs of people in our communities across North Somerset.

2.2 Voluntary Action North Somerset (VANS) provides infrastructure support as the umbrella partner for the VCFSE sector in North Somerset. Setup in 1997, its objectives are to help to build capacity within communities and to represent, develop and empower those organisations and communities to build capacity and sustainability.

2.3 Citizens Advice North Somerset (CANS) offers free, confidential, impartial, and independent advice and information. Services provided are for people living and/or working in North Somerset. Operating from various drop-in advice centres, dedicated telephone advice and a range of outreach locations, CANS is important VCFSE partner and employer, supported by a large number of volunteers.

2.4 As an anchor social enterprise partner based in a key area of deprivation in North Somerset, the For All Healthy Living Company (FAHLC), runs the Healthy Living Centre on the Bournville in Weston-super-Mare and is commissioned or grant aided to run other services and projects. FAHLC works in partnership with local people and agencies in order to increase access and ensure residents and key partners are at the forefront in the design and delivery of local services.

2.5 As three of the four founding partners, working alongside 65 High Street Nailsea, North Somerset Wellbeing Collective (NSWC) was formed in May 2020 as a collaboration of independent groups who all share the common goal of improving the wellbeing and health of people in the area. The Collective is a 'coalition of the willing' committed to the principle that collaboration is the only way to provide high quality 'joined-up' support and listening to people and communities: this is based on the principle that 'what matters to me' as an individual should be what matters to organisations providing support.

2.6 The Collective has a strategic purpose in promoting our objectives, creating a common goals by drawing on the experience and collaborative creativity of its members. It is non-bureaucratic and non-competitive. Our organisational structure will be at the minimum possible level necessary to achieve our goals.

3. Intro to VCFSE Locality Lead Partner Role

3.1 As part of the Integrated Care System (ICS) development process, from April 2021, community health provider Sirona Care and Health commissioned six VCFSE Locality Lead Partners (LLP's) across BNSSG to provide a strategic link as anchor partner organisations to support and further enable the embedding of healthier lives within communities and provide a strategic link to the VCFSE sector across each of the localities.

3.2 On behalf of the NSWC, VANS in partnership with CANS was successful in being awarded both North Somerset localities on a nine-year contract, with reviews every three years. As part of the bidding process, it was agreed that VANS would lead for One Weston locality, with Woodspring being subcontracted to CANS for the first three-year period.

3.3 Following an internal review after the first year of LLP delivery, VANS has agreed to work in partnership across One Weston to strengthen VCFSE sector representation on the Integrated Care Partnership (ICP) and Board (ICB) and across the multiple strands of work involved in the ICS development process. A subcontracting arrangement has been put in place with FAHLC, as one of four founding members of the NSWC and a key anchor community partner based on the Bournville in Weston-super-Mare to jointly deliver the LLP role for One Weston from April 2022, for two years initially, falling in line with the three-year contract review.

3.4 The LLP's take a system wide approach working alongside partners across BNSSG to integrate VCFSE into the future service design and commissioning within ICP's. As part of the BNSSG Building Healthier Communities strand of work, the LLP's work alongside health, social care, public health, commissioned partners, and other system wide third sector organisations to embed the VCFSE as an equal partner within the ICS implementation at a locality level. The key elements of this delivery have been set out in section 6 of the briefing paper.

4. Integration with the Empowering Communities Strategy

4.1 North Somerset Empowering Communities Strategy (ECS) outlines the key principles, objectives, and actions which over the last two years has developed the North Somerset Together (NST) partnership work. The NST partnership was formed at the start of Covid to bring together the network of mutual aid – community and volunteer led delivery, alongside system partners enabling these communities to meet the needs being identified at a local level in a safe and responsive way. Post Covid, the NST remains a focal point for engagement between NSC, health, town and parish councils and VCFSE partners delivering a hyper-local level.

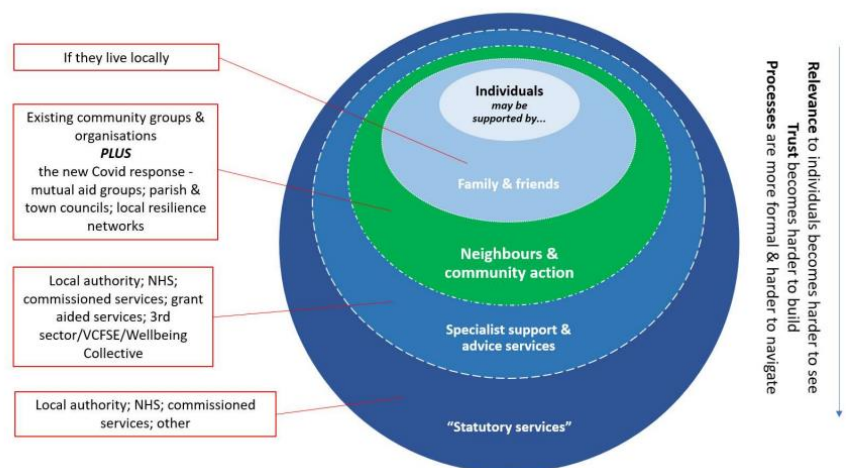
4.2 Building on the partnership approach, the Collective works to continue to embed and deliver against the ECS directly engaging with people and communities, commissioned service providers and commissioners themselves to drive a holistic approach to person centred wellbeing and support. NSWC continues to build on the objectives of the ECS by continuing to improve community connectivity, collaboration, resilience, capability, efficacy, and cohesion, whilst seeking approaches to measure the impact through the use of best practice evaluation tools.

4.3 The ECS has a direct correlation to the outcomes set out within Wellbeing and Health Strategy (WHS) through a commitment by the Wellbeing and Health Board (WHB) to increasing access and availability of tailored community-based approaches to wellbeing and health. An agreed action within the strategy agrees to:

“introduce strengths-based approaches to improving wellbeing and health linking with the North Somerset Empowering Communities Strategy, Carers Strategy and Volunteering Strategy and aiming to build communities that are connected, collaborative, resilient and cohesive and which have the capability and efficacy to identify and implement their own solutions. We will ensure actions include those targeted to areas of greatest need.”

4.4 Though improvements have been made towards active engagement with communities through the development of the ICS and ICP’s, service design and commissioning across North Somerset, health in particular, is still far from being inclusive and/or codesigned with communities. Not only should health, the public sector and VCFSE partners embrace the community empowerment

Figure 1: North Somerset Model of Community Empowerment



model (on figure 1) as a mechanism for engagement as part of future service design, the collective recommends that a programme of learning for professionals targeted around complex system thinking and asset-based community develop (ABCD) should be made available to all health professionals delivering in and around North Somerset.

4.5 In addition, a community outcomes framework has been developed by Alliance Homes as a means to assess the impact of community building work; it has been adopted by other agencies including NSC Empowering Communities, NSWC, Weston Town Council, VANS, CANS, FAHLC and other partners.

4.6 The outcomes are intended to test its value as a way to determine the impact of the Empowering Communities programme, providing a consistent approach across the VCFSE sector. The six outcomes are:

1. **Connectivity** - reflects the patterns (density and extent) as well as the quality of *informal relationships, contacts and formal links* between individuals, groups, and organisations within the neighbourhoods. It is also about the *networks of connections* that cross the social and geographic boundaries between local residents and agencies based outside the area.
2. **Collaboration** - refers to the willingness and opportunities within the communities to work together on joint projects or in ways that provide complementary services and activities. It reflects improved co-operation and better co-ordination, and a decrease in unhelpful competition and unresolved conflicts.

3. **Community Cohesion** - refers to the values of Equality, Diversity & Inclusion. It is about taking positive action to form and maintain a culture which recognises differences between people and ensuring equality of opportunity whilst recognising diverse needs. It is also about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual. It reflects improved co-operation and better co-ordination, and a decrease in unhelpful competition and unresolved conflicts.
4. **Collective efficacy** - is based on a shared belief that the community or group is able to influence decisions that affect what happens in the area and to make things happen through its own efforts. It is about the confidence and loyalty that community members have in themselves and each other, and in their trust that local organisations will act in the interests or on behalf on the whole community.
5. **Community capability** - is about the combined knowledge, skills, energy and shared resources that are available within the neighbourhoods' populations so that members of the community can independently establish and maintain projects, activities and locally run organisations. It includes the level of people's willingness to volunteer to help run and manage small-scale initiatives, as well as those able to take on leadership positions, such as representing residents on wider forums or steering campaigns.
6. **Resilience** - describes the ability or resourcefulness of communities to respond positively to change and disruption. It is about recovery and creativity, requiring flexibility and persistence rather than rigidity. It shows that communities are able to adapt and evolve new ways of operating by adjusting activities, modifying expectations, or changing course to set alternative goals and strategies for reaching them.

4.7 In line with the six priorities, NSWC recommends that the WHB should adopt the community outcomes framework as a mechanism for community led service design across North Somerset.

4.8 NSWC also recommends that a programme of training and support should offered to health and public sector employees to broaden understanding of complex system thinking and community led codesign to support service design and improvement.

5. Community links to the North Somerset Wellbeing and Health Strategy

5.1 Communities play a vital role in the delivery of the WHS. Whilst stewardship of the HWBS could potentially be held by NSWC, the role of the VCFSE sector is much broader, seeking to develop systems which meet the needs of each and every resident in North Somerset.

5.2 Page 8 of the WHS sets out the framework for "A place-based approach" and considers places, settings, and a joined-up services, rather than focusing on individuals' issues as part of starting well, living well and ageing well. The aim of this seeks to address the complexity of underlying inequalities to achieve greater impact.

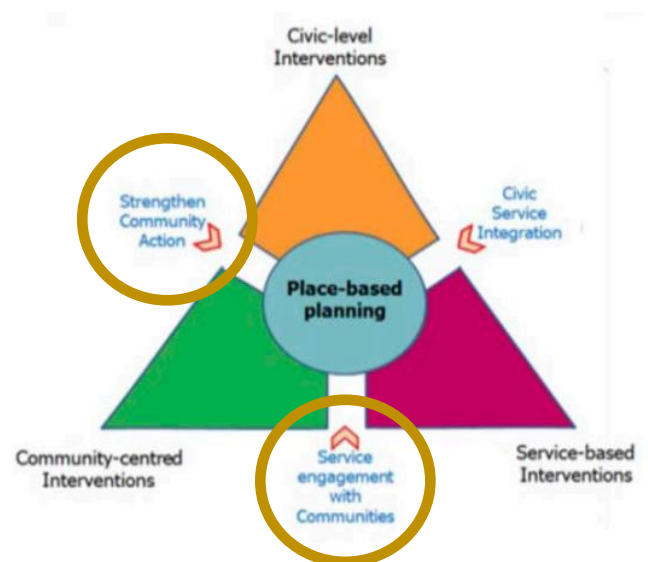
5.3 With the VCFSE taking a lead on developing community centred interventions and to maximise engagement between the public sector, health and the third sector, the Collective’s role within this focusses on the two areas circled in yellow (on Figure 2), through the strengthening of community action and better service engagement with VCFSE partners.

5.4 **NSWC recommends By strengthening community action through a cohesive package of support to the VCFSE sector, communities cand share and build power and experience to design and develop their programmes of “Community-centred interventions” through an Asset Based Community Development (ABCD) approach.**

5.5 Alongside the ABCD model, there is a role for local authorities to effectively engage within communities, particularly those most distanced from council and health services, such as communities of interest and hard to reach groups. The role of LLPs’ aims to effectively communicate and engage at this level.

5.6 Aligning to this, NSWC has been working closely with system partners to understand the VCFSE offer for North Somerset, building on a person-centred approach to health service design and building the evidence base for a Joint Strategic Strengths Assessment (JSSA) and refreshed Joint Strategic Needs Assessment (JSNA) for North Somerset. Alongside the existing NSWC offer, the knowledge gained through the JSSA and JSNA will help to shape the tailored programme of provision to enable communities to take control of their own health interventions in a timely way.

Figure 2: Place Based Planning and Link to VCFSE



5.7 Building on existing communication channels with the VCFSE and as part of the LLP’s, two Locality Cooperative Boards (LCB’s) are being established for the two localities across North Somerset. The boards act as subgroups of the ICP providing a voice for place based VCFSE partners and social prescribing providers, needs identified through the LCB’s will inform and support the implementation of the ICP’s through 2022.

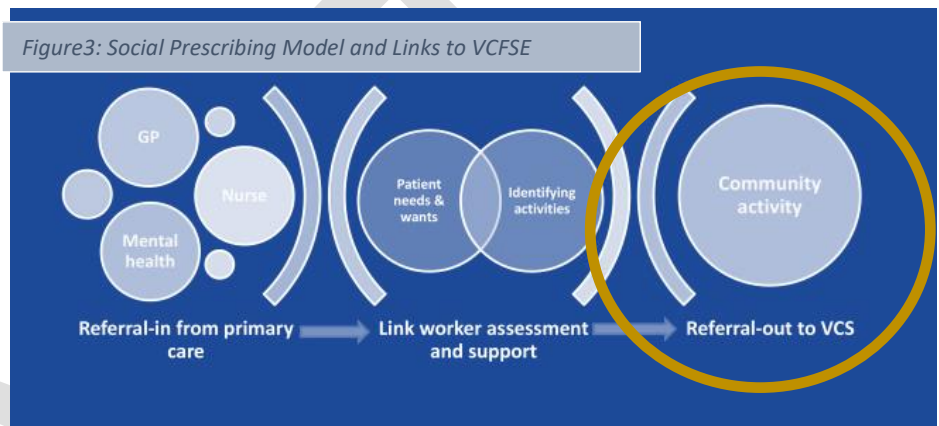
5.8 North Somerset has a spectrum of Social Prescribing provision funded through the NHS England programme of Link Workers contracted through Primary Care Networks (PCN’s) at General Practice (GP) level, with some deciding to recruit Link Worker in-house, whilst others have contracted to community led providers, including CANS as one delivery partner of Social Prescribing across North Somerset.

5.9 The next phase of Social Prescribing delivery is seeing Mental Health Community Navigators being recruited to engage specifically with those suffering from challenges associated to mental health and wellbeing. In addition, North Somerset has local authority contracted Social Prescribing services working specifically with older people (50+) across North Somerset.

5.10 It has been recognised nationally that the Social Prescribing model is exerting additional pressure on VCFSE sector organisations to meet increased referrals, this is no different in North Somerset. The network of Link Workers effectively provides a signposting service for those requiring social interventions, with the aim of de-medicalising support for presenting at GP's where medical intervention is not always the best solution. The model (on figure 3) shows the process for social prescribing referrals to take place.

5.11 The challenge with the current model concerns the lack of funding invested in the VCFSE to manage the increased referrals into their provision from social prescribing link workers. VANS role as umbrella partner to the VCFSE focusses on the need to work with the sector to develop and build their own capacity to manage any potential increases in referrals, in addition to building the capability to support the individuals being referred, many of whom often have complex health and mental health challenges.

5.12 The section circled (on figure 3) highlights VANS role in particular in providing organisational development support through development areas including policy, skills, training, funding, employment, and access to volunteers.



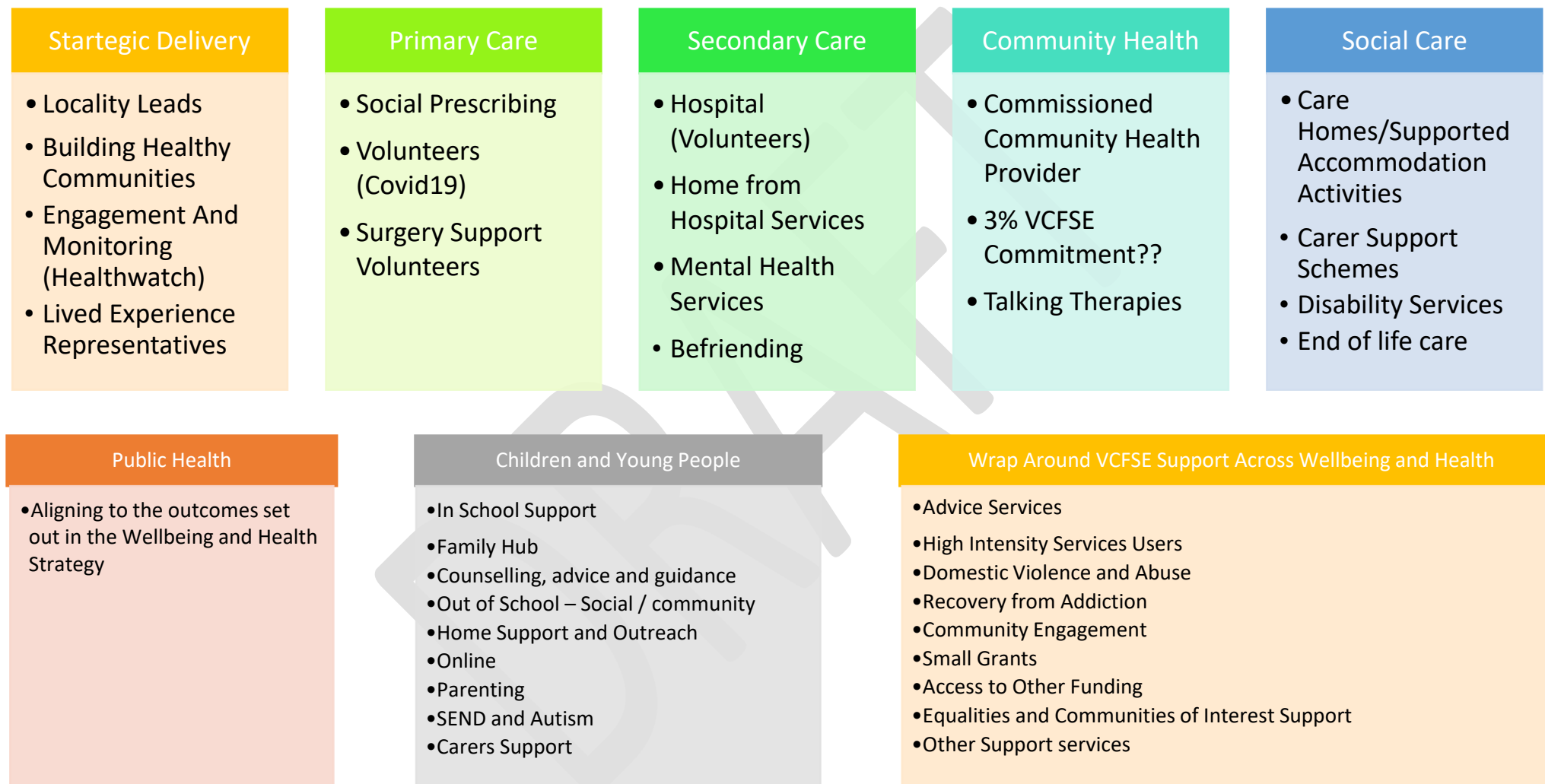
5.13 As representative bodies' covering the whole North Somerset region, it is important that both VANS and the Collective take a county wide approach to delivery. It is recognised that whilst many place-based partners deliver on a geographical basis, health is not defined by boundaries. Much of the provision delivered by the VCFSE is thematic and works across localities. In line with this, section 6 provides an overview of VCFSE led delivery across North Somerset.

6. Wider VCFSE Sector Delivery

6.1 The VCFSE sector has a broad remit over community led delivery in health from a strategic level through to service delivery on the ground within communities. Due to the scale of this delivery, there is currently no directory of VCFSE led delivery and services.

6.2 To provide an overview of this activity, a high-level picture of themed areas of delivery through community led and VCFSE commissioned services has been provided on 6.3.

6.3 Shows an overview of VCFSE delivery across Wellbeing and Health in North Somerset.



This is not a conclusive list of the local offer, but it gives an overview of the breadth of the VCFSE sector involvement across health.

7. Gaps in the Offer

7.1 It is recognised that though the VCFSE sector plays a vital role in the delivery of health-based provision, there are still a number of gaps which impact on its ability to meet all identified need within the community.

7.2 Alongside short-term contracting and a lack of investment in infrastructure, funding is consistently a challenge identified at all levels of third sector delivery.

7.3 Whilst many are supported and run by volunteers, registered charities, and social enterprises function in the same way as small businesses, with annual reporting and auditing requirements. Aligning to this capacity is regularly raised as an issue for VCFSE's. Access to leadership and management development opportunities and skilled workforce supply have also both been suggested as areas of need across the sector.

7.4 Over and above these known gaps, there is an ongoing requirement for continued engagement with the sector to better understand its changing needs and requirements, especially when considering more integrated work between health and VCFSE.

7.5 To assist with future commissioning and service design, NSWC recommends that the WHB supports delivery of a scoping exercise to map VCFSE led provision and further explore gaps in the current community offer.

8. Summary of recommendations to the WHB

- 8.1 In line with the six priorities, NSWC recommends that the WHB should adopt the community outcomes framework as a mechanism for community led service design across North Somerset.
- 8.2 NSWC also recommends that a programme of training and support should be offered to health and public sector employees to broaden understanding of complex system thinking and community led codesign to support service design and improvement.
- 8.3 NSWC recommends By strengthening community action through a cohesive package of support to the VCFSE sector, communities can share and build power and experience to design and develop their programmes of "Community-centred interventions" through an Asset Based Community Development (ABCD) approach.
- 8.4 To support future commissioning and service design, NSWC recommends that the WHB supports delivery of a scoping exercise to map VCFSE led provision and further explore gaps in the current community offer.

9. Appendices

1. Empowering Communities Strategy
2. North Somerset Wellbeing and Health Strategy
3. North Somerset Social Isolation and Wellbeing Strategy

V4 Produced by:
NSWC – PL/FC/MG
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