Public Health England

NHS England

Protecting and improving the nation's health

A guide to community-centred approaches for health and wellbeing

Briefing

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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About this briefing
This briefing and accompanying report was produced as part of a joint PHE and NHS England project that aims to draw together and disseminate research and learning on community-centred approaches for health and wellbeing.

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Community-centred approaches for health and wellbeing

Key messages:

- local government and the NHS, together with the third sector, have vital roles to play in building confident and connected communities as part of efforts to improve health and reduce health inequalities
- community-centred approaches seek to mobilise the assets within communities, promote equity and increase people's control over their health and lives
- there is a diverse range of practical, evidence-based approaches that can be used by local leaders, commissioners and service providers to work with communities. These are grouped into: strengthening communities; volunteer and peer roles; collaborations and partnerships; access to community resources
- while many citizens already make a contribution to community health, more could be done to realise the full potential of communities and address social exclusion. This briefing sets out the case for change and implications for commissioning and practice

Introduction

The move to a new health system has created opportunities for public health and healthcare to become more person and community centred. Changes in commissioning and practice need to be supported by good access to evidence and practical information. This briefing gives an overview of the case for change, key concepts and types of community-centred approaches.

Why work with communities

Communities, both place-based and where people share a common identity or affinity, have a vital contribution to make to health and wellbeing. Community life, social connections, supportive relationships and having a voice in local decisions are all factors that underpin good health, however inequalities persist and too many people experience the effects of social exclusion or lack social support.[1, 2] Participatory approaches directly address the marginalisation and powerlessness caused by entrenched health inequalities.

The assets within communities, such as the skills and knowledge, social networks, local groups and community organisations, are building blocks for good health.[3] Many people in England already contribute to community life through volunteering, community

leadership and activism.[4] Community empowerment occurs when people work together to shape the decisions that influence their lives and health and begin to create a more equitable society. This is not about a DIY approach to health; there are important roles for NHS, local government and their partners in creating safe and supportive places, fostering resilience and enabling individuals and communities to take more control of their health and lives.

The family of community-centred approaches

A 'family of community-centred approaches' (Table 1 and Figure1) has been developed to represent some of the practical, evidence-based options that can be used to improve community health and wellbeing. Community-centred approaches are not just community-based, they are about mobilising assets within communities, promoting equity and increasing people's control over their health and lives.

Figure 1: community-centred approaches for health and wellbeing

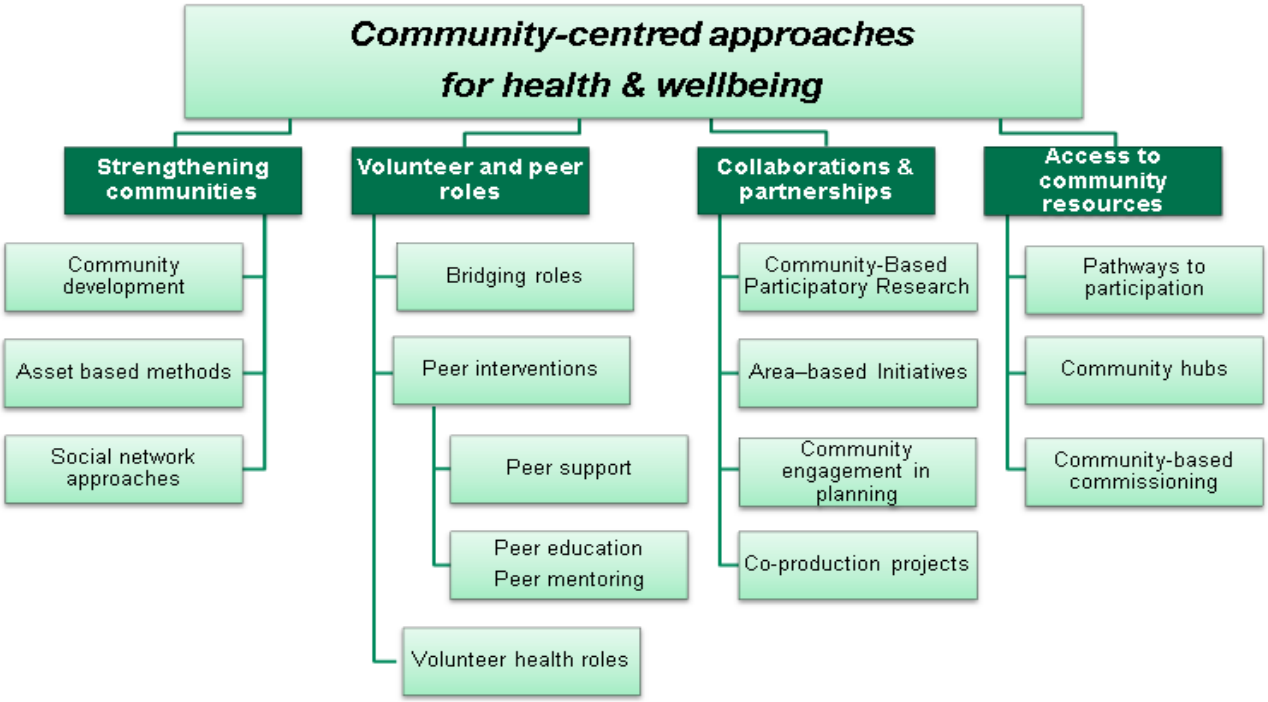

Table 1: summary of community-centred approaches for health and wellbeing

Approaches	How do they work?	Common models
Strengthening communities	These approaches build community capacities to take action on health and the social determinants of health. People come together to identify local issues, devise solutions and build sustainable social action.	Community capacity building, community development, asset-based methods, community organising, social network approaches and time banking.
Volunteer and peer roles	These approaches enhance individuals' capabilities to provide advice, information and support or organise activities in their or other communities. Community members use their life experience and social connections to reach out to others.	Peer support, peer education, health trainers, health champions, community navigators, befriending and volunteer schemes such as health walks.
Collaborations and partnerships	These approaches involve communities and local services working together at any stage of planning cycle, from identifying needs and agreeing priorities, through to implementation and evaluation. Involving people leads to more appropriate, equitable and effective services.	Community-based participatory research, area-based initiatives, Healthy Cities, area forums, participatory budgeting and co-production projects.
Access to community resources	These approaches connect individuals and families to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation. The link between primary health care and community organisations is critical.	Social prescribing, green gyms, community hubs in libraries and faith settings, healthy living centres, and community-based commissioning.

Health and wellbeing outcomes and evidence

NICE guidance endorses community engagement as a strategy for health improvement.[5] There is a substantial body of evidence on community participation and empowerment[2, 6] and on the health benefits of volunteering.[7, 8] The current evidence base does not fully reflect the rich diversity of community practice in England. Cost-effectiveness evidence is still limited, nevertheless research indicates that community capacity building and volunteering bring a positive return on investment.[9, 10]

Conclusion

Local government, the NHS and third sector have vital roles in building confident and connected communities, where all groups, but especially those at highest health risk, can tap into social support and social networks, have a voice in shaping services and are able to play an active part in community life. PHE and NHS England will continue to make evidence and learning on community engagement and community development more accessible as part of efforts to mainstream good practice.

Implications for local leaders, commissioners and service providers:

- consider how community-centred approaches that build on individual and community assets can become an essential part of local health plans and strategies
- recognise the scope for action - there is a diverse and broad range of community engagement methods that can be used to improve physical and mental health
- use the family of community-centred approaches as a tool to consider potential options for commissioning health improvement and preventive services
- Involve those at risk of social exclusion in designing and delivering solutions that address inequalities in health
- celebrate, support and develop volunteering as the bedrock of community action - grants, training, marketing, organisational support and commissioning volunteer-led services are all ways to support local volunteering
- Apply existing evidence to the local context, but be prepared to evaluate to check out whether approaches work and for whom. Share learning with others to support good implementation and best practice

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