The current Health & Wellbeing Strategy states under 'Communities' that:

We will help people to understand what is available in their neighbourhood to help them to stay well

We will encourage and support people to stay well in their own communities

We will encourage our staff to have conversations in communities to help people take more control over their health

What needs to change?

To the extent that statutory bodies are needed to provide support, this should be community based and collaborative; working together with residents, providing a safety-net when needed

But, we should at the same time, empower communities to not need services nearly as much as they currently do

Lots of good stuff is happening in Staffordshire

SUPPORT STAFFORDSHIRE

#DoingOurBit.info

People Helping People Fund

SCVYS — Staffordshire Council of Voluntary Youth Services — A Voice for the Voluntary Youth Sector

Let's work together

Social Prescribing

Place Based Approach Working

Restorative practice

South Staffordshire Council
Locality Working

Become a SafeandWell Champion

Olive Branch

Supportive Communities
Staffordshire County Council

STAFFORDSHIRE CONNECTS

Community Help Points

Strength-based working

NEW LOCAL

Proud to be part of
The Deal
in partnership with Wigan Council

COMMUNITY POWER: THE EVIDENCE
Grace Pollard, Jessica Studdert and Luca Tiratelli
in partnership with Local Trust

Frome Care Co-ordination
Frome model of enhanced primary care

BUT...

It's confusing

It's fragmented

AND THE PEOPLE'S FRONT OF JUDEA.

YEAH. SPLITTERS.

We are probably using scarce resources inefficiently

It's actual a bit uncollaborative – perversely!?!?

Are we mystifying a similar goal with different messages?

The public whom we are seeking to engage and empower, continue to see...

Police & Fire
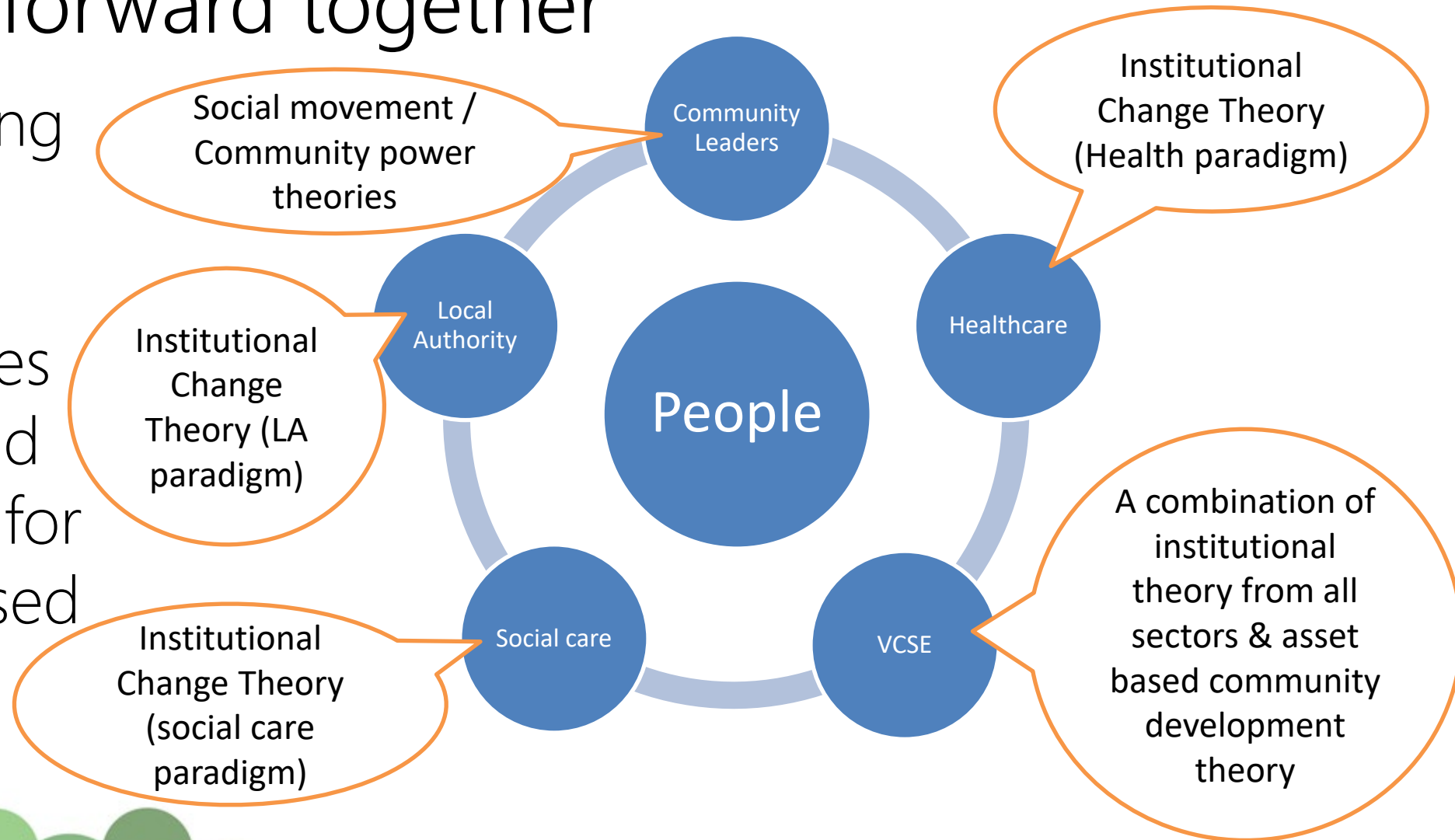

The NHS

The Council

We <u>MUST</u> focus on our shared ambition here:

A community that is fully **empowered** in driving and delivering improvements in health and wellbeing for themselves, their families and their neighbours

A co-produced united approach to health and wellbeing systems which has **clarity**, **purpose** and the **confidence** of all stakeholders

A genuine united approach is essential to take this forward together

We have to bring our separate theories and change practices together around a **united vision** for community based approaches

Social movement / Community power theories

Institutional Change Theory (Health paradigm)

Institutional Change Theory (LA paradigm)

Institutional Change Theory (social care paradigm)

A combination of institutional theory from all sectors & asset based community development theory

Community Leaders

Local Authority

Healthcare

People

Social care

VCSE

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

What does that actually mean? 1/2

1) **Widescale System Legitimacy for Community-based Approaches**: full, genuine, total commitment from Health & Wellbeing Board partners and in due course, the Integrated Care Partnership - all members of all senior teams, all organisations, no if's, but's or maybe's

2) **Accompanying Institutional Change Frameworks**: processes and actions that recognise these approaches, remove barriers and build more – this will impact on communications strategies, financial plans, clinical viability, and more... if the FDs and consultants don't buy it, we may as well give up now

3) **Alternative Evidence Bases:** New ways can't be measured with old tools & new practice shouldn't have to take all the responsibility for proving itself in the face of a system that is measured and monitored incessantly

What does that actually mean? 2/2

4) **Workforce-wide Implementation:** systematic, commitment, confidence, momentum

5) **Stability of Existing Community-based Approaches:** many are at risk post-Covid – with under pressure public sector resources, this stuff is often the first thing to be cut as its seen as non-statutory or 'nice to have' - that needs to be questioned and in many cases reversed

6) **Assurance and Challenge:** Is every statutory organisation making progress? If not, we must call it out, as nobody else will and turning a blind eye undermines everyone else - the status quo is extremely strong, very powerful, very sticky

What is the ask today?

Does this resonate with you? Are you open to this challenge to the status quo?

We are seeking a task group of NHS, local authority, VCSE and other willing participants to explore the first three actions together and with wider partners at place/district level, and report back to the Board

To what extent do we have:

System Legitimacy for Community-based Approaches

Accompanying Institutional Change Frameworks

Alternative Evidence Bases