

Community connecting through local partnerships

A tool for Primary Care Networks and Local Resilience Forums

1. What is this?

A tool produced by the social enterprise Community Catalysts as the first part of a collaborative programme funded by NHSE and delivered with Coalition for Collaborative Care partners SCIE, the NHS Alliance and the National Association of Link Workers. The tool is aimed at Primary Care Networks, Local Resilience Forums and health managers with a responsibility for fostering community connectivity to better:

- understand
- connect with
- engage with
- harness the resources and energy of

strengths and asset-based activity in a locality – in both challenging and less challenging times.

2. Why is this important and should be business as usual?

The key actions 8 and 9 of the Universalised Personalised Care Strategy¹ and anticipated Primary Care Network plans² depend on a thriving voluntary and community sector, resourced and able to respond to the needs of all local people, including those people facing complex challenges and making frequent use of acute health services.

The delivery of these actions is also dependent on effective alignment with the many initiatives and organisations that already have a role in helping people use their strengths, connect better and contribute to their community and otherwise use the assets and strengthen the capacity of those communities to support the wellbeing of all members.

There are a number of different models and approaches that help people build on their own strengths and the assets of their communities and connect and contribute. Where a number of these models are operating in one area, they can duplicate or leave gaps, wasting scarce resources and leading to negative impacts on people and communities. Collaboration and alignment are often the result of the efforts of front-line workers rather than strategic intent.

Similarly, there are many different organisations and statutory bodies involved in community development, but these are often disconnected and unaligned with each other and with local

¹ **Action 8:** Fund the recruitment and training of over 1,000 social prescribing link workers to be in place by the end of 2020/21, rising further so that by 2023/24 all staff within GP practices have access to a link worker as part of a nationwide infrastructure of primary care networks, enabling social prescribing and community-based support to benefit up to an estimated 900,000 people. **Action 9:** Work with partners in the voluntary and community sector, as well as local and central government, the wider public sector, the Big Lottery Fund, Public Health England and other arm's-length bodies to explore the best models for commissioning the local voluntary and community sector that support sustainable models of delivery and scaling of innovative provision

² <https://www.england.nhs.uk/primary-care/primary-care-networks/pcn-service-specifications-and-the-network-des-analysis-of-engagement/>

NHS systems. This can lead to both gaps and duplication as well as unhelpful competition for limited resources.

In order to navigate these local complexities and make best use of limited resources for maximum impact, there is a need for health managers and local leads to:

- Understand the organisations in their area involved in helping people draw on their own strengths and the assets of their community and how their work can complement and supplement.
- Understand the organisations in their area already working actively to nurture and strengthen communities in order to identify the gaps and duplications. This will enable good decisions about where to deploy scarce health resource to best support universal personalised care and other elements of the NHSE long term plan.
- Use the learning about gaps and duplications to encourage and support alignment of activity to help people and communities develop sustainable initiatives that address gaps.
- Find and use tested measures of the different elements of a healthy, active and resilient community that can respond creatively and positively to the health and well-being needs of people in their area.
- Use the learning to extract approaches or principles, which can be used to support the effective delivery of actions 8 and 9 of the Universal Personalised Care Strategy across England.

3. Asset and strengths-based approaches

Activity that starts with an individual, helping them think about their life and aspirations and supporting them to connect with people in their community

Strengths based (person led) approaches refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include:

- their personal resources, abilities, skills, knowledge, potential, etc.
- their social network and its resources, abilities, skills, etc.
- community resources, also known as 'social capital' and/or 'universal resources'³

Activity that starts with a community, helping people think about things that are important locally and supporting them to reach out to others and work together to act

Asset based (community led) approaches build on the assets that are found in the community and mobilises individuals, associations and institutions to come together to realise and develop their strengths⁴

³ <https://www.scie.org.uk/strengths-based-approaches/guidance>

⁴ <https://www.nurtureddevelopment.org/asset-based-community-development/>



4. How might this be useful

In every area there are agencies, groups, organisations and businesses engaged in work that is strengths and/or assets based. This work might be run by a wealth of public sector agencies; voluntary or community organisations; social enterprises; businesses or by local people deciding to act together. This work might be funded or resourced by the public or private sector, by philanthropic organisations, through charitable donations, traded income or by the good will of local people giving their time and energy free of charge.

Organisations and individuals involved in **strengths-based** activity connect with many local people, some of whom might be less connected than most. People who are unwell; older or disabled; those who face challenges linked to addiction or housing or debt; people who are carers and those who find themselves alone or anxious or struggling in some way. Strengths based approaches start with conversations about what each person has to offer and how they would like their life to be if that were possible. They actively support each person to take action to improve their own life. They also help people to use their skills and talents to benefit their community along the way – connecting people into local agencies and groups and activities where they might gain...and give. So, people and organisations engaged in strengths-based activity will know lots about local community groups, activities and opportunities. They will also be natural connectors able to join dots, harness local energy, organise something from nothing and get people...all sorts of people and agencies to help.

Organisations and individuals involved in **asset-based** activity help local people work together to build on everything that is strong in their area. People leading asset-based work in a community spend time getting to know local people and places. They know where the strengths are and what is important to people. So, people and organisations engaged in asset-based activity will know local people that make things happen and local places where people connect. They will know about local projects or activities people are engaged in. They too will be natural connectors able to join dots, harness local energy, organise something from nothing and get people...all sorts of people and agencies to help.

The important thing is not the distinction between the two but rather the potential for link workers and their managers to quickly connect with people, groups, organisations and bodies that might be able to help connect and act. People who know people, people who already bring people together, people who could be key allies – in these difficult times and more generally.

5. Why is this important – in Covid times

The current crisis has seen a need for local agencies, forums and public sector bodies to connect with, protect and support people who they might otherwise not have had contact. It has also seen a need for this to happen at pace.

The crisis has also seen an outpouring of goodwill and action from people and communities. From mutual aid groups managed through social media; volunteering through GoodSam and other platforms; manufacturer of equipment by schools and small businesses to food production and delivery aimed at health and other key workers. This has also happened at unprecedented scale and speed, often with a flexibility and responsiveness that public sector organisations struggle to achieve.

Recent weeks have seen a drive to connect these two.

In areas that already have a strong foundation of strengths and assets-based approaches built on established multi-agency partnerships and real respect for community and what it can achieve this active collaboration is more easily achieved. In these areas public sector agencies, local government, health, housing and others, are playing a key role in helping local people to act whilst never underestimating or undermining the power of community.

In other areas that do not have this history or strong established foundation there are potential challenges. Public sector bodies, without respect for the strengths and assets of people and communities in their locality could easily begin to try and 'impose order' on what might be perceived as non-structured community chaos. The result of action without awareness and respect for existing strengths is likely to result in duplication at best and active reduction in people's engagement at worst.

There is a need to ensure that public sector action, and that taken by health in particular, fully understands and builds on local strengths and assets, harnessing goodwill and maximising potential impact in such challenging times.

6. Getting started

Start by making a list – ask yourself and your colleagues 'who do I know that works in this space'? Think much broader than the boundaries of your team or role and remember:

This work might be run by a wealth of public sector agencies; voluntary or community organisations; social enterprises; businesses or by local people deciding to act together. This work might be funded or resourced by the public or private sector, by philanthropic organisations, through charitable donations, traded income or by the good will of local people giving their time and energy free of charge.

As a pointer strength-based approaches tend to be run or funded by public sector bodies or larger organisations. Asset-based approaches might be organised in this way but could also be much more organic and less on the public sector radar as a result.

Start with the people you think might be funding or commissioning or initiating activity – then move to the people and organisations that are delivering or organising this on the ground. Be creative and imaginative and don't just stick to people and sectors you know.

Key point: consider whether some of this work has already been done locally. Ask whether other people have lists and information they could share. Avoid reinventing the wheel.

Every area and community is very different with its own organisations, agencies, groups and individuals but this checklist might help

Broad area or sector	Example	Are they funding activity in this space or know someone who is?	Are they leading activity in this space or know someone who is?	Who could I contact?
Health	Healthcare Commissioners – STPs, ICSs, CCGs and Commissioning Hubs			
	Primary care – GPs, community pharmacy, Primary Care Networks (PCN)			
	Emergency care - community connector or navigator programmes linked to reduction of emergency care resource			
	Work within secondary (hospital) settings linked to ‘High Intensity Users’			
	Healthcare providers – public, private and third sector			
	Link workers or other social prescribers			
	Healthwatch			
Local Government – health, care and wellbeing	Public health			
	Commissioners and grant fund managers			
	Community development team or similar – e.g. community navigators, organisers or connectors			
	Social workers			
	Shared Lives			
	Consultation and/or coproduction programmes e.g. Age Friendly City			
	Local Area Coordination (LAC)			
	Social care providers – public, private and third sector			
Voluntary and community sector infrastructure	Infrastructure or umbrella organisation for the VCSE sector – CVS or similar			
Faith	Individual places of worship and/or leading individuals			
	Local faith associations e.g. Churches Together			
Housing	Housing Associations			

Broad area or sector	Example	Are they funding activity in this space or know someone who is?	Are they leading activity in this space or know someone who is?	Who could I contact?
	Council housing leads			
	Navigator or connector programmes linked to people with shared challenges e.g. rough sleepers			
Police	Community connector or navigator programmes linked to crime prevention or reduction of police resource			
	PCSOs			
Fire	Community connector programmes linked to fire prevention or reduction of fire and rescue resource			
Education	Universities and colleges			
	Schools			
Businesses	Large organisations using corporate social responsibility drivers to fund, host or support strength or asset-based activity			
	Small businesses acting as community anchors or hubs – in a crisis or more generally e.g. pubs and cafes delivering food, post office acting as a community hub			
Third sector organisations – voluntary, community or social enterprises	Large national organisations with a local presence e.g. National Trust, Red Cross or Age UK			
	Smaller organisations or groups with strong local links			
Local Government - libraries and information	Libraries acting as community anchors or hubs			
	Local directories of community information			
Associations	Peer – disabled or older people			
	Interest – allotment society			
	Purpose – Rotary, GoodGym			
	Place - neighbourhood or locality			
Elected members	Member of Parliament			
	Mayors			
	County, Town or City Councillors			
	Parish Councillors			
Campaigns	Place – save our playing fields			
	Purpose – raise money for a local cause			

Broad area or sector	Example	Are they funding activity in this space or know someone who is?	Are they leading activity in this space or know someone who is?	Who could I contact?
Community development	Programmes designed to connect and develop community such as Asset Based Community Development (ABCD)			
Funders and grant givers	National grant programmes funding local activity e.g. Lottery Community Fund			
	Local trusts or funders funding local activity e.g. Barnwood Trust			

7. Next steps

It is not possible to talk to everyone or learn about everything, so the next step is to prioritise and decide which people and programmes are currently key to your area and role and/or which people or programmes might have the most information. This step is particularly key when undertaking this task in response to the challenges of Covid 19, where speed and rapid scope are essential.

Once you have a manageable list of key contacts the next task is to start to gather some detailed information about each of the programmes or activities.

To gather and record this information, it might be useful to use a standardised template or matrix. This will allow you understand, record and present information about a range of very different programmes and approaches, in one cohesive way – comparing them and understanding how they differ and overlap. One approach might be to think of each programme or activity under the following headings

For strengths-based programmes

<p>Find</p> <p>How does the programme find/or connect with the people it supports</p>	<p>Learn about personal assets</p> <p>How does the programme learn about the person, their assets and aspirations?</p>	<p>Support and advise</p> <p>What support, advice or active help does the programme offer the person?</p>	<p>Create and connect</p> <p>What does the programme do to nurture or fund personal connections and/or community development activity?</p>
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For asset-based activity

<p>Find</p> <p>How does the programme find/connect with its allies and other community activists</p>	<p>Learn about community assets</p> <p>How do people learn about local community assets and agree what is important to them?</p>	<p>Plan</p> <p>How do people develop and implement community action plans?</p>	<p>Create and connect</p> <p>What do people do to nurture or fund community connections and/or development activity?</p>
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Key point: remember that for some programmes or activities this distinction is not clear – they may overlap or combine

Appendix A offers a tool that can be used by Primary Care Networks, Local Resilience Forums and health managers to ask the questions needed to gather information on each programme or activity and record it.

Information can be gathered in a number of different ways:

- Already known by you and/or a member of your team
- Telephone (or face to face when appropriate) interview with person who leads or commissions or knows the detail of the programme
- An electronic survey using the structure of and questions from Appendix A. The survey link can be sent to key people and then the results collated and recorded in the template. [An example of a survey, using the Survey Monkey platform can be see here](#)
- Desktop research - finding out about programmes, projects, initiatives and activity using the internet

Appendix B offers an example of a completed entry using the template.

8. Presenting the information in a way that is useful

Bringing all the template entries together in one document or report with strengths-based approaches together, asset- based approaches together starts to build a picture of all the different activity and initiatives in your area, how they differ and how they overlap.

If time allows and value can be seen it may be useful to preface the report with information sharing contextual background information, from both a public sector and community perspective, that allows the reader to clearly see how all the different entries fit in the much wider strategic context for your area.

Once all the information is collated it might be useful to produce a very brief overview of the different programmes and activities – what they offer, to whom, their strengths and limitations.

Appendix C: offers an example of plotting matrix into which the highlights of the information in the more detailed report can be transcribed and quickly absorbed.

9. Using learning to engage and connect

Information gathered and learning gained can be used by Primary Care Networks, Local Resilience Forums and health managers with a responsibility for fostering community connectivity to:

- Fully understand the context in which they intend to act
- Recognise and engage key allies in all sectors and across communities
- Identify and engage with key forums and networks
- Identify duplication and overlap
- Spot gaps
- Understand how they might add value - acting to fill gaps and avoid duplication
- Understand how they might invest to support useful community activity
- Understand how they might duplicate or inadvertently undermine – taking steps to avoid at all times

Appendices A,B and C provide examples and templates to support information gathering and analysis.