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Bringing it all together: a knowledge translation project on community-centred approaches in public health

Workshop presented by

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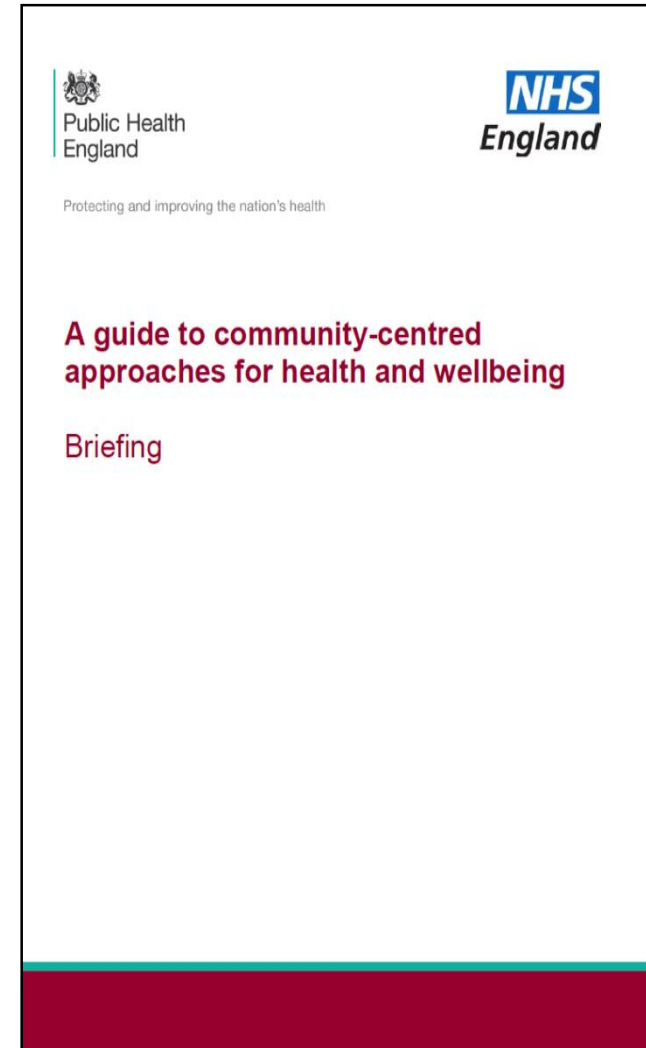
Workshop at Third Fuse International Conference on Knowledge Exchange in Public Health 27-28th April 2016



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Acknowledgements

- PHE and NHS England project to draw together and disseminate evidence and learning on community centred approaches
- Briefing and Full report launched in February 2015
- PHE has continued to lead communication and dissemination activities to support local delivery.





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Workshop aims

- To facilitate shared learning about the challenges and enabling factors influencing knowledge translation in this field
- To identify collaborative processes linking policy, practice and research in order to support better application of evidence and uptake of community-centred approaches in public health

What we will cover:

- Where we started – project rationale
- Development of the guide and what it offers
- Dissemination and impact so far
- Challenges and opportunities
- Group discussion on future directions to improve knowledge translation



Introductions

Introductions – what interests you about this topic?

- a. Knowledge translation – supporting public health practice?
- b. Policy/national angle?
- c. Community engagement and empowerment evidence?



Where we started - project rationale

- Potential for action on health and health inequalities to be centred on people and places
- Existing research and ‘tried and tested’ models in practice are scattered around and opportunities for shared learning are lost
- Different types of knowledge (scientific, experiential and lay) are needed
- Building an evidence resource on community-centred approaches will be a cornerstone for supporting local action and system level change...
- But knowledge translation doesn’t happen naturally unless barriers are reduced
- PHE and NHS England in collaboration would provide the necessary strategic leadership and ensure the long term sustainability of the work.



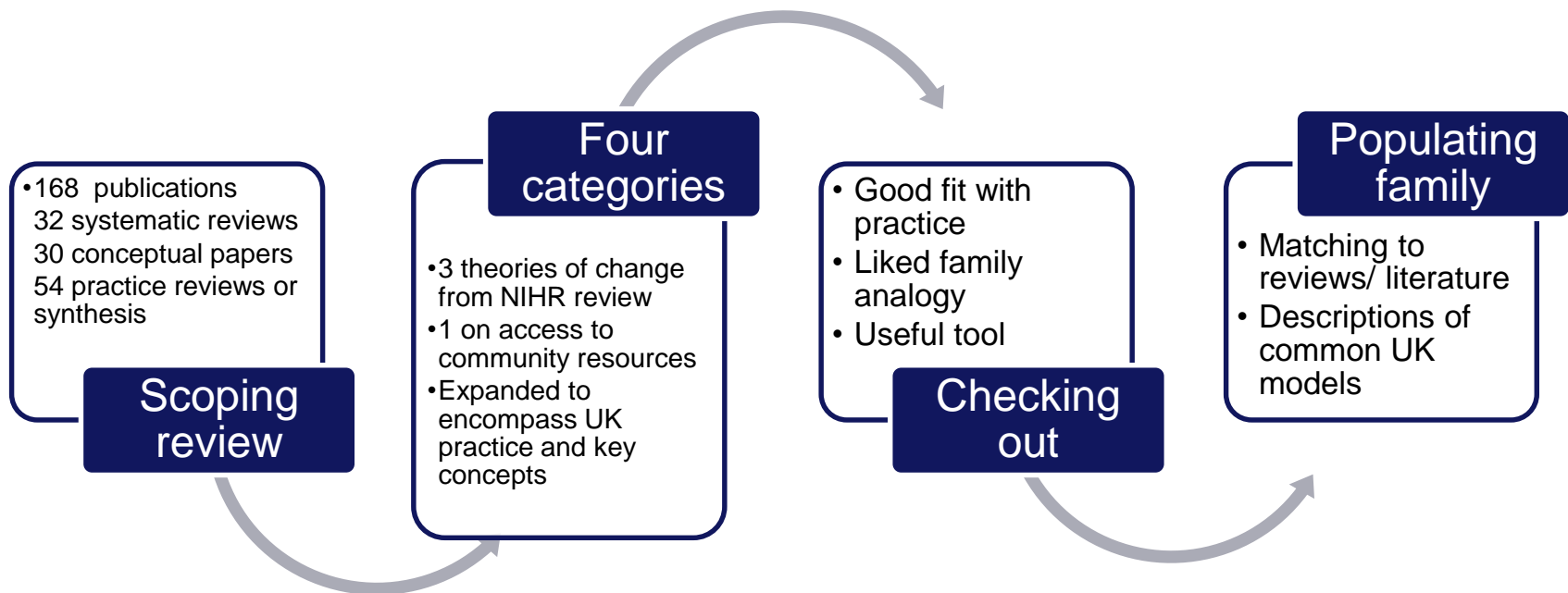
Working with communities – empowerment, evidence and learning



Aim to develop a conceptual framework on community-centred interventions for health and wellbeing and identify sources of evidence that can be used to support their application in practice



How the family of community-centred approaches was developed



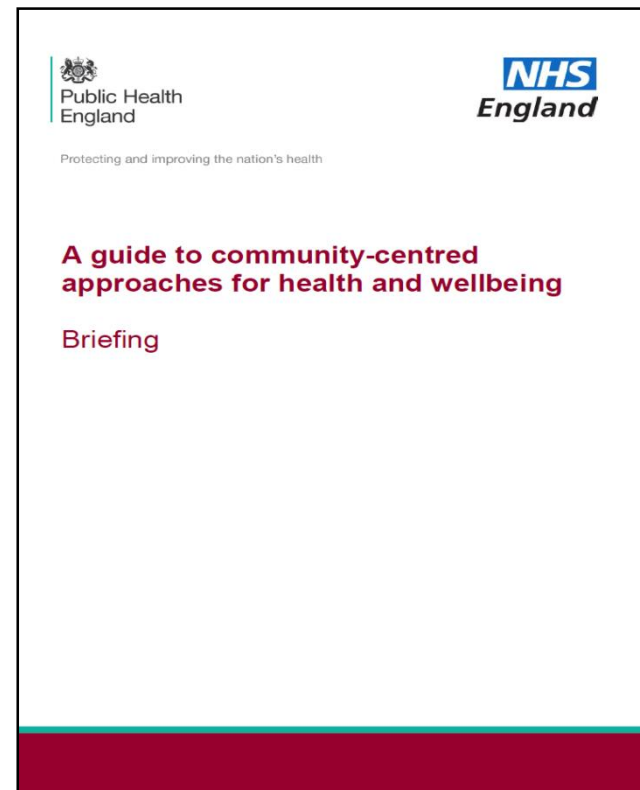


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Guide to community-centred approaches for health and wellbeing

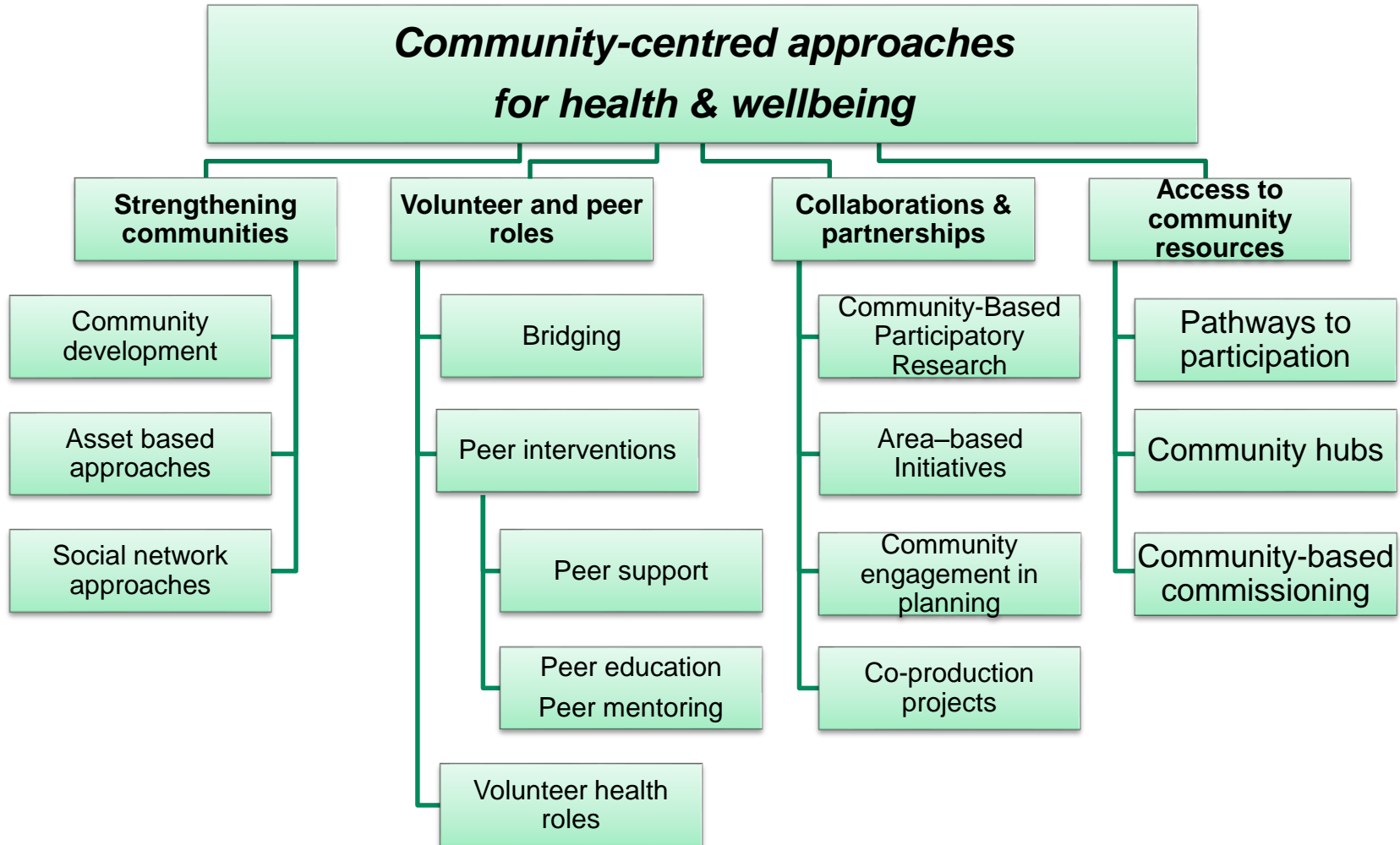
- Briefing and Full report launched in February 2015
- Setting out an evidence-based case for greater community empowerment
- A new family of approaches mapping practical options
- Signposting to key resources and reviews
- Guide can be found here:

<https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>





The family of community-centred approaches

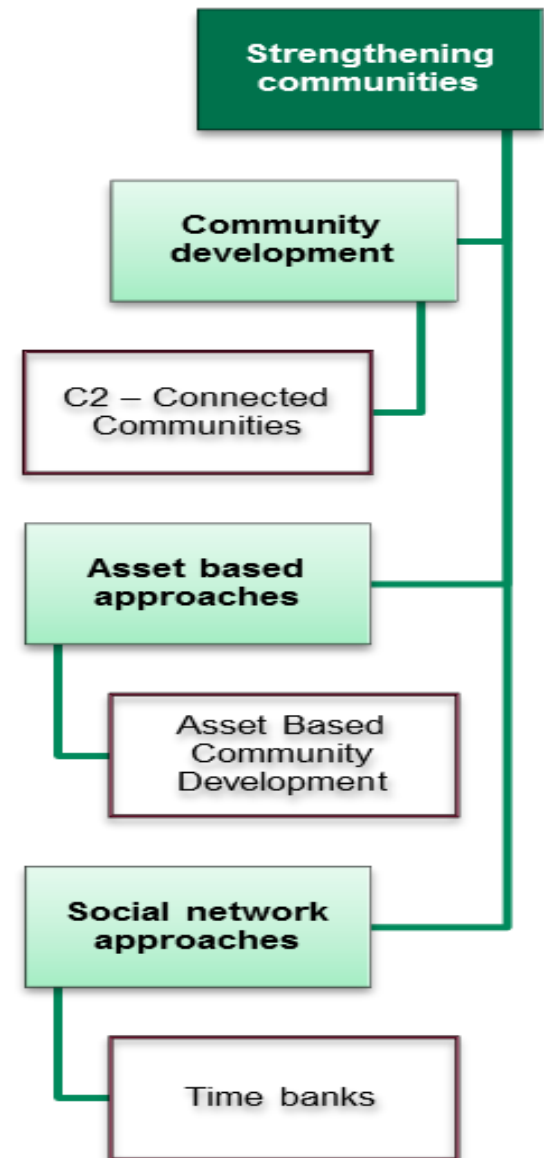




Strengthening communities

These approaches build community capacities to take action on health and the social determinants of health. People come together to identify local issues, devise solutions and build sustainable social action.

Community capacity building, community development, asset-based methods, community organising, social network approaches, Men's sheds and time banking.





Time banking

Time banking is a specific community capacity and social networks based on the assets and time that people can share as volunteers.⁸⁸ Time banking involves reciprocity in that people exchange services with each other based on the idea of 'time credits' to meet social or health needs. This reciprocity leads to a growth of social capital and mutual learning between people.⁸⁹ There are a number of successful time banking schemes in the UK. Many of these involve disadvantaged or excluded communities in activities which improve mental and physical health.⁹⁰

Key reviews and resources

- Elliott, E. et al. Connected Communities: A review of theories, concepts and interventions relating to community-level strengths and their impact on health and wellbeing. 2013. London: Connected Communities
- Fisher, B. Community development in health: a literature review. 2011. London: Health Empowerment Group
- Hothi, et al. Neighbourliness + empowerment = wellbeing: is there a formula for happy communities? 2007. London: The Young Foundation
- Knapp, M. et al. Building community capacity. Making an economic case. PSSRU Discussion Paper 2772. 2011. Canterbury: Personal Social Services Research Unit
- McLean, J. & McNeice, V. Assets in action: illustrating asset based approaches for health improvement. 2012. Glasgow: Glasgow Centre of Population Health
- Milligan, C. et al. Men's Sheds and other gendered interventions for older men: improving health and wellbeing through social activity - a systematic review and scoping of the evidence base. 2013. Lancaster: Lancaster University
- Seebohm, P. et al. "Bold but balanced: how community development contributes to mental health and inclusion". Community Development Journal. 2012, 47, 4: 473-490



Wide dissemination

- Wide dissemination of the guide through national and regional events
 - LGA conference
 - Institute of Health Visiting
 - Faculty of Public Health conference
 - King's Fund Annual conference
 - PHE annual conference & LGBT conference
 - NHS Expo & NHS Vanguard events
 - Regional events – PHE, Think Local Act Personal (TLAP), Due North conference
- Publication of articles in RSPH journal 'Perspectives in Public Health' and Journal of Health Visiting
- Blogs – Public health Matters, What Works Wellbeing and NHS Vanguard
- Guidance publication has been visited almost 14,000 times on gov.uk website (by Feb 2016)



NICE Guidelines Community engagement (2016) NG44

“Many successful community engagement activities are undertaken across the country. Various terms and conceptual frameworks are used. But the committee agreed that A guide to community-centred approaches for health and wellbeing (Public Health England) provides a useful framework for understanding how different approaches work and deciding on the most appropriate activities to use locally” (p.19)

<https://www.nice.org.uk/guidance/ng44>

NICE National Institute for
Health and Care Excellence



Community engagement: improving
health and wellbeing and reducing health
inequalities

NICE guideline
Published: 4 March 2016
[nice.org.uk/guidance/ng44](https://www.nice.org.uk/guidance/ng44)



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Local impact

Community centred approaches to health and wellbeing in Leicestershire

“This report uses the family of approaches ...as a framework to review the evidence for community based working and provides examples of where these approaches are being used across Leicestershire.

The report highlights the opportunities to further develop these approaches in Leicestershire and makes recommendations on ways that partners across the health and wellbeing system can work together to improve health and wellbeing.” (p.16)

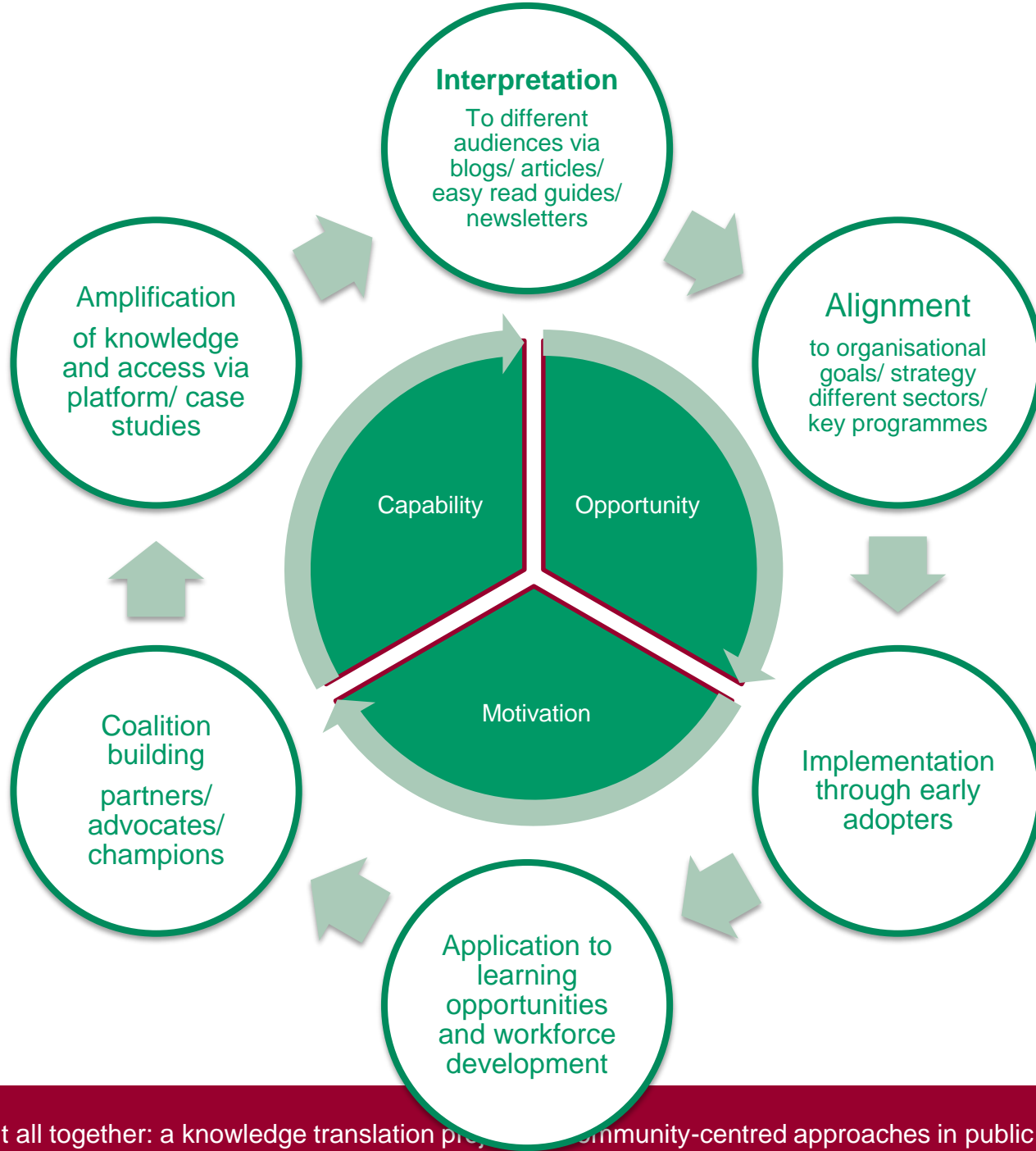


Annual Report of the Director of Public Health 2015

Leicestershire

The role of communities in improving the health
and wellbeing of the population

[http://www.lsr-online.org/files2Community centred approaches to health and wellbeing in Leicestershire/1369/p0562-public-health-annual-report-2015-v3.pdf](http://www.lsr-online.org/files2Community%20centred%20approaches%20to%20health%20and%20wellbeing%20in%20Leicestershire/1369/p0562-public-health-annual-report-2015-v3.pdf)





Challenges & enabling factors

- ☹ Perception that there is no/ little evidence
- ☹ Lack of central place to access knowledge
- ☹ Lack of evidence within national direction/ strategy/ policy
- ☹ Local practice looks different, feels different and shaped by community action. Messy can mean lack of recognition
- ☹ Changing context - new terms, overlapping concepts, new stakeholders
- ✓ High interest/ need from practitioners for knowledge – growth in practice
- ✓ Existing networks, expertise and knowledge
- ✓ PHE - New organisation providing knowledge/ expertise and evidence
- ✓ Focused roles and academic secondment
- ✓ Legitimacy and credibility of PHE



Our learning from the journey

- Developing a clear narrative and achieving a shared narrative across sectors including providing some definitional clarity/models
- Working in system - Aligning knowledge to organisational strategy and priorities; gaining organisational ownership of 'new knowledge'
- Understanding all the key stakeholders and building partnerships for 2-way knowledge exchange
- Building acceptance of sources of knowledge - triangulation of research/practice/citizen
- Aligning to and informing the policy context – advocacy and knowledge translation go hand-in hand



Workshop discussion

1. What do you think is useful/transferable from this project and our approach?
2. What are the main challenges for increasing access to and utilisation of evidence on community-centred approaches in public health?
3. Looking forward, what needs to be done to build better knowledge translation around community engagement and empowerment in the future – locally, nationally and internationally?



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Thank you

If you want to know more, please contact us

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