16 July 2020

Dear Danny Kruger MP

The role of civil society in 'levelling up'

We are writing to you in support of the request the Prime Minister has made to you and Baroness Barran to develop proposals to maximise the role of volunteers, community groups, faith groups, charities and social enterprises in the government's levelling up agenda in the wake of COVID-19. Levelling up is critical as the virus and lockdown will leave our society more socially and economically divided than ever.

There is increasing recognition that *"A healthy economy needs a healthy, happy population to power it[1]".* Proposals must therefore include the role these stakeholders play in **creating health** as well as the roles the NHS and other public services can play in enabling them to do so in addition to preventing, treating and managing ill health. Our response therefore focuses on Health Creation to address health inequalities; this resonates strongly with your ambition to sustain the COVID-19 community response by putting in place measures to build and strengthen all communities in the long-term.

New NHS Alliance and members of our network are addressing and reducing health inequalities through advancing Health Creation and health creating practices across the NHS, other public services and the community and voluntary sector (we are a cross-sector body). Our work is widely recognised and supported by a wide range of partners and has recently been featured in Lord Nigel Crisp's book *Health is made at home, hospital is for repairs* in which he defines Health Creation as *'creating the conditions for people to be well … and to help them to be so'*.

Please contact me, or visit our website, for a more detailed explanation of some key aspects of Health Creation: https://www.nhsalliance.org/health-creation/

Our key messages

- Health Creation – helping people to increase their levels of Control, Contact and Confidence – must feature strongly in national and local COVID-19 recovery plans

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[1] Health Foundation response to the Government's Prevention Green Paper: https://www.health.org.uk/news-and-comment/news/a-healthy-economy-needs-a-healthy-population-to-power-it

- A key question that must be asked is: *'How can the NHS and other public services help people to have more control over their lives and environments?'*
- Expecting people in the poorest communities to work as unpaid volunteers will not help to 'level up'. This work needs to be invested in; those will little means need to be paid for their efforts.
- Apprenticeships for young people, promised by the Prime Minister, could release young people for a small proportion of their week to volunteer in their community helping them to build a habit of civic involvement.
- More small community-led organisations/businesses need to be commissioned, including through consortia that have been supported to come together.
- Health creating community development needs to be commissioned in some places to support people to grow their contacts and confidence and move towards having greater control over their lives.
- Anchor organisations of all types have key roles to play: including NHS institutions and the VCSE sector.

Supporting the NHS and other public services through Health Creation

To be well, people need sufficient **Control** over the circumstances of their lives, meaningful and constructive **Contact** with other people, **Confidence** to take action alone or with others to make improvements. Conversely a lack of control, contact and contact with others contributes to ill-health. We have seen this happen as mental health problems have increased through COVID-19.

Control, Contact and Confidence are the 3Cs of Health Creation and these are each present in high levels when communities and civic society is working at its best.

Therefore, an essential route to improving people's health and wellbeing, is to support them to increase their levels of Control, Contact and Confidence. This means taking action to build and strengthen communities and civic society.

Here are a couple of quotes from Prof Jane South, Professor of Healthy Communities, Leeds Beckett University, at one of our recent events:

> *"Whether people have control of decisions and resources makes a big difference to health".*

> "*Being connected with other people matters for your health. Research shows that lacking social connections is bad for our mental and physical health"*[2].

Improving connections between people has other beneficial outcomes as well as better health and wellbeing. There is a large literature on this[3]; we pick out just a few

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[2] Community-centred public health; taking a whole system approach, PHE: https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach
Health Matters, PHE: https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing
[3] Community Development in Health, SCIE: https://www.scie.org.uk/prevention/research-practice/getdetailedresultbyid?id=a110f00000RCyjRAAT

highlights. Those areas with stronger social networks experience lower levels of crime and delinquency. Social networks influence employment and employability. Social cohesion and informal social control predict a community's ability to come together and act in its own best interests. These derive, at least in part, from participation in local associations or organizations. For example, networks of friends are associated with reduced crime and social disorder. Wesley Skogan, a noted criminologist, notes that "when residents form local social ties, their capacity for community social control is increased because they are better able to recognize strangers and more apt to engage in guardianship behaviour against victimization." Social cohesion, informal social control, and trust are directly related to a community's ability to come together and act collectively to combat violent crime and other antisocial behaviour.

Wigan Council reduced demand for health and other services significantly by orienting their services towards supporting communities to take control. They did this through the prism of 'reciprocity' – not through the language of support offered and received – in what became known as the Wigan Deal. This is important because the ability to give as well as to receive is also a proven factor in people's wellbeing (see nef Five Ways to Wellbeing): https://neweconomics.org/2008/10/five-ways-to-wellbeing. We would be happy to share this data with you if requested.

Creating the conditions for people to be well – which involves shifting power to and sharing power with communities – should be a key priority for the NHS as well as other statutory bodies, businesses and the whole range of civil society organisations as we make our 'recovery plans' from COVID-19.

Strengthening communities and infrastructure to level up

The communities that have the poorest health outcomes are often those that have the lowest levels of social capital and less to offer in terms of social infrastructure. These are the same communities that have been hit hardest by COVID-19.

By focusing on how civil society can support institutions you will be focusing on those with already high levels of social capital and often the more affluent volunteers rather than on how to help develop the capacity for community involvement in struggling communities.

Rather than ask the question 'How can civil society support the NHS and other public services more effectively?' a more appropriate question, in the light of the above, might be:

> *How can the NHS and other public services help civil society to create health and wellbeing?'.*

And, more specifically,

> *'How can the NHS and other public services help people to have more control over their lives and environments?'.*

Communities are strengthened as social networks come together and take action to make things happen that they want to happen in their locality. The less connected,

less resilient (and often more disadvantaged) communities may need help to do this. In the least resilient communities, people need:

- to be enabled to develop the confidence and opportunity to connect with each other to form these networks and take action
- access to resources they need to build the infrastructure and make the things happen that they want for their communities

Through their deep work with communities, our members have identified 5 features of health creating practices that anyone can adopt that will help to create the conditions for people to be well. They are:

- listening and responding
- truth-telling
- strengths-focus
- self-organising
- power-shifting

For more information see: https://www.nhsalliance.org/health-creation/ and http://www.nationalhealthexecutive.com/Comment/developing-a-wellness-workforce

Community development is one way in which communities can be supported to connect, access resources, make things happen and grow in confidence. Community development ideally requires trained workers who support existing activity and new community action. Ideally they connect with a wide range of partners, and have been described as 'Community DJs' – people who can get local partners 'dancing together' including social prescribers, primary care, local authorities, housing and many others.[4] They can be supported by a range of public services including the NHS.

Unemployment and young people

The Prime Minister is right to guarantee young people an apprenticeship. As long as this pays sufficiently well, this will help to secure young people's ongoing active engagement in the workplace and in society. The full range of organisations that can draw apprentices into roles should be supported to do so, including community sector roles. We look forward to seeing the plans for how this will be worked through and delivered in practice.

One idea for increasing the participation of young people in civic society could be for these employers to release their young apprentices to spend one or more days per month volunteering with an organisation of their choice in their local community. This could help to build a habit of civic involvement and ensure that it is truly intergenerational and, therefore, stronger.

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[4] https://irp-cdn.multiscreensite.com/9163ad55/files/uploaded/0%200%200%200%200%200%20Community%20Dev%20for%20Health%20screen%20FINAL%20PUBD%20Dec%2017.pdf

Better commissioning and procurement

A common problem is that commissioning is, in the main, a competitive process that favours larger organisations. Commissioning/procurement often takes place 'over the top' of local organisations that make up civil society, including community businesses with a significant service offer, even though these organisations are already embedded within communities and can make a difference. These organisations usually continue to operate but at a much less effective level than if they could be properly funded.

During the COVID-19 response, procurement became more flexible as communities' visibility increased and commissioners realised that they needed the responsiveness, flexibility and energy that communities excel at to support the effort. It is crucial that this flexibility continues, enabling communities to continue to deliver flexibly, and that commissioners and procurement teams don't go back to the old rigid procurement rules. In some instances, there may be a case for supporting them to come together as a consortium to deliver a broader range of services.

Another common problem is that procurement is often out of step with commissioning due to rigid rules; what gets procured is not what gets commissioned. This needs to be sorted out.

There are several models of 'local procurement/commissioning' that are already working well including the Preston Model. CLES Community Wealth-Building principles are important here: https://cles.org.uk/community-wealth-building/how-to-build-community-wealth/

Health creating community development needs to be commissioned to support people living in the most disadvantaged communities to grow their contacts and confidence and move towards having greater control over their lives; in other words, to improve their resilience going forward.

Finance to support communities

The PM is right to ask about sources of finance to support this important work.

The word 'volunteer' is often misunderstood. Communities can be exploited by the statutory sector if their work is not invested in. This activity does not come for free. Even where volunteers are unpaid, organising volunteers costs money and there are other costs associated with the services they provide.

If this is truly about levelling up, then in many places it will be unreasonable to expect people to work as unpaid volunteers. Most need money in their pockets. Community businesses can offer that paid employment and so they need to be commissioned more often and resourced to grow and strengthen.

Social investment is typically hard for communities to access. It demands a modest return on the investment and, while this is appropriate in some instances eg. community energy schemes, not all valuable community-led activity creates a financial return (although many do save significant sums to the public purse). Philanthropy has always had a role and can continue to support communities.

There is increasing interest in 'anchor institutions' as supporters of local communities in many varied ways. Some housing associations, for example, make a 'community investment' of millions of pounds each year in addition to offering buildings for community meetings, apprenticeships and support for their residents to establish businesses. Local authorities too offer small grants to support community-led initiatives. They do this because they are embedded within communities and they understand that this investment makes good business sense; it saves them money.

NHS and other public sector organisations could consider further what they could offer communities as anchor institutions and how this might link through to cost-savings. The VCSE sector is often overlooked but many in this sector are important anchor organisations that provide the social infrastructure through which communities can be involved.

We would like to arrange a Zoom meeting with you to discuss these matters further and would be grateful if you could spare 20 minutes to do that. Please let us know if there's a time you can make and we will set a meeting up.

Please do otherwise get in touch if you have any further queries.

Your sincerely,
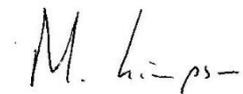
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