

Southend-on-Sea Borough Council

Agenda
Item No.

**Report of Director of Public Health
to
Health and Wellbeing Board
on
5th June 2013**

Report prepared by:

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The C2 Connecting Communities Programme

1. Purpose of Report

- 1.1 To inform the Health and Wellbeing Board about the C2 Connecting Communities Programme in Southend.

2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are asked to note the report.

3. Background

- 3.1 In November 2012, Southend Clinical Commissioning Group (CCG) made a successful bid to NHS Midlands and East for grant funding to introduce a community development project, 'the C2 Connecting Communities programme' within Southend.
- 3.2 C2 Connecting Communities is a practical application of an assets, or 'strengths' based approach which aims to empower both local residents and public service workers to improve health, wellbeing and local conditions in areas with greater levels of disadvantage.
- 3.3 The C2 Connecting Communities Programme was first developed in Falmouth in the 1990's, and this particular project became a national flagship for resident-led community renewal and improvement. The methodology was later captured and consolidated by retrospective research undertaken by the University of Essex of 'what worked and why'. Based on the findings the C2 Connecting Communities 7-step model was developed (Appendix 1).
- 3.4 The focus of the learning programme is on creating enabling conditions for local residents in areas with greater levels of disadvantage to lead change and self-manage their neighbourhoods. There is an emphasis on building new

relationships between service providers and communities based on compassion, trust and respect.

- 3.3 The model is based on a time limited 7 step practical intervention to form a problem solving resident led multi-agency partnership. The initial stage is engagement with local stakeholders and residents, and identifying local residents to lead the process. The community will then go through a listening phase where they create their vision for the area, develop and formalise a partnership and move onto the action phase where local improvements are delivered.
- 3.5 The C2 Connecting Communities Programme is a two year initiative with support from external specialists based at Exeter University. The CCG has received grant funding to finance the support for 7.5 months intervention. There is an expectation that the CCG will provide additional funding to complete all seven steps of the model.

4.0 Intended Outcomes of the C2 Connecting Communities Model

- 4.1 The C2 Connecting Communities approach aims to contribute to the CCG's QIPP (Quality, Innovation, Productivity and Prevention) agenda. This approach adopts an invest-to-save approach with a clear focus on health promotion and community resilience. Evidence shows that community development can increase community activity, confidence, networks and trust, and that these have a positive impact on health and wellbeing at neighbourhood level. Previous projects using this approach have reported a range of health, environmental and educational benefits over the longer term.
- 4.2 In 2009 -11, the C2 model was used for the Department of Health funded Health Empowerment Leverage Project (HELP) and applied in additional localities across the country. Based on cautious assumptions of being able to prevent or alleviate 5% of ill health through the wide range of activity generated by a three-year community intervention based on the C2 methodology, it was estimated this type of approach would provide a return on investment of 1:3.8

5.0 The Southend C2 Connecting Communities Programme

- 5.1 Southend CCG is the lead partner for the C2 Connecting Communities Programme in Southend. A steering group was formed to develop the proposal for the bid which included representatives from NHS South Essex (Primary Care Trust), Southend CCG and Southend-on-Sea Borough Council.
- 5.2 The funding criteria for the C2 Connecting Communities bid focused both on organisational commitment to the approach and specific population characteristics, including levels of disadvantage (neighbourhoods in top 10% Index of Multiple Deprivation [IMD]) and inequalities. Southchurch ward was selected for the bid due to its aging population and the link with the strategic focus of the CCG's Integrated Plan on the health of older people, the potential scope to improve local access to health services and a neighbourhood in the top 10% IMD. The community lead for 'Streets Ahead' in Southchurch has also identified residents in the centre of the ward where there has previously been

limited community engagement, who are keen to be involved in community focused initiatives.

5.3 Contact has been made with the University of Exeter C2 Connecting Communities Team and they are proposing an initial visit to Southend in June to visit the chosen area for the project and to hold a preliminary stakeholder meeting.

5.4 As part of the C2 Connecting Communities Programme the local project will be linked with other communities that 'self-manage'. Contact has already been made by some members of the steering group with the C2 Connecting Communities programme in Margate.

6.0 Reasons for Recommendations

6.1 The C2 Connecting Communities programme provides a mechanism to achieve culture change within a community with the goal of improving their health and wellbeing. The development of this programme will be overseen by experts from the University of Exeter who will provide local support.

7.0 Corporate Implications

7.1 Contribution to Council's Vision & Corporate Priorities

The C2 Connecting Communities programme will contribute to the delivery of the Councils' corporate priorities.

7.2 Financial Implications

Southend CCG has received grant funding to commence the programme and will be expected to contribute further funding in the second year of this initiative. There is an expectation that there will be QIPP savings.

7.3 Legal Implications
None.

7.4 People Implications
The purpose of the project is to empower local residents in disadvantaged areas to champion their own agendas and to lead change and self-manage their neighbourhoods.

7.5 Property Implications
None.

7.6 Consultation
Local residents and stakeholders will participate in a 'listening' event as part of the project initiation.

7.7 Equalities and Diversity Implications
A full assessment of the equality and diversity implications will need to be undertaken as the project commences.

- 7.8 Risk Assessment
A risk assessment will be undertaken when there is further clarity on the scope of project as defined by the residents.
- 7.9 Value for Money
There is an expectation that working with the chosen community will lead to a reduction in costs in healthcare and wider costs.
- 7.10 Environmental Impact
Improvements to the environment may be identified by residents as part of the programme.

8.0 Appendices

Appendix 1 – Seven Step Model of C2 Connecting Communities

Appendix 2 – Map in Index of Multiple Deprivation for Southend

Appendix 1 Overview of Seven Step Model of Connecting Communities

Connecting Communities Seven Steps Towards Sustainable Community Health Improvement in Disadvantaged Neighbourhoods 'Kickstarting Momentum for Transformational Change'

STEP 7

Range of sustainable vibrant Health Improvement Initiatives as result of 'fully engaged scenario' leading to ongoing TRANSFORMATIONAL CHANGE

STEP 6

Monthly partnership meetings providing continuous positive feedback loop following visible 'early wins' for community via project outcomes

STEP 5

Community self organisation evidenced by creation of constituted community led, multi-agency local operational partnership, residents associations and emergent projects with dispersed leadership

STEP 4

Creation of new neighbourhood community of practice providing receptive context for dialogue and co-learning between community and agencies -C2 part 3 'The Visceral Experience' (exchange visits)

STEP 3

Deliver C2 part 2 'Creating an Enabling Neighbourhood Environment' as foundation for successful implementation of HNA findings and desired change.

STEP 2

Undertake CNA process which consults 'frontliners', actively listens to communities on issues impacting on their health and reviews Public Health data, leading to agreed priorities and resource allocation for improvements.

STEP 1

Establish committed group of 'frontline' community service providers to engage in Connecting Communities (C2) programme part 1- 'How to do effective Community Needs Assessment' (CNA) in a targeted neighbourhood

Appendix 2 – Map of Index of Multiple Deprivation in Southend

