Nottinghamshire Health & Wellbeing Board

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

COMMUNITY-CENTRED APPROACHES TO HEALTH AND WELLBEING PROFILE PACK

July 2024

Topic Information	
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Executive Summary

Introduction

Communities are groups of people joined together by a common interest, characteristic or experience (1). They can be defined by their experience of health, geographical location, race, age, faith, health need, or even by their involvement in online spaces. Over recent years there has been an increase in momentum nationally towards recognising the role that communities have to play in improving the health and wellbeing of their members. Factors related to where people are born, live, work and socialise have greater influence on health and wellbeing than health services (1). Evidence shows that social isolation and loneliness can impact negatively on health, and that there are many assets within communities that can be mobilised to promote health and wellbeing (1).

The purpose of this Joint Strategic Needs Assessment chapter is to create a shared local understanding of the evidence of effectiveness for working with communities to promote health and wellbeing, to support ongoing work and enable consistency across Nottinghamshire. It will also help to summarise what is known about the local picture, to inform recommendations for system partners as to how community-based assets can be drawn upon and utilised to maximise health and wellbeing across the county. The chapter will focus on geographical communities, defined by place.

The overall aim is for Nottinghamshire to be a place where communities and the individuals and families within them feel connected to each other, feel heard and valued by local organisations, and feel empowered and confident to make changes for their own health and that of their communities.

Evidence of what works

Community-centred approaches are ways of working locally that focus on mobilising communities' own resources, strengths and capabilities (assets), promoting equity (fairness) and increasing people's control over their health and lives (2). These approaches focus on promoting health and wellbeing in community settings as opposed to health service settings, using non-clinical methods (3). Community-centred approaches can go some way to addressing health inequalities; by targeting areas most in need, work can be done to identify what matters most to those communities to attempt to bridge the gap and reduce some of these inequalities (4).

There is an increasing body of evidence that community-centred approaches can have positive effects on health and wellbeing and can help to reduce inequalities. Evidence suggests that this is particularly true when there is continuity and flexibility of funding, and devolved power leading to collective control and social cohesion, enabling and empowering community members to make their own decisions. The quality of

the evidence in this area is variable, but what is clear is that local context is important as communities differ significantly, and therefore there is no one-size-fits-all approach.

What do we know about communities in Nottinghamshire?
The 'needs' of different communities will vary greatly, and as indicated in the literature, are best defined by communities by themselves rather than external parties using proxy measures to illustrate needs. However, certain descriptive indicators might provide useful background/context to understand and consider the needs that different communities across Nottinghamshire might have. A few of these indicators are listed below, but it is important to remember that these show an average across the county, within which there is vast variation between individuals and communities.

Key indicators for Nottinghamshire:

- **60 years** is the average age when females report not being healthy, which is worse than the England average of 63.9 years (5). The average age that males in Nottinghamshire report not being healthy is **62.4 years**, which is similar to the England average of 63.1 years (2018-20).
- Nottinghamshire is ranked 101 out of 151 upper tier local authorities in England in the index of multiple deprivation, 1 being most deprived (5).
- 23% of adults report feeling lonely always, often or some of the time (5). This is similar to the England average of 22%.

Local surveys have shown that the average estimated life satisfaction scores for Nottinghamshire are below the national average, but residents recognised and appreciated a stronger sense of community during the COVID-19 pandemic and are keen to see this built upon.

Local insight (29-36)

- Communities want to be supported and involved in their own development and feel organisations are working alongside them.
- Communities want creative and flexible solutions to services and funding that can adapt to the communities ongoing and changing needs.
- It is important to have consistent, trusted community figures, as well as physical assets and social infrastructure.
- Sense of belonging increases with sense of pride and cleanliness, and transport is important for combating loneliness and building connections.

Current activity and assets

Many organisations working in Nottinghamshire will have identified geographical areas where there is an opportunity to achieve better outcomes for individuals and communities, and which require a greater level of resource to address need. The areas identified, and the approach used to identify them, will depend on the nature of work planned by that organisation.

The voluntary, community and social enterprise (VCSE) sector is crucial to working closely with communities. In Nottinghamshire, 38% of such organisations are charities and 23% are registered as a community group (6). There are approximately 6,000 volunteers involved across Nottinghamshire with an average of 21 volunteers per organisation. 15% of organisations received funding from Nottinghamshire County Council, and 21% from Nottinghamshire district councils, but 23% of organisations have only up to 3 months funding reserves.

Examples of some of the ongoing community-centred initiatives across the county include volunteering schemes, community connectors and Local Area Coordination (see Case Studies).

What does this tell us?

Service gaps

- One of the key challenges experienced in this area is around funding. For community-centred initiatives, funding is not always long-term or sustainable.
- The importance of community voice is increasingly recognised across organisations, but some communities experience consultation fatigue.
- Not all communities feel that they have spaces or venues to meet, which could help with tackling loneliness and social isolation.

Knowledge gaps

- There is a lack of robust, high-quality evidence of community-centred approaches.
- There are limitations of data about communities, as this does not capture their felt need and is often only available for larger geographical areas so cannot show differences between individual communities.

Recommendations for consideration

The recommendations below are for any organisation working with communities, with key partners recognised. Whilst these recommendations have been developed with a focus on place-based communities, they may also be applicable for working with communities of different kinds. Other JSNA chapters have focused on some of these other communities, and we recommend that these are also drawn upon when working with any of the relevant communities.

	Recommendation	Key Partners				
		Nottinghamshire County Council	District and Borough Councils	Place Based Partnerships	Community and Voluntary Sector Organisations	Other partner organisations*
	Ways of working					
1	Organisations in Nottinghamshire should work together to develop a structure for coordination, communication and strategic planning for work with communities, including sharing and responding at a Nottinghamshire level to relevant insights and issues from community forums or networks.	/	/	/	/	/
2	As far as possible, work with communities should build on existing assets and resources, and be led by people living and working within the community, avoiding a “top-down” or “one size fits all” approach. Organisations can consider using the six capitals approach to ensure all factors than enable communities to thrive have been considered.	/	/	/	/	/
3	When identifying “priority” communities and community needs, organisations should avoid overreliance on readily available quantitative data sources and aim to develop their understanding of the needs felt and experienced by communities at a hyperlocal level, including through deeper qualitative insight and engagement.	/	/	/	/	/
4	Organisations should ensure that underserved and marginalised communities (and parts of communities) who may benefit the most from community-centred approaches are included and that their voices are heard in any work undertaken.	/	/	/	/	/
5	Organisations should build trusted long-term relationships with communities to underpin and enable a timely response to changing needs.	/	/	/	/	/
	Consistency					

6	In working to embed community engagement and co-production, organisations should ensure that they always: a) review and consider all existing engagement and insight prior to seeking new information, b) share insights with other organisations (where consistent with confidentiality) and c) feedback to communities on how their views were acted on, or if this was not possible, why and what will be done instead.	/	/	/	/	/
7	Organisations should prioritise stability and sustainability of work with communities, particularly in terms of funding and staffing, and be mindful of the impact of short-term funding cycles on small organisations.	/	/	/	/	/
8	Organisations should work towards a shared strategy for recruitment, retention and training of the community development workforce, including appropriate recognition and remuneration of the broad set of skills required. This should also include maximising the recruitment and retention of volunteers.	/	/	/	/	/
	Language					
9	Organisations should be mindful of labelling and the language used when talking about/with communities. Asset-based language (rather than deficit-based language) should be used where possible, linking in with language around the Building Blocks of Health, and with strengths-based approaches in adult social care and elsewhere.	/	/	/	/	/
	Evaluation					
10	Those planning to work with communities and support community-centred interventions should ensure that evaluation of the programme is embedded throughout, taking a proportionate approach and using measures of success appropriate to the aims and principles of community-centred approaches. Approaches such as Test + Learn can be adopted, as well as other approaches which might be best suited for the intervention.	/	/	/	/	/
11	Good practice regarding evaluation methods for community-centred interventions should be shared across the system to inform future evaluation planning, and findings/outputs of evaluations of these initiatives should be shared/disseminated widely to add to the growing evidence base and inform best practice.	/	/	/	/	/

** Other partner organisations can be any organisation working with communities, but examples include Primary Care Networks, Other NHS providers, the Integrated Care Board, Active Notts, Parish and town councils and local businesses that support communities.*

What do we know and what does that tell us?

1. Introduction

Communities are groups of people joined together by a common interest, characteristic or experience (1). They can be defined by their experience of health, geographical location, race, age, faith, health need, or even by their involvement in online spaces.

Over recent years there has been an increase in momentum nationally towards recognising the role that communities have to play in improving the health and wellbeing of their members. Factors related to where people are born, live, work and socialise have greater influence on health and wellbeing than health services (1). Evidence shows that social isolation and loneliness can impact negatively on health, and that there are many assets within communities that can be mobilised to promote health and wellbeing (1). Communities themselves have great insight and intelligence on what they need from health services and what works in improving their health (1).

1.1. Purpose

Partners across the system in Nottinghamshire are undertaking substantial work programmes linked to communities, such as the development of Integrated Neighbourhood Working. The purpose of this Joint Strategic Needs Assessment chapter is to create a shared local understanding of the evidence of effectiveness for working with communities to promote health and wellbeing, to support ongoing work and enable consistency across Nottinghamshire. It will also help to summarise what is known about the local picture, to inform recommendations for system partners as to how community-based assets can be drawn upon and utilised to maximise health and wellbeing across the county.

The overall aim is for Nottinghamshire to be a place where communities and the individuals and families within them feel connected to each other, feel heard and valued by local organisations, and feel empowered and confident to make changes for their own health and that of their communities.

1.2. Scope

Community means different things to different people. The primary focus of this report will be communities defined by place, i.e. where people live and work. Information and data on geographical communities may relate to neighbourhoods, lower layer super output areas (LSOAs) or wards, but these do not always map directly to the communities which people recognise themselves to be a part of.

The evidence reviewed will focus primarily on literature from the last 5 years (i.e. 2018 to 2023), although key findings from research prior to this will also be included.

This profile pack does not include a comprehensive overview of data on health determinants and outcomes for Nottinghamshire communities, as these can be found in other JSNA chapters, and this quantitative data would not fully illustrate the assets and needs defined by our local communities. The profile pack does not include comprehensive asset mapping or intervention/service mapping. There has not been new qualitative insight or consultation with communities, but instead a synthesis of existing qualitative insights and consultation findings. This was agreed as the approach given the wealth of insight already captured, and findings from previous work where some communities described consultation fatigue.

1.3. Context

Evidence shows that working with communities can have a positive impact on a range of health outcomes and is an essential way of addressing health inequalities. Working with communities is central to many local and national policies and strategies, as detailed below:

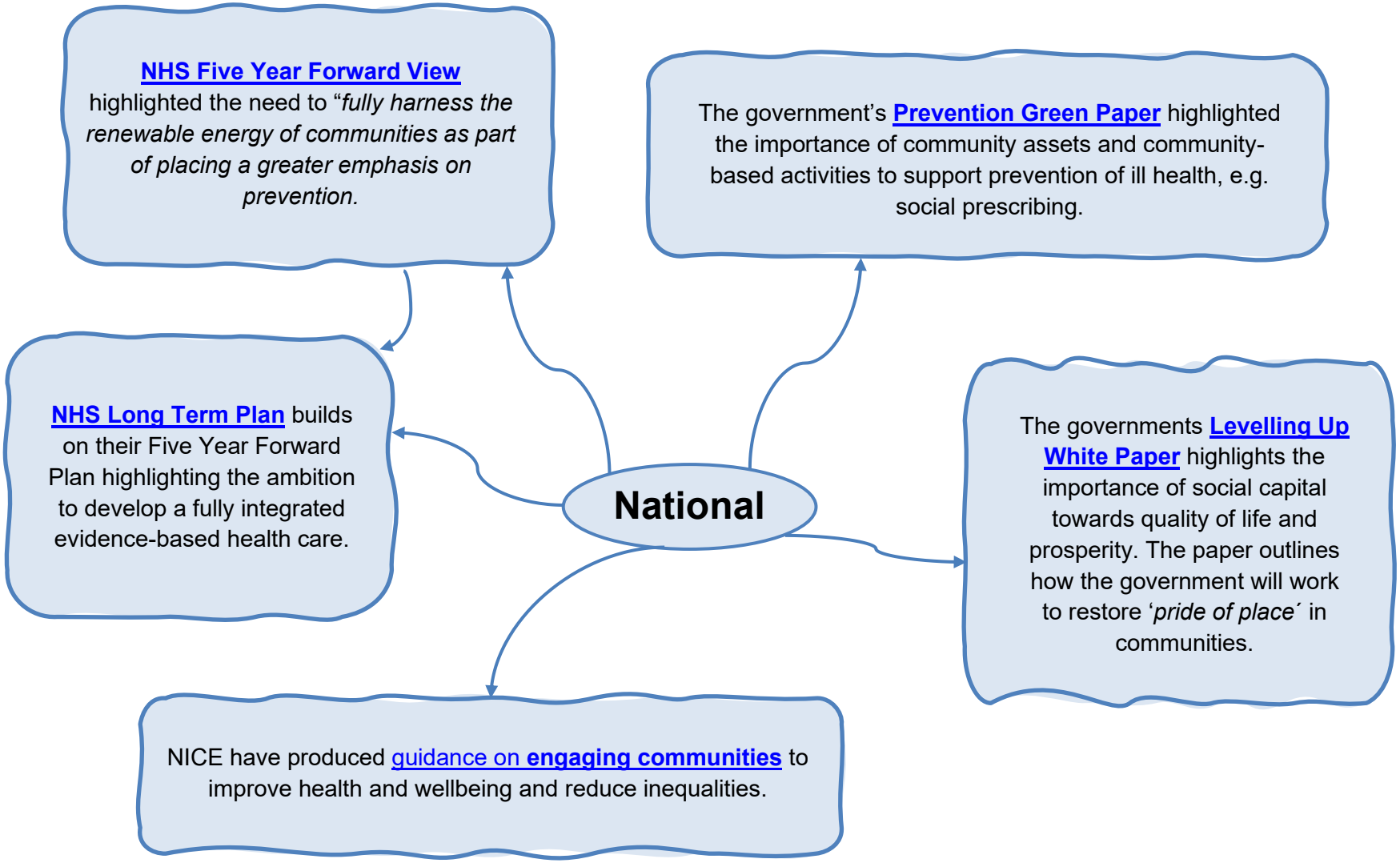


Figure 1: National policies and strategies highlighting the importance of working with communities (9,56,91–93).

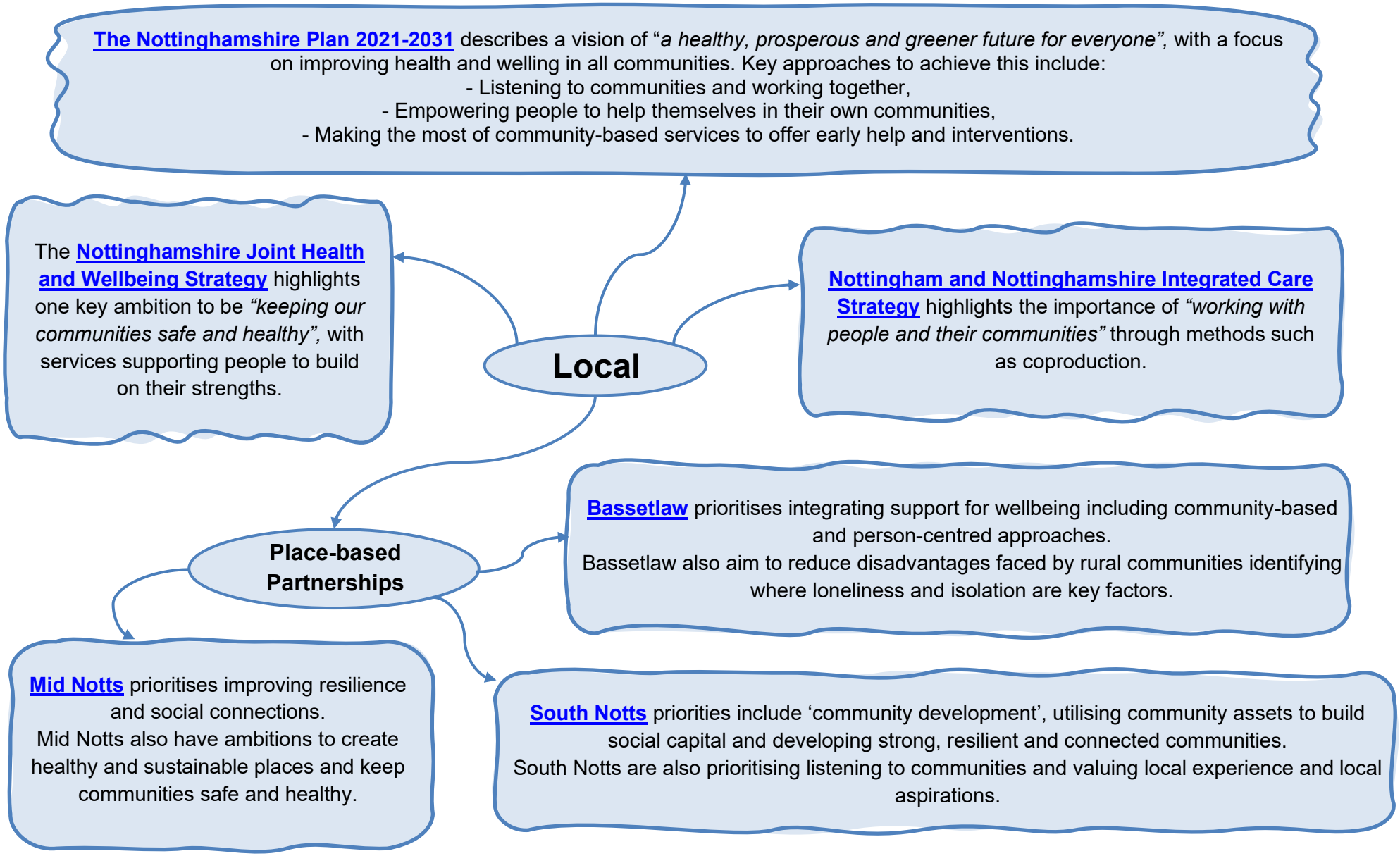


Figure 2: Local strategies and plans highlighting the importance of working with communities (94–97).

2. What are community-centred approaches?

Community-centred approaches are ways of working locally that focus on mobilising communities' own resources, strengths and capabilities (assets), promoting equity (fairness) and increasing people's control over their health and lives (2). These approaches focus on promoting health and wellbeing in community settings as opposed to health service settings, using non-clinical methods (3). Community-centred approaches can go some way to addressing health inequalities; by targeting areas most in need, work can be done to identify what matters most to those communities to attempt to bridge the gap and reduce some of these inequalities (4).

In 2015, Public Health England (PHE) suggested a 'family' of community-centred approaches, which gives examples of potential initiatives (4). These approaches recognise and seek to mobilise assets within communities. Such assets are wide ranging, and include the skills, knowledge and time of individuals, and the resources of community organisations and groups. Additionally, they promote equity (fairness) in health and healthcare by working in partnership with individuals and groups that face barriers to good health. They seek to increase people's control over their health and lives and use participatory methods to facilitate the active involvement of members of the public. These approaches are outlined in Figure 3 (7).

The four main arms of community-centred approaches are defined by PHE as (7):

- **Strengthening communities** – where approaches involve building community capacity to take action on health and the social determinants of health.
- **Volunteer/peer roles** – where approaches focus on enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities.
- **Collaborations and partnerships** – where approaches involve working in partnership with communities to design and/or deliver services and programmes.
- **Access to community resources** – where approaches focus on connecting people to community resources, information and social activities.

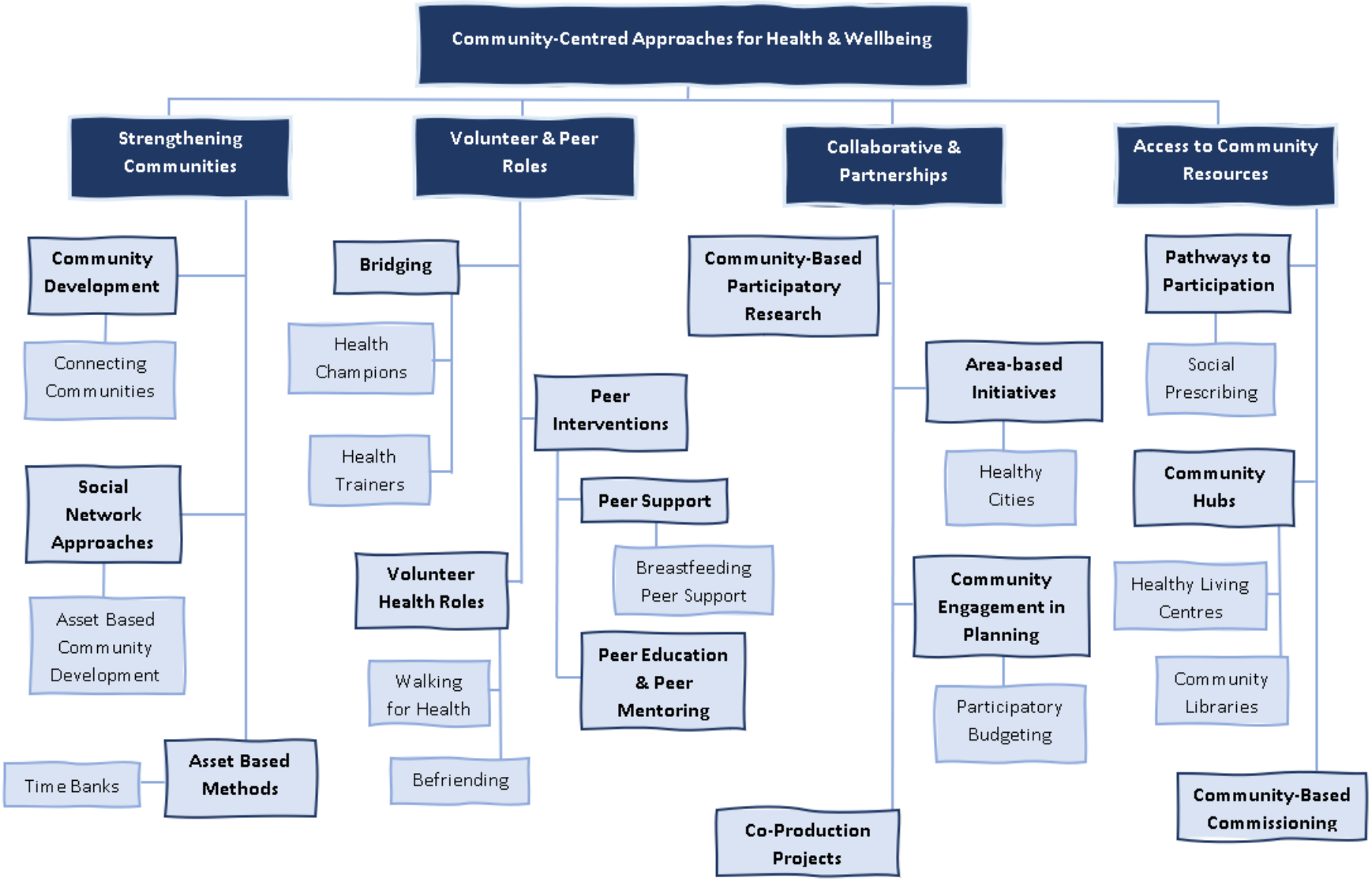


Figure 3: Adapted from Public Health England's Family of Community Centred Approaches (7).

3. Evidence of what works

A longer version of the literature summary can be found in Appendix 2.

There is an increasing body of evidence that community-centred approaches can have positive effects on health and wellbeing, and can help to reduce inequalities. Evidence suggests that this is particularly true when there is devolved power leading to collective control and social cohesion, empowering community members to make their own decisions. However, the quality of the evidence in this area is variable, particularly due to the long timescales needed to achieve outcomes, and challenges in demonstrating impact for intangible outcomes. What is clear, is that local context is important as communities differ significantly, and therefore there is no one-size-fits-all approach.

A rapid evidence review of community initiatives by the UK Government from 2022 concluded that for communities to thrive and unlock their potential, there is strong evidence that many factors need to work together simultaneously (8). These factors link to the six different types of capital identified in the Government's Levelling Up white paper (Figure 4) (9).

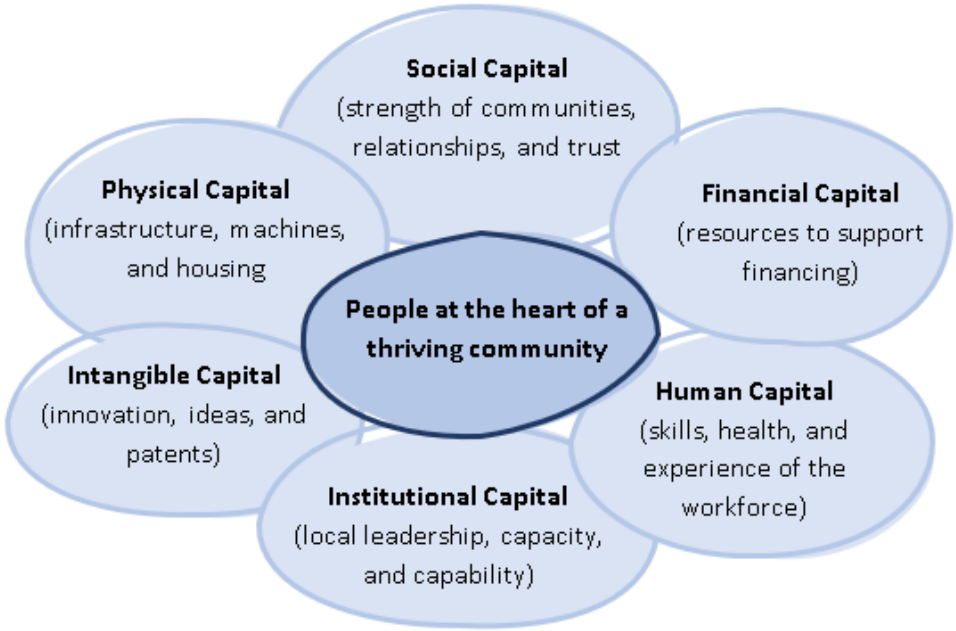


Figure 4: Factors enabling communities to thrive (9).

The same review concluded that there is a medium-sized evidence body with moderate quality evidence that effective community infrastructure and social capital can drive improvements in health and social outcomes. Health outcomes included improved mortality rates, health-related quality of life metrics and improved health related behaviour (8), whilst social outcomes included reduced loneliness, improved wellbeing, and reduced rates of homelessness and reoffending.

A recent joint review by What Works Wellbeing and New Local in 2023 looked at 27 studies of community-centred approaches from the UK and globally (10). They found that community wellbeing was improved more significantly when communities were given the ability to make decisions, make new community connections, and when they had a good availability and amount of funding. However, positive outcomes were not always identified in the studies included, which the review explains could be for two possible reasons. The first is that interventions with short timescales do not allow for community agency to fully develop, which can lead to tensions in the use of resource and can hinder effective relationships and interventions. The second is that short follow up periods can mean that long-term impacts and health benefits are not yet able to be identified.

Big Local is an initiative funded by the National Lottery Community Fund, and is managed by the Local Trust, providing at least £1m to 150 communities in England, in areas with high levels of deprivation (11). Rather than traditional top down, time-limited, project-led funding, each Big Local community was provided with funding to spend over 10-15 years on their own plans and priorities. A recent report published by New Local explored the role of Big Local's approach to health and wellbeing, and found 4 core conditions that enabled Big Local partnerships to set up, fund and run health activities, each important in their own right, but together provide the environment for communities to identify and lead initiatives that respond to and support residents' health and wellbeing (12). The 4 conditions are:

- **Agency and control** – Placing power and control in the hands of communities through resident-led decision making.
- **Community connections** – As Big Local is embedded within communities and understand their unique challenges, they are able to more effectively design interventions that address local issues and reach groups that are most in need.
- **Flexible funding** – responsive to communities' identified priorities and circumstances, ensuring support meets needed rather than being restricted to a pre-determined theme, condition or type of intervention.
- **Long-term funding** – The long-term nature of the funding approach has helped to build community capacity and capability whilst designing effective interventions for the long term.

The report also identified seven different themes of the activities which were established in these communities, to address different aspects of health and wellbeing (12). These were: **physical activity, mental health, food and nutrition, cost of living, children and young people's health, upskilling citizens** and **supporting existing services**. The report concludes that Big Local partnerships have created successful

conditions for community-led health initiatives by the unique position taken in placing power and control within the hands of the communities and providing flexible, long-term funding. Despite significant institutional barriers, there can be both direct and indirect benefits for health outcomes through wide ranging community-led health activities.

Below is a summary of the evidence from research and other reports, grouped by each of the four arms of PHE's 'family of community-centred approaches', mentioned above (Figure 5).



Figure 5: Summary of the key points of evidence for each the family of community-centred approaches

3.1. Summary of evidence



Emerging evidence is positive overall

Evidence suggests community-centred approaches could contribute to:

- **Improved wellbeing** of those participating and the wider community.
- Enhanced **social connectedness**, **reduced social isolation** and **improved sense of community and safety.**
- Increased **empowerment, resilience, confidence, independence** and **participation.**
- **Reduced social care demand** and costs.
- Improved **physical health** and people feeling **supported to make healthy choices.**



There are challenges in achieving strong evidence

- Outcomes are **intangible** and **hard to measure**.
- There is **difficulty demonstrating causality**.
- Research in this area **takes a long time**.
- It is **difficult to compare interventions** given the differences in communities themselves, and many studies focus on small scale interventions.



Some areas have more evidence than others

- There appears to be the strongest evidence for approaches that **strengthen community capacity to take collective action** that will improve health and social determinants of health e.g. asset-based community development.
- The evidence base for community-centred initiatives is continuing to grow, and so far, indicates a range of positive outcomes.

Figure 6: Summary of the key literature review findings

4. What do we know about communities in Nottinghamshire?

The ‘needs’ of different communities will vary greatly, and as indicated in the literature, are best defined by communities by themselves rather than external parties using proxy measures to illustrate needs. However, certain descriptive indicators might provide useful background/context to understand and consider the needs that different communities across Nottinghamshire might have.

As previously stated, the communities which individuals identify as being a part of will vary for everyone, and cannot easily be summarised for the population of Nottinghamshire. Much of the data presented is at district/borough level, given that this is the geographical level that data is available. It is important to remember that within each district sits many communities, and some communities will cross district boundaries. The data presented illustrates an average across each district/borough, and will not show variation within that district/borough.

It is also important to remember that data often focuses on needs and gaps, and does not illustrate the resources, strengths and capabilities that communities have, but these should not be forgotten.

4.1. Our population and population density

Nottinghamshire county has a population of 824,800 across seven districts (13) (Figure 7).

Within each district and borough are different towns, villages and hamlets which make up many communities. More detailed information about each district and borough can be found here.

The overall population density of Nottinghamshire is 396 people per square kilometre (2021) (14). This means that on average, there are 396 usual residents living in each square kilometre across the county. However, the distribution of where people live is not equally spread. Table 1 shows the population density (number of usual residents per square kilometre) across each district and borough, ranging from an average of 185 people per square kilometre in Bassetlaw, to an average of 1,440 people per square kilometre in Mansfield. Within each district and borough, there will be areas of higher population density (e.g. towns) and lower population density (e.g. farmland).

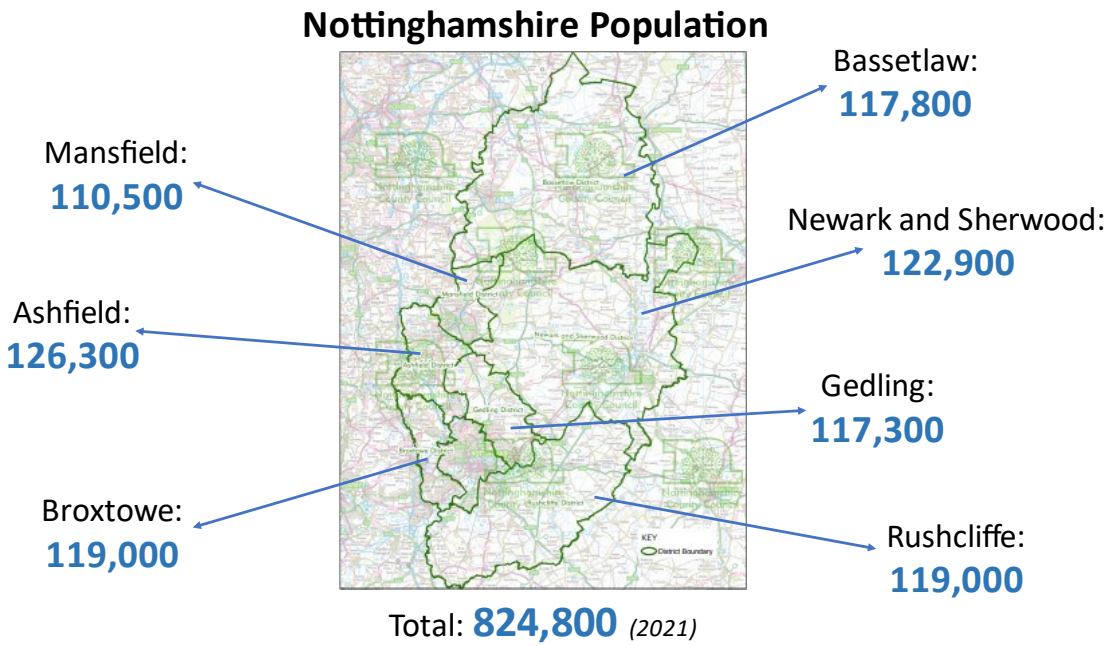


Figure 7: Population of Nottinghamshire (13)

District/Borough	People per square km *(2021)*
Ashfield	1,153
Bassetlaw	185
Broxtowe	1,385
Gedling	977
Mansfield	1,440
Newark and Sherwood	189
Rushcliffe	291
Nottinghamshire	**396**

Table 1: Population density of Nottinghamshire (ONS) (14)

4.2. Indices of Multiple Deprivation

The Index of Multiple Deprivation (IMD) is a widely used indicator that measures relative levels of deprivation in 32,844 small areas or neighbourhoods, called lower super output areas (LSOAs), in England (15,16). Each small area in England is ranked from most to least deprived. IMD is an official measure which follows established methods, encompassing seven different weighted domains of measurements to summarise deprivation (where 'deprived' can be regarded as lacking any kind of resources, not just income). The domains and their relative weightings are summarised in Figure 8. It is important to note that IMD does not quantify how deprived or affluent a small area is, and cannot identify deprived individuals (15,16). It is also important to remember that IMD, by its nature, cannot represent the strengths and assets that are present.

Nottinghamshire is ranked 101 out of 151 upper tier local authorities in England in the overall index, 1 being most deprived. But within Nottinghamshire, there is great variation from areas in the most deprived 10% of small areas in England, to the least deprived 10%. This is displayed in Figure 9. More information on IMD in Nottinghamshire can be found here.

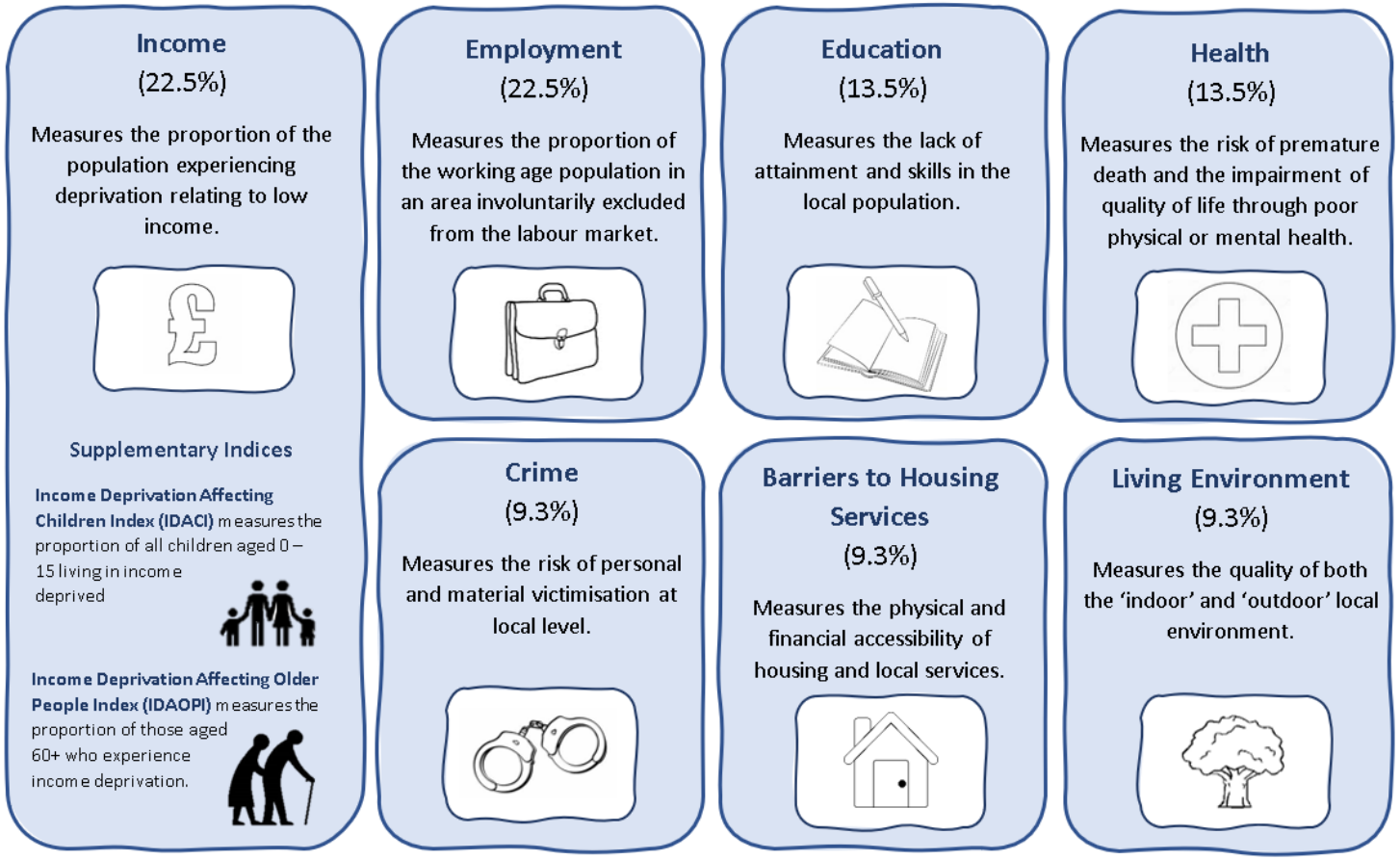


Figure 8: Seven domains which make up the Indices of Multiple Deprivation (16)

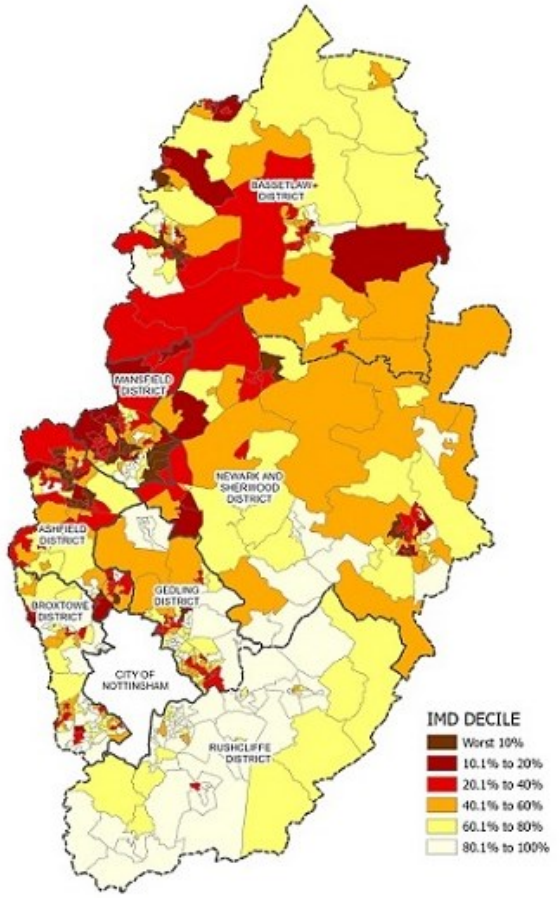


Figure 9: IMD in Nottinghamshire (excluding Nottingham City)

4.3. Life Expectancy

Life expectancy at birth shows the average number of years that a newborn baby would survive if they experienced the current mortality rates for people of different ages in that area throughout their life. In England, this is 79.5 years for males and 83.2 years for females (5). Figures 9

and 10 show the differences in life expectancy seen across the county, and illustrate that the overall Nottinghamshire figure masks vast inequalities.

Even within the districts/boroughs with the highest and lowest life expectancies overall are electoral wards with greatly different life expectancies. This illustrates the health inequalities seen between different areas and communities in our county.

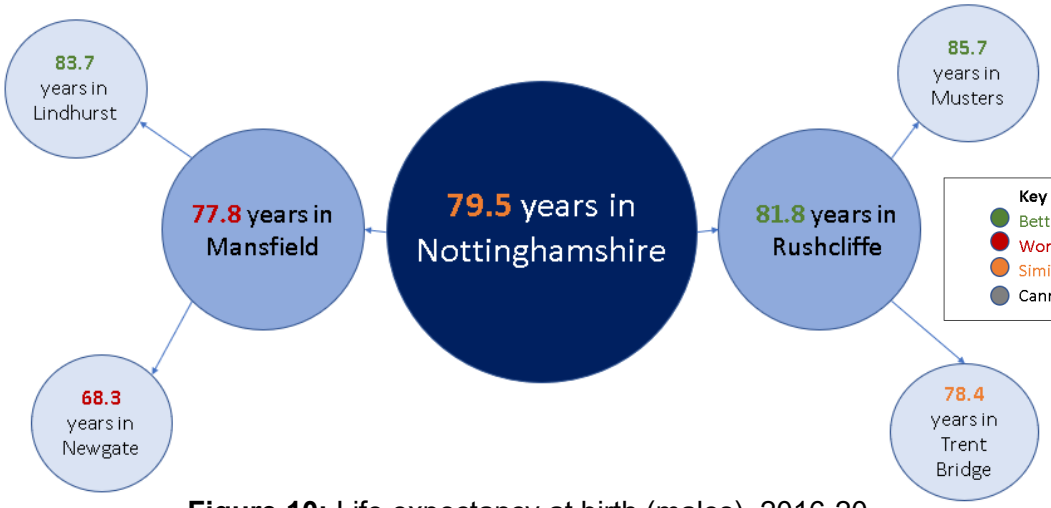


Figure 10: Life expectancy at birth (males), 2016-20

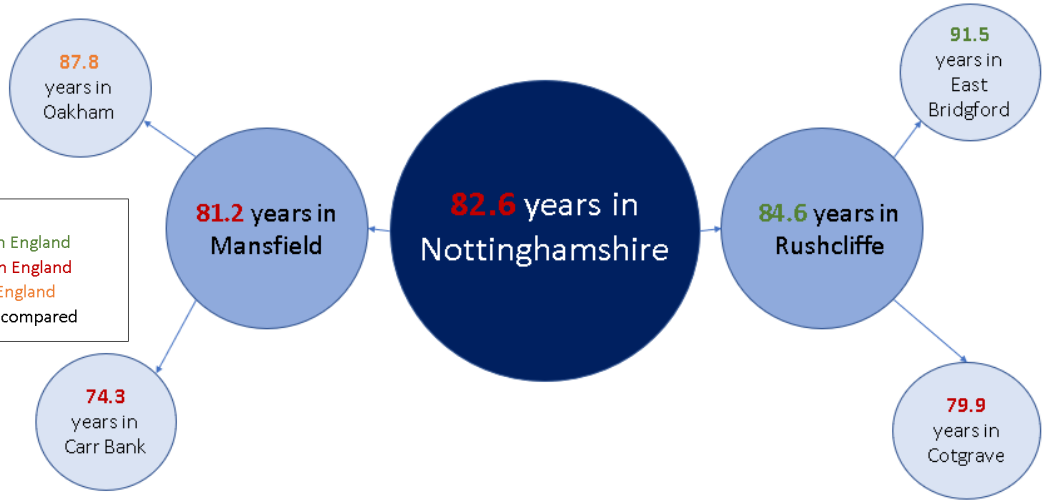


Figure 11: Life expectancy at birth (females), 2016-20

4.4. Healthy Life Expectancy

Whilst life expectancy illustrates the estimated quantity of time that people might live for, this does not provide information about the quality of that life. Healthy Life Expectancy is a measure of the average number of years that a person would expect to live in good health. In Nottinghamshire, **60 years** is the average age when females report not being healthy, which is worse than the England average of 63.9 years (5). The average age that males in Nottinghamshire report not being healthy is **62.4 years**, which is similar to the England average of 63.1 years (2018-20). This data is not available at a smaller geographical level, but we can expect that there will be communities where Healthy Life Expectancy is much better than the Nottinghamshire average, and some where it will be worse.

4.5. Best Start

The start of a child's life is critical as this is the time when the building blocks for lifelong physical, emotional and mental health are laid down. Indicators that can be used to describe this period of a child's life are often grouped as 'best start in life' indicators. These can be an important summary of an areas health as inequalities experienced at the start of life have lifelong impacts, and the early years period is when interventions to disrupt inequalities are most effective (17).

An indicator which can be used to indicate the 'best start in life' is the proportion of reception aged children (children aged 4 to 5 years) that are classified as overweight or obese. Some of the differences we see in areas across Nottinghamshire can be found in Figure 12 (5).

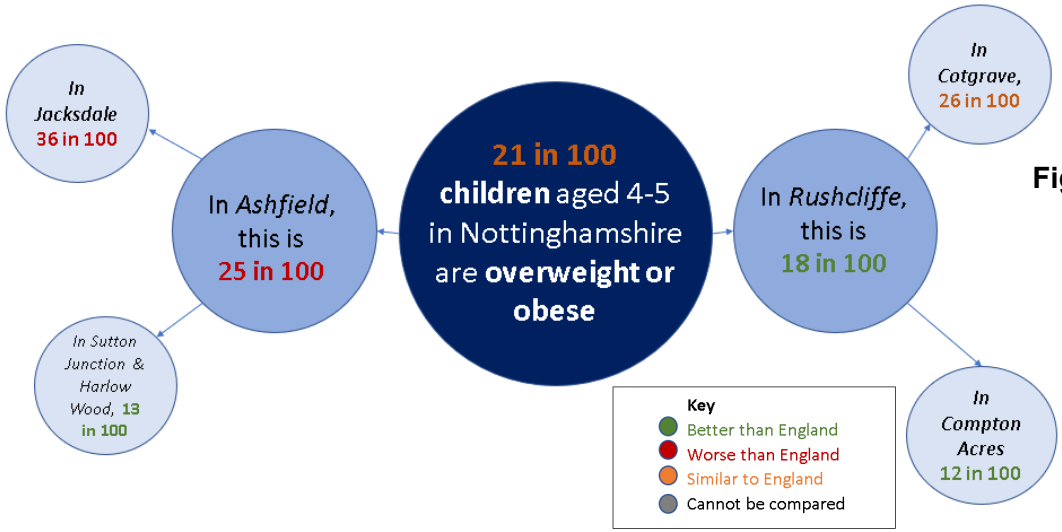


Figure 12: Reception prevalence of overweight (including obesity), 2020/1 – 22/23

School readiness measures early years development across a wide range of developmental areas and can be shown by the number of children that have reached a good level of development at the end of Reception through the Early Years Foundation Stage Profile. In Nottinghamshire in 2022/23, this was 67.5% (England average was 67.2%). Data at district level shows that children are more likely to meet their expected levels of development in Rushcliffe compared to Ashfield and Mansfield (Table 2). School readiness is also related to household income, as measured by eligibility for Free School Meals (FSM). In 2023, 52.2% of children eligible for FSM in Nottinghamshire achieved their expected levels of development. Table 2 shows that this varies across districts, with children eligible for FSM in Rushcliffe more likely to achieve their developmental milestones than children not eligible for FSM in Ashfield.

Children achieving School Readiness by Free School Meal (FSM) eligibility (%) *(2023, Early Years Foundation Stage Profile)*			
	All children	**FSM eligible**	**Not FSM eligible**
Nottinghamshire	67.5	52.2	69.8
Ashfield	60.6	46.7	63.4
Bassetlaw	69.8	59.0	71.5
Broxtowe	66.2	49.7	68.4
Gedling	70.3	60.4	71.7
Mansfield	62.9	46.3	66.5
Newark and Sherwood	67.7	50.3	70.7
Rushcliffe	75	63.9	75.8

Table 2: School Readiness across districts and by FSM status

4.6. Building blocks of health

Health services only influence a small proportion of our overall health. Nearly every other aspect of our lives has an impact on our health and ultimately how long we live (18). These factors are sometimes also called the ‘wider determinants of health’. For communities in Nottinghamshire to thrive and achieve the best health, we need all of the right building blocks to be in place, including stable jobs, support networks, and sufficient and healthy food. Data which summarises some of the key building blocks for health in Nottinghamshire is outlined in Table 3, which each column explained in a bit more detail below.

District/Borough	Percentage of population in LSOAs in the poorest performing 20% on Access to Health Assets & Hazards Index, % *(2022)*	Percentage of people in employment (22/23)	Percentage of the population who live in LSOAs which score in the 20% at highest risk of food insecurity	Percentage of adults who feel lonely often, always or some of the time	Violence offences per 1,000 population
Ashfield	19.1	68.0	29.1	23.11	31.7
Bassetlaw	12.3	78.0	29.9	24.36	29.3
Broxtowe	9.2	67.8	5.6	27.66	17.2*
Gedling	36.6	74.7	2.9	19.57	17.2*
Mansfield	28.2	75.4	53.1	24.48	38.8
Newark and Sherwood	6.6	77.9	16.7	21.68	23.2
Rushcliffe	5.0	82.4	0.0	20.43	17.2*
Nottinghamshire	**16.6**	**74.8**	**19.5**	**22.99**	**24.9***

**Value for the community safety partnership in which the local authority lies*

Table 3: Some of the building blocks of health in Nottinghamshire (5).

4.6.1. Access to Healthy Assets and Hazards (AHAH) index

The Access to Healthy Assets and Hazards Index is made up of four domains: access to retail services (e.g. fast food outlets, pubs/bars, tobacconists), access to health services (e.g. GP surgeries, pharmacies, dentists, leisure centres), the physical environment (e.g. access to green spaces) and air pollution (5). The index summarises an area's relative performance on these indicators, and was originally designed to allow policy/decision makers to understand which areas have poor environments for health. The index shows the percentage of the population who live in LSOAs (small geographical areas) which score in the poorest performing 20% on the AHAH index. Table 3, which summarises some of the key building blocks of health for the communities of Nottinghamshire, shows the AHAH index across the districts and boroughs of Nottinghamshire, and shows that overall, in Nottinghamshire 16.6% of the population live in LSOAs which score in the poorest performing 20% on the index. Gedling's poor score on the AHAH index is particularly influenced by hazards relating to retail services, the physical environment and air pollution, whereas it scores well on access to health services (19).

4.6.2 Employment

Evidence shows that work is generally good for both physical and mental health and wellbeing (20). Access to employment and good working conditions is an important influence of the health of a community. Table 3 shows the percentage of people in employment out of people of working age (aged 16 to 64), from the Labour Force Survey (5).

4.6.3. Food insecurity

Food security can be defined as ‘having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life’ (21). Living in a state of food insecurity can lead to a range of negative physical, mental and social health outcomes for adults and children.

The Office for Health Improvement & Disparities provides an indirect measure of food insecurity at a district and borough level, which shows the percentage of the local authority population living in areas which are at highest risk of food insecurity (i.e. the percentage of the lower tier local authority population which live in LSOAs which score in the 20% at highest risk nationally on the Food Insecurity Risk Index) (5). This can be found in Table 3. There is not robust data at low geographical levels which can directly identify food insecure households and individuals, so this is a measure of areas at highest risk and does not mean that everybody in these areas are at highest risk, and not everybody at highest risk will experience food insecurity. For example, Rushcliffe has a value of 0, but this does not mean that no one in Rushcliffe experiences food insecurity.

4.6.4. Loneliness

Social connection is important for health. Feeling lonely frequently can lead to a number of different negative impacts on physical and mental health and wellbeing (22). Table 3 shows the percentage of adults (aged 16 and over) who responded to the question “How often do you feel lonely?” with “Always or often” or “Some of the time” in the Active Lives Adult Survey by Sport England (5). This shows that Broxtowe has the highest levels of loneliness based on this survey, and experiences higher levels of loneliness than the England average.

4.6.5. Crime

Crime is a public health issue. The root causes of crime are often shared with ill health, particularly poverty, and fear of violent crime is a major cause of anxiety for some individuals and neighbourhoods (23). The ‘Violence offences per 1,000 population’ data in Table 3 comes from the

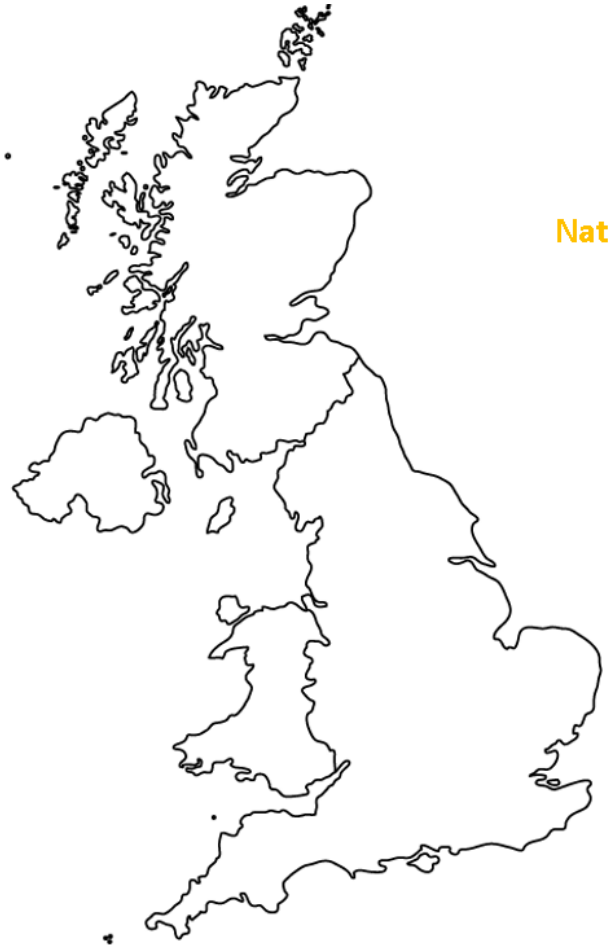
Home Office and shows the crude rate of violent crime per 1,000 population (5). However, it is important to note that these figures will not include unreported crime. Additionally, crime data is produced at Community Safety Partnership (CSP) level, so the desired local authority geographical levels are not available for every district and borough.

4.7. Summary

The indicators provided demonstrate the spectrum of health, wellbeing and wider determinants or “building blocks” of health that is seen across Nottinghamshire. However, it is important to remember that these figures do not tell the full story for each of our communities. The data is constrained by the geographical level for which the data is available, and therefore limited to those boundaries. There are communities within communities, and we will see pockets of variation behind the overall average for any given area. The context of the indicator and the local population need to be carefully considered before assuming that the value tells the story for that community’s population. Nor do these indicators reflect a community’s assets, resources and strengths, which are critical in achieving change.

5. Local views

The figures below summarise some of the key national and local findings on what is important to communities, and what they have said about their community life (24–28).



Measures of National Well-being Dashboard
2023

Over half of adults in Britain agreed or strongly agreed that they felt like they belong to their neighbourhood.

2 in 3 adults in Britain agreed or strongly agreed that people from different backgrounds get on well together in their local area.

1 in 10 of adults in Great Britain reported feeling lonely often or always.

3 out of 4 females and **2 out of 3** males felt they would receive support from their local community if they needed help.

Social network support tends to increase with age; **2 in 3** people aged 65 to 74 years checked on their neighbours who might need help compared with **41.3%** of those aged 16 to 24 years

Rural areas appear to have stronger community relations than urban areas, although some improvements in social capital in urban communities were observed; the percentage of people who believe that others in general can be trusted increased by **3.9%** in urban areas between 19/20 and 20/21.

Social Capital in the UK
ONS April 2020 – March 2021

Community Life Survey

2021/2022

Identity and Social Networks

90% of respondents identifying as from a **black ethnic group** agreed that if they needed help **there were people who would be there for them** versus **96%** of respondents identifying as from a **white ethnic group.**

For the statement 'I agree that if I wanted company or to socialise, **there are people I can call on**', **88%** of those with a long-term limiting **illness or disability** agreed, compared to **95%** of those without.

Volunteering and Charitable Giving

In 2021/22, **1 in 3** respondents had taken part in either formal or informal volunteering at least once a month, **half** at least once a year.

The most common reasons for formal volunteering, in line with findings in 2020/21:

- **'I wanted to improve things/help people'** – 48%
- **'The cause was really important to me'** – 33%

The most common barriers for formal volunteering, in line with findings in 2020/21:

- **'I have work commitments'** – 49%
- **'I do other things in my spare time'** – 31%



Neighbourhood and Community

Those living in **rural areas** were **more likely to chat to neighbours** than those in urban areas (81% compared with 70% respectively).

Respondents in the **least deprived areas** were **more likely to chat with neighbours** than those in the most deprived areas (76% compared with 67% respectively).

Over half of respondents agreed that **people in their neighbourhood pull together** to improve the neighbourhood in 21/22. This is lower than in 20/21 (65%) during COVID.

Those aged 75+ showed higher satisfaction in their local area (85%) than all other age groups (70-78%), aside from those aged 65-74 (81%).

In 2021/22, **2 out of 3** respondents felt **'very strongly'** or **'fairly strongly'** that they belong to their immediate neighbourhood.

Life Satisfaction mean scores

(ONS Annual Population Survey 2021/2022)

7.14/10 – Newark and Sherwood

7.76/10 – Rushcliffe

7.35/10 – Nottinghamshire

7.55/10 – England

Big Notts Survey

Aug-Sep 2021

1 in 3 Respondents said coming together was one of the top positives that had come out of the COVID-19 pandemic. **1 in 9** also said getting to know my neighbours was another positive.

1 in 3 said strengthened community ties and more support for the elderly and vulnerable were something they would most like to see continue after the pandemic.

1 in 6 said they would like to see a stronger community feeling in their local area.

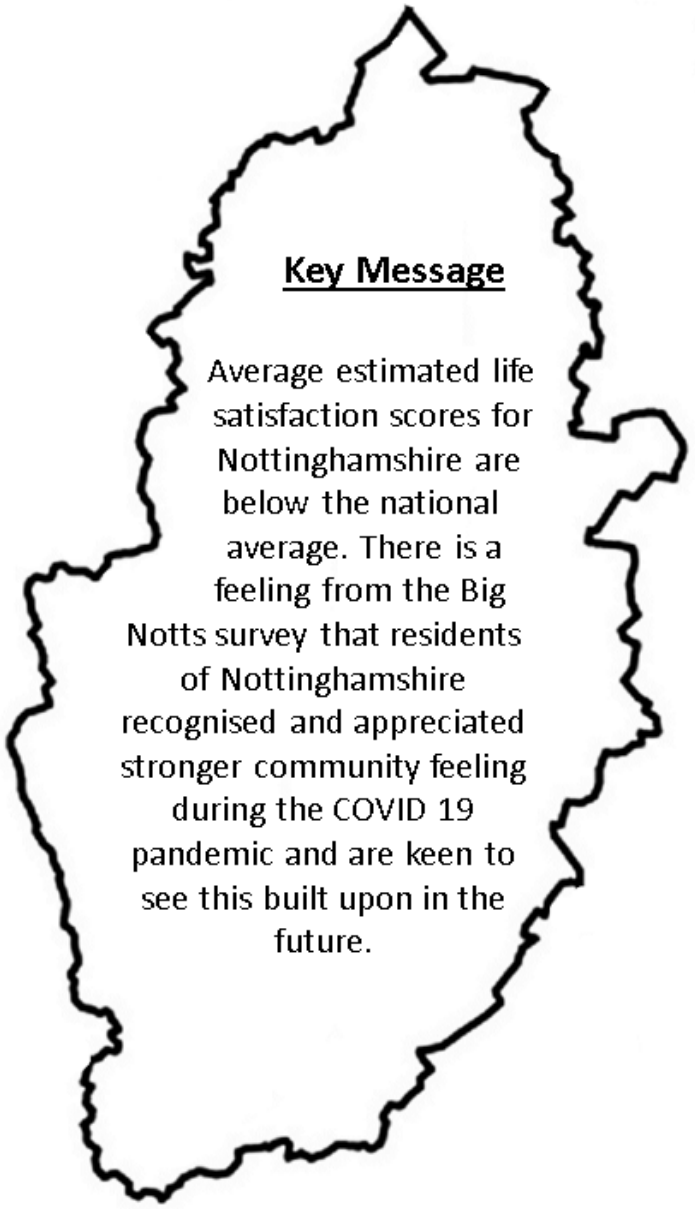
Big Notts Young People's Survey

Aug-Sep 2021

1 in 4 young people said they were most worried about loneliness over the next 2 years.

1 in 3 said communities coming together was a positive change due to COVID they would like to see continue.

1 in 9 said they would like to see a stronger community feeling in their area.



6. Local insight

Local insight is frequently collected from different communities across the county. This can be in the form of surveys, interviews, focus groups, engagement or coproduction work, but also through informal conversations that those working within communities have with citizens. Instead of collecting new information about what is important to communities, how connected people feel with their communities, and opinions of what works and why for community-centred approaches, we have consolidated the findings from previous work across Nottinghamshire. We have utilised findings collected through initiatives such as The Big Conversation led by Adult Social Care in Nottinghamshire County Council, Sport England Together Fund, engagement by Place-Based partnerships and a partnership event at the Oak Tree estate in Mansfield, to outline the key emerging themes from this collective qualitative insight (29–36).



Communities want to be **supported and involved in their own development.**

It is important for communities to be **worked alongside** and not be managed by professionals who do not know the community, their experiences or their problems (29–34,36).

Communities want **creative and flexible solutions** to services and **funding** that can adapt to the communities ongoing and changing needs.

Community voice is important to drive change but some communities experience **consultation fatigue** and would prefer consistent insight gathered from within the community (30,32).



Community Champions and Community Volunteers are important and help communities to feel heard.

It is important to have **consistent** and **trusted community figures** (29,30,34,36).

Figures within the Voluntary and Community Sector can create community cohesion and community connectedness (29,31,32).



Activities and events help to develop a sense of belonging in communities (29,30,32,36).

Activities and events are most successful when **organised from within the community** or **by a community figure** (29,30,32,35).

Communities within communities exist and can feel exclusive. Activities and events can help **integrate** communities, and welcome newer residents into the community.



Physical Assets and Social Infrastructure is important for developing a sense of community (30,31,33,34).

It is important for people to have **places to go for advice and support** (30,34).

Spaces for social gatherings can help to combat isolation and loneliness within communities.



Sense of belonging to an area increases with **sense of pride and cleanliness.**

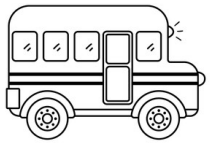
Cleanliness, less litter and decreased anti-social behaviour are important factors in developing community belonging.

Communities value having access to **green space**.

It is important that the community is not in a state of disrepair.



Communication should be effective for individual communities using appropriate channels and language(30–33,36).



Transport is important for combating loneliness, giving independence and connecting with other communities (30–35).

7. Current activity and assets

Across Nottinghamshire County, there is a lot of work ongoing within different communities and it would be impossible to capture this all into one document. Therefore, summarised below is some of the work ongoing across the county to map some of community assets, to prioritise areas for organisations to work with, and a sample of case studies where community-centred approaches to health and wellbeing have been successfully implemented across Nottinghamshire.

7.1. 'Priority' places

Many organisations working in Nottinghamshire will have identified geographical areas where there is an opportunity to achieve better outcomes for individuals and communities, and which require a greater level of resource to address. The areas identified, and the approach used to identify them, will depend on the nature of work planned by that organisation. For example, Nottinghamshire County Council has selected some areas of focus for prevention and early help, each of our Place Based Partnerships (PBPs) have areas of focus, and district and borough councils have a variety of approaches to identifying areas where they work more intensively, either across the board or on specific projects. It is important to recognise that identification of these areas does not mean that other communities are 'not a priority', but focusing on certain areas allows prioritisation of resource.

It was not possible to produce a comprehensive and consistent map of 'priority places' for this profile pack. Whilst some organisations have clearly defined priority areas, others have not formally identified these places or have different priority places for different agendas, but it was clear that there was often a high degree of overlap in the communities which different organisations are working most closely with. For example, IMD is a common measure that is used to aid in selecting communities of focus. Therefore, multiple organisations are working with communities in some of the areas with the highest levels of deprivation. Priority areas will be subject to change based on changing need and therefore a degree of flexibility is needed.

7.2. Asset mapping

Asset mapping can be defined as a 'strengths-based approach to community development that identifies the positive resources, strengths, and capacities of individuals and communities' that can be built upon' (37).

‘Community assets’ or ‘community resource’ can be defined as ‘any collective knowledge, skills, talents or resources that belong to the community and can contribute to positive health and wellbeing’. There are a number of ways in which these assets can be categorised, for example:

- Individual assets (talents, skills and passions)
- Associations (community groups and networks)
- Institutions (government and non-government agencies)
- Physical assets (land, property, buildings, equipment)
- Economic assets (productive work of individuals, consumer spending power, local business assets)

Many different individuals and organisations that work with communities create their own asset maps. These can range from simply listing the physical assets in an area (such as shops, sports clubs, faith buildings and schools), through to creating a visual network of local community organisations, community leaders, statutory service providers such as health and social care, housing partners and others, and visually displaying how the network interlinks. Asset maps created by individuals or organisations may be formally written up and widely shared (e.g. The Big Green Book Rushcliffe, see case study below), or might just be informal jottings.

In the development of this profile pack, there were a number of challenges identified by partner organisations in relation to asset mapping. Asset maps are highly valuable to many organisations to facilitate their work, but are time-consuming to develop and the information within them may quickly become out-of-date, so also require substantial work to maintain and update. Asset mapping work may not always be shared between organisations, leading to duplication of effort and/or gaps in awareness.

7.3. Voluntary, community and social enterprises (VCSE)

The VCSE sector includes a broad range of organisations with a social purpose, including charities, community groups and faith groups, and plays a key role in improving health and wellbeing within communities (38,39). VCSE organisations often work very closely with communities and they may be established and led by community members themselves.

In Nottinghamshire, 38% of VCSE organisations are charities and 23% are registered as a community group (6). There are approximately 6,000 volunteers involved across Nottinghamshire VCSE organisations, with an average of 21 volunteers per organisation.

The most recent 'Nottinghamshire State of the Sector' report from 2022 showed that (6):

- **19%** of the **organisations had worked with local authorities** in the last 2 years and **57%** said the sphere of **partnership working has not increased.**
- Around **15%** of organisations received **funding from Nottinghamshire County Council**, and **21%** from Nottinghamshire **district councils.**
- **32%** agreed or strongly agreed that they **had an ability to influence local decisions**.
- In terms of **volunteers, 37% reported a decrease**, with only 14% reporting an increase, but **55% organisations** confirmed that **demand for their services had increased**.
- Regarding **financial resilience**, **23%** of organisations had **up to 3 months reserves**, 37% less than 6 months reserves and 36% 6 months + reserves.

These findings are likely to be intensified given the cost-of-living crisis in the UK. The Charities Aid Foundation have recently published work looking at 'Charity Resilience' which tracks how charities are experiencing and responding to the cost-of-living crisis (40). After surveying 653 charities in the UK, they found many were seeing an increase in demand for their services and more people were coming in a state of extreme need. Half of the charities were operating at maximum capacity, and many were uncertain if they could sustain the staffing levels required to meet rising demand. Six in ten charities said they were having to do more with less resource compared to the previous year.

A recent survey on the impact of cost of living on the Voluntary, Community and Social Enterprise Sector in Bassetlaw and Bolsover found that (41):

- **Most** organisations expected the **demand on their services/activities to increase** in the next three months.
- **Over one third** of organisations said that they were currently experiencing **recruitment difficulties.**
- **Income** was identified as the **most important concern** that was currently affecting organisations.
- Nearly **4 in 10** organisations reported **using reserves to meet current operating costs**.
- **Nearly half** reported that **recruitment of volunteers** over the last 12 months had been **extremely or somewhat difficult**.

7.4. Case studies

More detail about each of the case studies outlined below can be found in Appendix 3. These case studies were correct at the time of writing, although some of the work described is currently delivered using fixed-term funding.

Nottinghamshire County Council Early Help and Support

Community Friendly Nottinghamshire

What is it?
A project established in 2017 to bring communities together to act on shared visions, enhancing neighbourhoods and overcoming concerns. Three Neighbourhood Coordinators connect with residents and encourage them to take action. For example, Winthorpe Community Gardens in Newark and Sherwood were set up by a local resident with a passion for growing fruit and vegetables, with the support of the coordinators.

Local Area Coordination

What is it?
An all-age support model and community-based approach aimed at empowering individuals and families to develop personal strengths and find solutions within their communities. There are now 10 Local Area Coordinators (LACs) in post across different areas of Nottinghamshire. They support individuals in a variety of ways e.g. supporting an individual to volunteer as a befriender or providing support to reduce hoarding.

What community-centred benefits can they achieve?

- Support with volunteering
- Improved mental health support
- Connecting people with local services
- Collaborations with individuals to develop a shared sense of purpose on what they want to improve in their life
- Strong relationships with existing services in the area

Vibrant Warsop

What is it?
A community interest company and resident led organisation working in Warsop. They were assisted by Big Local in 2020 to purchase the Old Methodist Church to become a community hub, used to host a variety of activities and initiatives.

What community-centred benefits can it achieve?

- Reduced loneliness – "This place saved me"
- Improved mental health – "My mental health is better"
- Helps people feel more part of the community – "Coming here, it is a way of feeling more part of this community"
- Improved confidence, self-esteem and happiness – "I feel more confident because I've got that from the people here"
- Rippling benefits to others across Warsop – "Now it's my turn to give that to someone else"

Children's Centre Community Development Workers

What is it?
Children's Centre Community Development Workers are employed by Nottinghamshire County Council to take a lead role in a locality, to support parents/carers of young children to gain skills and confidence for sustained employment. This is done through planning, delivery, and evaluation of Children's Centre Services, improving social mobility and outcomes for families. They also take a lead role in the recruitment, induction, training, and continued support for parents as volunteers within a specified Children's Centre Service locality.

What community-centred benefits can it achieve?

- A family centred approach enabling and empowering parents to gain skills and confidence whilst supporting them to act as role models for their children
- Help reducing the gaps in inequalities by improving people's opportunities for gaining skills and employment.
- Improved communication between partners and shared outcomes for the benefits of local population.

The Bread and Butter Thing Food Club in Newark

What is it?
The Bread and Butter Thing is a charity that works across the UK with locally based volunteers to provide weekly food deliveries to those who need it. Volunteers in Newark have been running a local food club for around one year, providing 80 members weekly with nutritious groceries for very discounted prices. There is now funding to run a 'warm hub' alongside food provision, to provide companionship, warmth and a drink for the local community. This will provide a space for local partner services to engage with the local community.

What community-centred benefits can it achieve?
- Nutritious, affordable and varied food provided to individuals and families can improve both physical health and mental wellbeing.
- Volunteers can build social connections and meet new people.
- The new 'warm hub' can help improve feelings of community connectedness and help to link people to services that they might benefit from.

Carlton Community Connector

What is it?
A community connector is someone who works to build relationships and connectivity between organisations, service providers and residents. Carlton has a community connector who also runs Falls Prevention and Management classes in the area, which provides good opportunities for building friendships and sharing information. Since the role was established, they've been involved in a number of activities e.g. supporting Age Concern's Age Friendly Carlton initiative and mapping benches and amenities in the local area.

What community-centred benefits can it achieve?
- Creating a sense of community e.g. exercise class participants accompany each other to other groups and activities.
- Connecting organisations with each other and with residents e.g. local partners supporting the launch of the Carlton Community Hub.
- Reducing social isolation and loneliness e.g. new friendships made through exercise classes.
- Improved physical activity e.g. through the connector working with social prescribing link workers
- Making green spaces more accessible e.g. an Amenities Mapping leaflet

The Big Green Book Rushcliffe

What is it?
Developed as part of the GreenSpace Green Social Prescribing Project, this is a directory of nature-based activities and opportunities around Rushcliffe, launched in July 2023. Green Social Prescribing is 'the practice of supporting people in engaging in nature-based interventions and activities to improve their mental health'. The directory can be used by social prescribers, health workers or residents to help find local activities to get involved with.

What community-centred benefits can it achieve?
- Improved physical activity can help to manage stress, improve sleep and quality of life, and benefit physical health.
- Improved mental health.
- Reducing social isolation and loneliness.
- Easy to access manual with all the relevant information in one place.

Volunteering in Bassetlaw

What is it?
Across Bassetlaw District, there are multiple opportunities for individuals to get involved with volunteering. Bassetlaw Community and Voluntary Service (BCVS) has an accredited volunteer centre and a Volunteer Coordinator, which can help support and connect volunteers with relevant groups e.g. the Muddy Fork gardening group or evening support groups.

What community-centred benefits can it achieve?
- Building social connections and meeting new people – "I really enjoyed meeting people [whilst volunteering] at the vaccine clinics".
- Improvement in mental health and wellbeing.
- Gaining confidence.
- Gaining professional experience and skills – "I feel very lucky to have gained enough experience doing this to then get a job"
- Reduced loneliness and social isolation
- Increased physical activity from nature-based outdoor activities.

Eastwood Integrated Neighbourhood Pilot

What is it?
Integrated Neighbourhood working aims to improve the health and wellbeing of local residents and reduce health inequalities by bringing all providers in a Primary Care Network (PCN) footprint together. Eastwood was identified as an appropriate pilot site for this in South Nottinghamshire PBP. A Local Design Team has been established with partners across the PCN, and a 'Kick-off' event was held on 7th November 2023, which is helping to shape short, medium and long terms actions, with the input of local residents.

What community-centred benefits can it achieve?
- Ongoing engagement with the local community to put local data into context and ensure that any decisions made are coproduced and community focussed.
- Alignment of goals and actions of partners across the local area which reflect the local needs.
- A forum for sharing resources and information.
- Building social connections and meeting new people.

Coxmoor Community Living Rooms

What is it?
This is an ongoing initiative, funded through Ashfield District Council and the Safer Streets Partnership, to take services to people who might not otherwise be able to access them. It provides a safe space for individuals to share stories whilst relaxing on a sofa with a warm drink. This can help to gain local insight and to connect people with appropriate services e.g. food parcels. There have so far been 12 living rooms, attracting over 150 people that live on the estate.

What community-centred benefits can it achieve?
- Gaining informal insight from residents on local needs and priorities.
- Increased feelings of sense of community.
- Supporting and empowering individuals to access local services that they might otherwise not.
- Building social connections and meeting new people.

8. What does this tell us?

Nottinghamshire is made up of thousands of communities, each of which will have different self-defined needs. It is impossible to summarise the assets and needs of each community, but there are some emerging themes from work that has taken place across different areas in the county.

8.1. Service gaps

In the development of this chapter, it was clear that many organisations are working with communities across different and overlapping areas in the county. It was not possible to provide a comprehensive summary of these places, or this work, illustrating the challenges experienced by local organisations working to support communities in understanding ongoing work and existing insight. This highlights the need for increased opportunities to share information and learning through forums and open channels of communication across the system.

One of the key challenges experienced in this area is around funding. For community-centred initiatives, funding is not always long-term or sustainable. Funding can often come in the form of small grants, or perhaps more problematically large grants with a short-term focus, which can lead to a great deal of uncertainty in the future or longevity of any work that is started in that community, and projects often have to end when the funding runs out. Additionally, many initiatives receive funding from multiple sources which can further contribute to an inability to plan and work in an area for a long period of time. In turn, this can mean that there is often a cycle of starting and stopping work in communities, which does not align with the consistency that many communities have said they need. Funding is something which is likely to continue to be a challenge, given that many of the organisations which fund such work are currently experiencing severe financial pressures. Related to this, where organisations need to plan for reductions in current service provision to balance their budget, they may look to communities themselves to fill gaps or take over management of assets in the community, for example. Communities with limited capacity for doing so may be further disadvantaged by this. This impact may also be compounded by increased need and demand for support due to cost of living pressures being experienced by communities.

The importance of community voice is increasingly recognised across organisations, but some communities experience consultation fatigue. This can occur when communities are repeatedly asked to engage with organisations and services, but sometimes projects previously consulted on are not always delivered. In other cases, multiple organisations may ask the same questions of the same communities without sharing the information, giving an impression of lack of coordination, openness and accountability. Communities have expressed the importance of having a consistent trusted community figure, and a preference that insight was consistently gathered from within the community rather than repeated consultations.

Additionally, not all communities feel that they have spaces or venues to meet, which could help with tackling loneliness and social isolation alongside good transportation links. Having activities and events can bring communities together, develop a sense of belonging, and help with integration particularly of those which might be new to the community and therefore not have an existing social network. These activities and events are described as most successful when organised from within the community itself, but there needs to be a place where these events can be held for them to happen.

8.2. Knowledge gaps

8.2.1. Limitations and gaps in the evidence base

Despite a growing and encouraging evidence base, there were a limited number of studies reviewed which could be considered high-quality evidence. Of the larger and more robust reports included, many of them commented on the need for more high quality evidence in these areas. Many studies focused on individual interventions and did not consider the wider context. There is also little evidence on how it was decided that a particular intervention would be selected for delivery within the community.

The most notable gap in the evidence relates to robust evaluation of the outcomes of community initiatives, and how the initiatives were selected, what local need they were meeting, how financially sustainable they were and, importantly, what would have happened without them. Thought needs to be given at the outset of any new initiative to consider how best to evaluate its' effectiveness, and that this may be outside the usual norms of evaluation for the funding organisation. For example, a broader range of outcomes might be needed to capture the impact of community-centred approaches, with both qualitative and quantitative measures, and with evaluation methods proportionate to the level of funding and resource. A Test and Learn approach is an example of a method that could be used, and documenting and sharing the learning is critical to build the local evidence base.

A further gap arises around the link between these initiatives and improved physical health. More work needs to be done in this area but understandably results like this are difficult to measure.

The financial benefits of operating in this way are difficult to measure. Some modelling tools have been produced to give an estimate of such figures, however the figures can never be exact. The majority of outcomes around community-centred approaches are non-quantifiable and so a degree of 'trusting the process' is inevitably required.

Challenges in achieving strong evidence arise in that outcomes are often tangible and hard to measure, and there is difficulty in demonstrating causality, i.e. that the community intervention caused the increase in wellbeing. Additionally, there are long time scales involved in setting up interventions such as these, and it is difficult to compare interventions given the differences in communities themselves.

8.2.2. Gaps in what we know about communities in Nottinghamshire

As previously outlined, routinely collected quantitative data does not tell the full story:

- Data grouped by larger geographical areas assumes the underlying geography is homogenous and can mask large inequalities.
- The geographical boundaries of areas for which data is available do not necessarily align with the place-base communities that people define themselves to be a part of.
- It does not capture the felt need by that community, it only illustrates demand, need as defined by ‘experts’, or compared to other areas.

Additionally, qualitative insight and local views have limitations. Whilst providing valuable insight, the findings are not necessarily generalisable to other members of the community or to other communities. It can also be difficult to obtain views of marginalised or underserved groups; if their voice is not heard, inequalities can widen. It also has to be acknowledged that the insight used for this JSNA was all collected for another primary purpose, and there are large areas within the county where we have not been able to include their insight. It should be recognised that the purpose of qualitative information is to deepen understanding and not to generalise.

What should we do next?

5. Recommendations for consideration

The recommendations below are for any organisation working with communities, with key partners recognised. Whilst these recommendations have been developed with a focus on place-based communities, they may also be applicable for working with communities of different kinds. Other JSNA chapters have focused on some of these other communities, and we recommend that these are also drawn upon when working with any of the relevant communities.

	Recommendation	Key partners				
		Nottinghamshire County Council	District and Borough Councils	Place Based Partnerships	Community and Voluntary Sector Organisations	Other partner organisations*
	Ways of working					
1	Organisations in Nottinghamshire should work together to develop a structure for coordination, communication and strategic planning for work with communities, including sharing and responding at a Nottinghamshire level to relevant insights and issues from community forums or networks.	/	/	/	/	/
2	As far as possible, work with communities should build on existing assets and resources, and be led by people living and working within the community, avoiding a “top-down” or “one size fits all” approach. Organisations can consider using the six capitals approach to ensure all factors than enable communities to thrive have been considered.	/	/	/	/	/
3	When identifying “priority” communities and community needs, organisations should avoid overreliance on readily available quantitative data sources and aim to develop their understanding of the needs felt and experienced by communities at a hyperlocal level, including through deeper qualitative insight and engagement.	/	/	/	/	/
4	Organisations should ensure that underserved and marginalised communities (and parts of communities) who may benefit the most from community-centred approaches are included and that their voices are heard in any work undertaken.	/	/	/	/	/
5	Organisations should build trusted long-term relationships with communities to underpin and enable a timely response to changing needs.	/	/	/	/	/
	Consistency					

6	In working to embed community engagement and co-production, organisations should ensure that they always: a) review and consider all existing engagement and insight prior to seeking new information, b) share insights with other organisations (where consistent with confidentiality) and c) feedback to communities on how their views were acted on, or if this was not possible, why and what will be done instead.	/	/	/	/	/
7	Organisations should prioritise stability and sustainability of work with communities, particularly in terms of funding and staffing, and be mindful of the impact of short-term funding cycles on small organisations.	/	/	/	/	/
8	Organisations should work towards a shared strategy for recruitment, retention and training of the community development workforce, including appropriate recognition and remuneration of the broad set of skills required. This should also include maximising the recruitment and retention of volunteers.	/	/	/	/	/
	Language					
9	Organisations should be mindful of labelling and the language used when talking about/with communities. Asset-based language (rather than deficit-based language) should be used where possible, linking in with language around the Building Blocks of Health, and with strengths-based approaches in adult social care and elsewhere.	/	/	/	/	/
	Evaluation					
10	Those planning to work with communities and support community-centred interventions should ensure that evaluation of the programme is embedded throughout, taking a proportionate approach and using measures of success appropriate to the aims and principles of community-centred approaches. Approaches such as Test + Learn can be adopted, as well as other approaches which might be best suited for the intervention.	/	/	/	/	/
11	Good practice regarding evaluation methods for community-centred interventions should be shared across the system to inform future evaluation planning, and findings/outputs of evaluations of these initiatives should be shared/disseminated widely to add to the growing evidence base and inform best practice.	/	/	/	/	/

** Other partner organisations can be any organisation working with communities, but examples include Primary Care Networks, Other NHS providers, the Integrated Care Board, Active Notts, Parish and town councils and local businesses that support communities.*

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Appendices

Appendix 1

Glossary

The following terms can have many different meanings to different people, but for the purposes of this JSNA, these are the definitions that we will be using:

Agency (community): The capability of a community to achieve change or action when needed (42).

Assets (community): Any collective knowledge, skills, talents or resources that belong to the community and can contribute to positive health and wellbeing (43,44). Includes not only building and facilities but also people with their skills, knowledge, social networks and relationships.

Capacity (community): The ability of the members of a community to identify, and help meet, their needs and to participate fully in society (45).

Capital (social): The network of relationships among people who live and work in a particular society, enabling that society to function effectively (46).

Co-production: A way of working where organisations and citizens work together by sharing power to reach a collective outcome (47).

Equity: Equity is the absence of unfair, avoidable or remediable differences among groups of people (48). Equity recognises that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome (49).

LSOA (Lower layer Super Output Area): A small geographical area that is usually comprised of between 400 to 1,200 households and a resident population between 1,000 and 3,000 persons. There are 33,755 LSOAs in England (50).

Resilience (community): The ability of a community to prepare for unanticipated events, adapt to change positively, and recover rapidly from disruptions (51).

Self-efficacy: People's beliefs about their capabilities to exercise control over their own activities (52).

Appendix 2

Evidence of what works: Extended version

There is an increasing body of evidence that community-centred approaches can have positive effects on health and wellbeing, and can help to reduce inequalities. Evidence suggests that this is particularly true when there is devolved power leading to collective control and social cohesion, empowering community members to make their own decisions. The quality of the evidence in this area is variable, but what is clear is that local context is important as communities differ significantly, and therefore there is no one-size-fits-all approach.

A rapid evidence review of community initiatives by the UK Government from 2022 concluded that for communities to thrive and unlock their potential, there is strong evidence that many factors need to work together simultaneously (8). These factors link to the six different types of capital identified in the Government's Levelling Up white paper (Figure 4) (9).

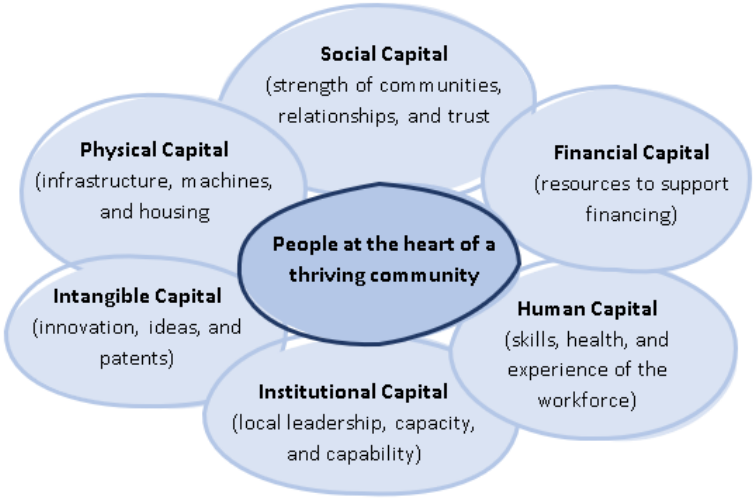


Figure 4: Factors enabling communities to thrive (9)

The same review concluded that there is a medium-sized evidence body with moderate quality evidence that effective community infrastructure and social capital can drive improvements in health and social outcomes. Health outcomes included improved mortality rates, health-related quality of life metrics and improved health related behaviour, whilst social outcomes included reduced loneliness, improved wellbeing, and reduced rates of homelessness and reoffending (8).

A recent joint review by What Works Wellbeing and New Local in 2023 looked at 27 studies of community-centred approaches from the UK and globally (10). They found that community wellbeing was improved more significantly when communities were given the ability to make decisions, make new community connections, and when they had a good availability and amount of funding. However, positive outcomes were not always identified in the studies included, which the review explains could be for two possible reasons. The first, is that interventions with short timescales do not allow for the maturity of community agency, which can lead to tensions in the use of resource and can prohibit effective relationships and the effectiveness of interventions. The second, is that short follow up periods can mean that long-term impacts and health benefits are not yet able to be identified.

Big Local is an initiative funded by the National Lottery Community Fund, and is managed by the Local Trust, providing at least £1m to 150 communities in England, in areas with high levels of deprivation (11). Rather than traditional top down, time-limited, project-led funding, each Big Local community was provided with funding to spend over 10-15 years on their own plans and priorities. A recent report published by New Local explored the role of Big Local's approach to health and wellbeing, and found 4 core conditions that enabled Big Local partnerships to set up, fund and run health activities, each important in their own right, but together provide the environment for communities to identify and lead initiatives that respond to and support residents' health and wellbeing (12). The 4 conditions are:

- **Agency and control** – Placing power and control in the hands of communities through resident-led decision making.
- **Community connections** – As Big Local is embedded within communities and understand their unique challenges, they are able to more effectively design interventions that address local issues and reach groups that are most in need.
- **Flexible funding** – responsive to communities identified priorities and circumstances, ensuring support meets needed rather than restricted.
- **Long-term funding** – The long-term nature of the funding approach has helped to build community capacity and capability whilst designing effective interventions for the long term.

The report also identified seven different themes of the activities which were established in these communities, to address different aspects of health and wellbeing (12). These were: **physical activity, mental health, food and nutrition, cost of loving, children and young people's health, upskilling citizens** and **supporting existing services**. The report concludes that Big Local partnerships have created successful

conditions for community-led health initiatives by the unique position taken in placing power and control within the hands of the communities and providing flexible, long-term funding. Despite significant institutional barriers, there can be both direct and indirect benefits for health outcomes through wide ranging community-led health activities.

Below is a summary of the evidence grouped by each of the four arms of PHE's 'family of community-centred approaches', mentioned above.

1. Strengthening communities

Initiatives which are aimed at strengthening communities and utilising community assets can be associated with improving their residents' subjective health and wellbeing (53–55). Community assets include not only buildings and facilities but also people, with their skills, knowledge, social networks and relationships (56). Nesta have produced guidance for Local Authorities around initiating methods of asset-based community development, such as identifying community builders (people within existing organisations that are based and operate at a neighbourhood level) and community connectors (local people with a gift or passion they are encouraged to use) (57).

The literature around specific initiatives aimed at strengthening communities shows utilising community assets can lead to positive outcomes around improved mental health, physical health and social support (58,59). Difficulties in these initiatives can arise through the significant effort required to establish, develop and maintain relationships within the community, which can then become strained when financial decisions arise (8,53,60). Additionally, levels of participation in such initiatives may vary across groups, which could widen inequalities if efforts are not made to include marginalised groups (55). This literature has its limitations however in that since they focus mainly on one intervention in one community, we cannot know to what extent this is transferrable to other areas.

Whilst there is generally good evidence in this area from a number of high-level reports, there are also gaps. Many of the journal articles on specific interventions are of small scale and not of a high quality. Although the evidence indicates community control is important, there is little evidence detailing interventions where communities themselves have exercised agency or control without an external catalyst, or 'being invited to'.

Local Area Coordination (LAC) most appropriately fits into the strengthening communities heading of the family of community-centred approaches. LAC involves co-ordinators employed by the council, working directly with and in communities to build trust and connections which allow them to signpost members of the community to various assets which may help with their health and wellbeing needs. LAC works in different ways for different people, and is also implemented differently in different areas, but one study found that listening, trust and time are the factors that appear to make it work (61–63). It has been described as a flexible and agile approach that can help with tackling issues such

as loneliness and social isolation (64). Regarding LAC, overall there is a lack of strong high-quality evidence which is to be expected with the nature of the intervention. However, emerging evidence is positive and the evidence base will be aided with an upcoming National Institute for Health and Care Research funded robust evaluation of 4 diverse LAC areas in the UK.

2. Volunteer and peer roles

Volunteers and peer roles have been shown to be widely beneficial to the growth and development of both communities and individuals. Not only can they bring collective and community-centred benefits, but they can also bring personal growth and development opportunities for the individual.

Identifying volunteers from within communities results in greater insight into the priorities and needs of that population (56,65). Volunteers can harness their lived experience to identify the most resourceful, beneficial, and sustainable solutions that will be most effective for that individual community (66,67). They are able to identify community ambitions that will address need and help to create collective action; volunteers are thus identified to serve as a good link between the community, the organisations that aim to support that community and statutory organisations through empowering individuals and ensuring that community voice is heard (65,66,68–71).

From the volunteering opportunities, many volunteers reported they had acquired more confidence alongside new skills and knowledge (65,68,72). For some volunteers, this transpired into gaining further education and employment (59,73). For others, this facilitated them to better navigate health systems they were previously unfamiliar with (68).

Again, issues with the quality of the evidence arises when considering that many of the studies were small scale in nature and conducted over a short time period. Qualitative data within studies was often obtained from volunteers and people close to the initiatives, introducing a potential level of bias. Within the volunteering schemes, many of the participants across different studies were white, middle class British people, which may not be representative of the country as a whole. However, the higher-level reports included did comment that there is strong evidence that volunteers are critical for the planning, delivery and operation of many community projects, and their value can take various forms (8).

3. Collaborations and partnerships

There is growing evidence and recommendations that public health should prioritise more place-based approaches with collaborative working (74,75).

Co-production describes working in partnership by sharing power between professionals and citizens. There is increasing evidence that involving communities through co-production can improve wellbeing of those involved and the wider community, supporting people to make healthier choices and increasing people's happiness (59,76). It can lead to outcomes including higher levels of self-efficacy, confidence, and resilience (77). Co-production can also help deliver outcomes that matter to people, increase efficiency in the long run, empower people, build capacity and work towards social justice (78).

COVID-19 showed that building on pre-existing relationships and levels of trust helped to coordinate quick response and share roles and responsibilities (79). The pandemic also allowed enhanced collaborative working and information sharing, with councils recognising that they were not always best placed to provide support and ceded control and devolved responsibilities to VCSE organisations. These learnings can be built upon and extended beyond COVID-19.

Challenges need to be acknowledged, with reports of power and control tensions in relationships between system partners and different community groups (7,80). This can stem from challenges in aligning interests and approaches (81). These challenges need to be recognised and considered when working in collaboration and partnership with communities.

The evidence around collaborations and partnerships is more limited than for the other areas discussed. Despite this, one high level review from What Works Wellbeing incorporates strong qualitative and promising quantitative evidence that collaborations within the wider community may improve wellbeing, social connections, physical health and lead to an improved sense of community and reduced social isolation (76).

4. Access to community resources

A high-quality systematic review by What Works Wellbeing discussed participatory budgeting, and how involving communities in decision about how local public budgets are spent may improve the wellbeing of those participating in decision-making, and the wellbeing of the wider community (76). They comment that it can enhance peoples' trust in local authorities and their sense of belonging to their community.

Studies surrounding the Big Local, a scheme where 150 communities were given a total of £200 million to spend on local priorities, found significant transformation in the confidence and capacity of residents involved. The resilience and capabilities acquired in Big Local areas have emerged in their response to the COVID-19 pandemic, as many partnerships have adapted activities to respond to the most immediate emergency needs (82). A further review of Big Local found increased mental wellbeing among residents in areas where the initiative was funded (83). Limitations of these studies also arise in that they relied on self-reported outcomes and were carried out over a 10 year period (including the pandemic), meaning it is very difficult to say whether the initiative or external factors caused the changes reported.

Social prescribing

Social prescribing schemes can be considered under this heading, in the category of pathways to participation, as they can facilitate connections between community residents and the resources within that community.

There are many different formats social prescribing schemes can take, but evidence suggests that those with an emphasis on co-design and co-production can lead to positive wellbeing within the community, and involving stakeholders in the design of the social prescribing initiative from the outset can lead to better results (84). A review of social prescribing schemes in the UK found they were associated with an increase in self-esteem and confidence; improvement in mental well-being and positive mood; and reduction in anxiety, depression and negative mood. However, it also suggests that there needs to be a stronger focus on collaborative commissioning of services and interventions, and that more robust evaluation is essential (85).

Some core elements to a successful social prescribing scheme have been identified in the literature. These include ensuring a personalised approach, meaningful service-user and community involvement, and whole systems working. These core elements need to be supported with adequate resources in the form of continuity of funding and adequate community resources to refer people to, capacity building and appropriate evaluation (86).

There is limited evidence that social prescribers can play an important role in the formation of social capital. Social prescribers can build up trust with their patients and reduce unnecessary barriers that may prevent a client from seeking advice(82). This evidence highlights how social prescribers can be aware of potential barriers to participation and work with patients to overcome these(8).

Evaluation

Evaluating community-based interventions is not an easy task, and evidence in this area is sparse. Outcomes such as community spirit, social connectedness and wellbeing, and their links to physical health are difficult to quantifiably measure so alternative methods of evaluation must be explored and adopted.

Nesta have produced a report discussing the measurement of public value, which suggests that a mixed method approach of qualitative and quantitative analysis may be the most successful way of capturing the effectiveness of such interventions. They do however comment that

although it is plausible to assume that community centred interventions bring wider social value such as increased employment prospects and school attendance, there is little high-quality evidence to support this, so further research must be carried out (87).

Interestingly, one case study into a community-centred intervention in South London conducted two simultaneous evaluations, one which was under community control and one which was under researcher control to try and create a case control group. It found significant challenges in evaluation; however, the results indicate that only the community control group experienced benefits. As such, they concluded that attempting controlled evaluation is problematic in this context. The authors also suggest that pre-defined health and wellbeing outcomes should be measured pre and post intervention at a minimum(88).

Conclusion

Clearly, there are many benefits to adopting more community-centred approaches, many of which have likely not yet been fully identified. Improved personal and collective wellbeing, reduced social isolation and inequalities, and a greater sense of belonging are obvious benefits, but less obvious is the effect they have on physical health.

Evidence suggests that interventions most associated with positive outcomes have a large element of collective control – that is, giving the community the ability and funds to make decisions for themselves. This way of working is innovative and in contrast to the traditional commissioning models usually adopted by local councils. It may be that councils need to adapt to new ways of working, and this may take time.

Overall, the literature indicates positive emerging evidence for community-centred interventions. There currently appears to be the strongest evidence for approaches that strengthen community capacity to take collective action that will improve health and social determinants of health, such as asset-based community development. However, the most important factor appears to be that interventions must be tailored to the needs of the community, and as such it is often the communities themselves which know how best to improve their local area.

Appendix 3

Case Studies: Extended version

Vibrant Warsop (Mansfield District Council)

7.4.1.1 What is it?

Vibrant Warsop is a community interest company and resident-led organisation working within Warsop to "provide a catalyst and capability to make Warsop Parish great, helping residents achieve our potential and bring back vibrancy and pride". They were assisted by the Big Local project in 2020 to purchase the Old Methodist Church in Warsop to become a community hub and office from Vibrant to operate from. They use this hub to host a wide variety of community activities and initiatives.

7.4.1.2. What community-centred benefits can it achieve?

- Encourages socialising and reduces loneliness in the area - "I was in a bad place and I thought nobody wanted to know me. If I hadn't had found the shed (Vibrant Warsop), I'd have killed myself. This place saved me."
- Reports of improved mental health among the residents - "…and my mental health is better."
- Helps people feel more part of the community - "At first, we've felt strange and didn't feel part of this community, but coming here, it is a way of feeling more a part of this community and of this country as well."
- Improved confidence, self-esteem and happiness among the residents - "I feel more confident because I've got that from the people here. I don't feel alone anymore."
- Rippling benefits to others across Warsop - "It's made me more aware of the fact that I should be more proactive. Don't wait for something to happen. Now it's my turn to give that to somebody else. Because life is precious, and you can't afford to be anything else but helpful."

Carlton Community Connector (Gedling Borough Council)

7.4.2.1. What is it?

Community connectors are paid or voluntary roles within the community who work to build relationships and connectivity between community and voluntary organisations, service providers and residents in the area; aiming to help local residents to become more connected to their local community as well as more physically active, thus increasing their mental and physical health and wellbeing and reducing social isolation.

Within Nottinghamshire, Carlton has a Community Connector who also runs Falls Prevention and Management classes in the area for people over 55 who are unsteady and have fallen or feel they might fall. The classes include an hour of evidence-based strength and balance exercises followed by a half hour social session – a good opportunity to build friendships, share information and learn about what's going on in the area, and for the instructor to understand more about the enablers and barriers to people getting out and about.

The Community Connector role is funded by the Jigsaw Foundation and hosted by Active Notts, working closely with the Local Authority, for 8 hours per week for 2 years. Since this role was established, the Connector has been involved in a number of activities such as supporting Age Concern's Age Friendly Carlton initiative; facilitating a mapping exercise of benches and amenities in the local area (both digitally and on paper); working with local groups to support the launch of the Carlton Community Hub and the Primary Care Network's Health and Wellbeing event; and has engaged with many local groups and service providers supporting, influencing and connecting from within. The role has also enabled strong channels of communication between residents and partners, through capturing resident voice and using local knowledge to elevate this.

7.4.2.2. What are the challenges?

Challenges of rolling out this intervention include finding the right people to fit the role. The Connector needs to be invested in supporting the local community; and committed to helping and connecting the local community groups and service providers as well as having a genuine interest in identifying individuals' broader needs and working collaboratively with the local partners to bridge any gaps. They need to enjoy being out and about in the community - listening, observing, linking, facilitating, enabling.

7.4.2.3. What community-centred benefits can it achieve?

- Creating a sense of community – for example, the exercise class participants listen to and support each other and help out in the class with refreshments, setting the equipment out etc; they arrange to meet up outside the class, telling each other about other groups and accompanying each other to these other activities. They share experiences and knowledge.

- Connecting organisations with each other and with residents - for example, the local partners supporting the launch of the Carlton Community Hub, the Arrow/Synergy Health and Wellbeing Day, the Carlton Hill Christmas Lights Spectacular and the Gedling Leisure Centre membership offer
- Reducing social isolation and loneliness – residents have been able to make new friendships, and organise other events, trips and collective initiatives through the exercise classes as well as activities at the local community venues eg Friendship Cub, Lunch Club, Warm Spaces, Armed Forces Breakfast Club, Christmas Charity Events
- Improved physical activity – for example, the Connector has worked with local partners e.g. Social Prescribing Link Workers, Adult Social Care Community Officers, Independent Living Housing Scheme Co-ordinators, Connect Health physios and ABL exercise instructors to support residents to take up a offer for 3 months free membership at the local leisure centre. Residents were involved in mapping the amenities in Carlton and now want to build on this by researching local walking routes
- Making local green spaces more accessible – for example the Connector passed on feedback from the Age Friendly Carlton focus groups, and informal conversations in class social sessions, community venues and at local community events which led to the Amenities Mapping leaflet as well as requests for more benches, grab rails etc in local parks; and she is also feeding this resident voice into discussion at local Friends of Parks committee meetings as they seek to improve access to their green spaces.

The Big Green Book Rushcliffe (Rushcliffe Borough Council)

7.4.3.1. What is it?

The Rushcliffe Big Green Book was developed as part of the GreenSpace Green Social Prescribing Project, and is a directory (a form of asset-mapping) of nature-based activities and opportunities around Rushcliffe which was launched in July 2023(89). Green Social Prescribing is ‘the practice of supporting people in engaging in nature-based interventions and activities to improve their mental health’. The directory is designed to be used by social prescribers and healthcare workers to find activities for their patients, as well as individuals looking for an activity to get involved in. The information is split by North, Central and South Rushcliffe to help people find activities close to them, and explains the aim of each initiative, the activities and facilities available, the level of mental health support, as well as additional information such as key contacts and transport. Broxtowe Borough Council are also in the process of designing their own Big Green Book.

7.4.3.2. What community-centred benefits can it achieve?

- Improved physical activity can help to manage stress, improve sleep and quality of life, and benefit physical health.

- Improved mental health.
- Reducing social isolation and loneliness.
- Easy to access manual with all the relevant information in one place.

Volunteering in Bassetlaw (Bassetlaw District Council)

7.4.4.1. What is it?

Volunteering is when someone spends unpaid time doing something to benefit others(90). Across Bassetlaw District, there are multiple opportunities for individuals to get involved with volunteering. The Bassetlaw Community and Voluntary Service (BCVS) has a volunteer centre with a Volunteer Centre Quality Accreditation and a Volunteer Coordinator, which can help support and connect volunteers with relevant groups. For example, individuals can get involved with volunteering initiatives such as local groups, evening support groups, COVID-19 vaccination centres, or volunteering in the kitchen at a local children's hospice. An example of this is that one individual had suffered from long term anxiety and was looking for a volunteering opportunity that wouldn't be too structured or intimidating. The Volunteer Coordinator was able to link them in with the Muddy Fork gardening group, a group of adults who volunteer in conservation and wildlife gardening to improve their mental health and wellbeing.

The 2022 'State of the Sector' report for Bassetlaw found that 88% of volunteer organisations had 0-50 volunteers involved, and 65% of organisations located in Bassetlaw currently work with young volunteers aged 16-18 (6). 36% of organisations reported that COVID-19 had affected volunteering levels, with 38% reporting a decrease in volunteering levels in relation to Covid.

7.4.3.2. What community-centred benefits can it achieve?

- Building social connections and meeting new people – 'I really enjoyed meeting people at the vaccine clinics'
- Improvement in mental health and wellbeing
- Gaining confidence
- Gaining professional experience and skills – 'I feel very lucky to have gained enough experience doing this to then get a job with the NHS as part of their vaccine programme' (from volunteering as at a COVID-19 vaccination centre)
- Reduced loneliness and social isolation – 'helping out at evening meetings has really helped me feel less lonely and it has stopped me reaching for a drink because I have been kept occupied in other ways'.
- Increased physical activities from nature-based outdoor activities.

Nottinghamshire County Council Early Help and Support (Nottinghamshire County Council)

7.4.5.1. What is it?

The Early Help and Support Team at Nottinghamshire County Council was established in July 2022 as part of the Early Help and Prevention Interventions programme in the Communities Team, working alongside Public Health and Adult Social Care & Health. The aim is to provide, promote and support access to services, build capacity and resilience in the community, and reduce the likelihood on an individuals' needs escalating to crisis point. Through this workstream are a number of programmes, a few of which are outlined below:

Local Area Coordination is an all-age support model and community-based approach that aims to empower individuals and families to develop their personal strengths and find solutions within their community before considering formal services. It is an early intervention initiative designed to avoid, delay or reduce reliance on social care services as well as building resilience in communities, whilst providing stronger links between people and services. In Nottinghamshire, five Local Area Coordinators (LACs) commenced their roles between October 2022 and January 2023, and five additional LACs were recruited and commenced their roles from late November 2023. Examples of some of the ways that LACs have worked with individuals across the county are supporting an individual to volunteer as a befriender and supporting an individual to reduce the level of hoarding in their home.

Community Friendly Nottinghamshire is a project that was established in 2017 focused on bringing communities together to act on shared visions, enhancing neighbourhoods and overcoming concerns. Three Neighbourhood Coordinators reach out, listen to and connect with residents, encouraging them to take action on the things they care about most. This has enabled residents to set up a number of community initiatives such as dog walking groups, 'knit and natter', and coffee morning groups. Examples of some of the ongoing Community Friendly Notts initiatives are:

- Winthorpe Community Gardens in Newark and Sherwood: a community garden set up by a Newark resident with a passion for growing fruit and vegetables, with the support of the Neighbourhood Coordinators. This has seen an increasing number of volunteers as well as equipment donated.
- The Neighbourhood Coordinators are part of the Dementia Action Nottingham and Nottinghamshire (DANN) Partnership, which has helped to support a number of initiatives such as a memory club at the Indian Centre and a monthly Green Memory Café at Rushcliffe County Park. The coordinators have also delivered dementia friendly training sessions across the county, promoting further information on the impact and effect of dementia.

Additionally, at the beginning of 2023, three **Community Health and Wellbeing Champion coordinators** commenced work across the county, aligned with the three PBPs. The coordinators work to develop a network of volunteers, called Community Health and Wellbeing Champions, to engage with members of their communities, share public health messages and gather local insight. As of October 2023, 24 volunteers have been recruited across the county and received public health and bespoke training.

7.4.5.2. What community-centred benefits can it achieve?

- Strong relationships with existing services in the area – for example, a local social prescriber referred an individual to a LAC.
- Collaboration with individuals to develop a shared sense of purpose on what they want to improve in their life – for example, the Neighbourhood coordinators supported a residents group to reconnect local residents in an area with limited community assets, and helped to establish youth bus provision.
- Support with volunteering – for example, a LAC supported an individual to commence befriending volunteering.
- Improved mental health support.
- Connecting people with local services – for example a LAC helped to arrange a visit from an Occupational Therapist for a resident who needed some more support at home.

Eastwood Integrated Neighbourhood Pilot (Broxtowe Borough Council)

7.4.6.1. What is it?

Integrated Neighbourhood working aims to improve the health and wellbeing of local residents and reduce health inequalities by bringing all providers in a Primary Care Network (PCN) footprint together. Following discussion with partners, the South Nottinghamshire Place Based Partnership submitted a successful funding application to the Nottingham and Nottinghamshire Integrated Care Board to deliver Integrated Neighbourhood pilots. In Broxtowe, Eastwood was identified as the pilot site, based on public health data and local knowledge.

Following the successful funding decision, a Local Design Team (LDT) was created with partners from across the PCN to design a community conversation “Kick-off” event. This was held on 7th November 2023 and saw over 50 professional partners, community and voluntary sector groups (CVS), local shops and businesses and residents attend to share their Strengths, Weaknesses, Opportunities and Threats to living well in Eastwood.

Following the event, there have been three further LDT meetings (which now includes local residents and others, as above), to consolidate and shape the event findings into short, medium and longer term actions. Emerging themes are Children and Young People, leisure, and local information, advice and guidance.

7.4.6.2. What community-centred benefits can it achieve?

- Ongoing engagement with the local community to put local data into context and ensure that any decisions made are coproduced and community focussed.
- Alignment of goals and actions of partners across the local area which reflect the local needs.
- Provides a forum for sharing resources and information to ensure clear channels of communication between organisations and residents.
- Community partners are supported to be embedded as an integral part of relevant local teams.
- Building social connections and meeting new people.

Coxmoor Community Living Rooms (Ashfield District Council)

7.4.7.1. What is it?

Coxmoor Community Living Rooms have been funded through Ashfield District Council and the Safer Streets Partnership. This is an ongoing initiative that was created to take services to people who might not otherwise be able to access them. This has included helping to support people accessing food parcels and referring individuals to drug and alcohol services. The Community Living Rooms have also been a forum for gaining local insight, with people open and willing to share stories whilst relaxing on a comfy sofa with a warm drink. There have so far been 12 living rooms, attracting over 150 people that live on the estate.

7.4.7.2. What community-centred benefits can it achieve?

- Gaining informal insight from residents on local needs and priorities.
- Increased feelings of sense of community.
- Supporting and empowering individuals to access local services that they might otherwise not.

- Building social connections and meeting new people.

The Bread and Butter Thing Food Club in Newark (Newark and Sherwood District Council)

7.4.8.1. What is it?

The Bread and Butter Thing is a charity that works across the UK with locally based volunteers to provide weekly food deliveries to those who need it, offering roughly £35 worth of food for £8.50. The Health Improvement and Community Development Team at Newark and Sherwood District Council undertook consultation with the Bread and Butter Thing to fill a gap in the provision of a food club in the Newark area. A local team of volunteers were recruited to facilitate the food club, with the Bread and Butter Thing providing redistributed food, and the volunteers have been self-sufficient in running the club and providing 80 members weekly with their groceries for around one year. The Bread and Butter Thing have now received funding to run a 'warm hub' alongside the food provision, to provide companionship and warmth, a drink and chat for the local community. This will also provide a space for local partner services to reach local communities and provide information and support to those who need them.

7.4.8.2. What community-centred benefits can it achieve?

- Nutritious and varied food provided to individuals and families can improve both physical health and mental wellbeing.
- Food available at affordable prices can help to reduce food insecurity.
- Reduced food waste, with food redirected to those who need it.
- Volunteers can build social connections and meet new people.
- The new 'warm hub' can help improve feelings of community connectedness, and help to link people to services that they might benefit from.

Children's Centre Community Development Workers (Nottinghamshire County Council)

7.4.9.1. What is it?

Children's Centre Community Development Workers are employed by Nottinghamshire County Council to take a lead role in a locality, to support parents/carers of young children to gain skills and confidence for sustained employment. This is done through planning, delivery, and evaluation

of Children's Centre Services, improving social mobility and outcomes for families. They also take a lead role in the recruitment, induction, training, and continued support for parents as volunteers within a specified Children's Centre Service locality.

They have an excellent reputation at recruiting, managing, and retaining volunteers, and supporting them to progress into employment or education. They have a breadth of experience working with diverse communities and an extensive knowledge of inter-agency/partnership work. They act as a catalyst between the wider local community and Children's Centre Service, consolidating those links to build effective relationships with parents, community groups and other agencies.

For example, one individual had received support from the Children's Centre Service and felt that they wanted to 'give something back' by supporting other families so enquired about volunteering. The local Children's Centre Development Worker supported the individual to complete the relevant paperwork and training to enable them to start volunteering. Through this, the individual has volunteered at a children's play session and a group which helps improve the emotional health and wellbeing of parents and carers. They have started a Level 2 'Understanding Autism' course and hope this will pave the way to studying for a Level 3 in childcare with a view to working in this sector in the future.

7.4.9.2. What community-centred benefits can it achieve?

- A family centred approach enabling and empowering parents to gain skills and confidence whilst supporting them to act as role models for their children.
- Help reducing the gaps in inequalities by improving people's opportunities for gaining skills and employment.
- Improved communication between partners and shared outcomes for the benefits of local population.