



Community mobilisation at the boundaries of the NHS

*Insight into phase one research and
discussion*

22 September 2020



**This project is supported by
The Health Foundation**

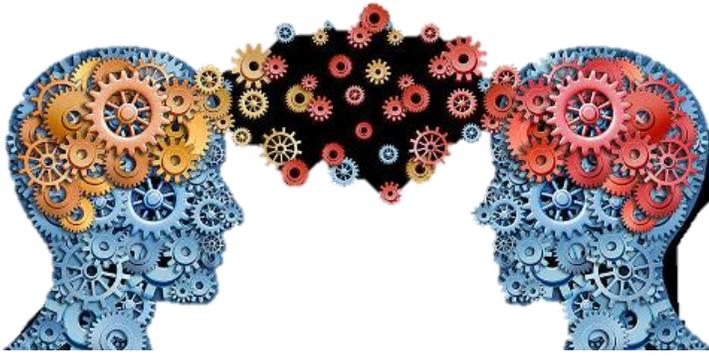
**Please contact Neil McGregor-Paterson if you would like
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Meeting notes

- This Forum considered the provisional outputs from phase one of The Health Foundation supported project, and provided a platform to consider how to source additional case studies focussed on specific communities.
- Key outputs from the Forum were:
 - The need to reconsider the phrase ‘mobilised communities’ This is not a term used by providers, community organisations or people. It also has military connotations. ‘Coming together to make things happen’ is better.
 - When we are explaining what we are assessing, we need to contextualise this, we should explicitly reflect the pandemic context
 - There is spontaneous coming together of people within communities to self-organise and meet the needs of their communities, although this is often stimulated by established organisations
 - Recognition of the need for funding – with no money there are limits to what people can do
 - People and communities need contacts within the system to make things happen
 - How can you define a community? There are areas where there isn’t the same definition as community e.g. GLBT vs individuals with mental health who don’t have defined community. This makes it much harder to engage with the system who see them as single voices.
- The following slides reflect the original presentation and have not incorporated the comments above



Today's agenda



- Recap on project aims
- Project progress
- Call for more case studies
- Insights from phase one desk research, and discussion
- Summary and close



The project seeks to answer

How can the NHS work with mobilised communities to increase prevention and health creation? Learnings from COVID-19

Can Health Creation help make sense of the COVID-19 community mobilisation for the NHS?

- Critically, we are considering this through the lens of 'mobilised communities' and not through the lens of providers that have mobilised communities



Specific Project Aims



- Uncover, explain, make sense of and increase the profile of community mobilisation while it is happening and visible through the COVID-19 response
- Identify the implications for NHS systems and practice towards enabling and sustaining community-led approaches to health and wellbeing beyond COVID-19



Through the lens of mobilised communities

PROJECT TEAM

CROSS SECTOR SOUNDING

Desk
Research

Briefings

Case
study
sourcing

Forum
chat

*Interim
report*

Selection of 6/7
examples for in-
depth analysis

*Final
report*

Launch



INTERIM



July

December



Case study submissions

Outputs

- 38 submissions
- Seven with potential to take forward

Need support in identifying communities most affected by COVID-19 e.g.

- BAME
- Gypsy and traveller
- Learning disabilities
- Mental health challenges
- Chronic long-term conditions
- Cancer

No	Organisation	Contact	Email	Issues	COVID related	Summary	Beneficiaries	Ever at community	Comments
2	Lambeth Portuguese Community	William Nicholson	welton@lpc.org and w.nicholson@lpc.org	Supporting the diverse Portuguese speaking community	Yes	The language, culture and trust issues meant Portuguese didn't access other well established support and/or wouldn't support it. Set up own mutual aid to meet range of needs with focus on isolated people and people needing benefit support	Portuguese speaking community	Yes	Very rounded, high level of trust of using set provided to support range of informal
20	Newton Abbot Community Mutual Aid	Jane Haden	janehaden95@hotmail.co.uk	Access to food, prescription, delivery and a phone chat/check in service	Yes	Community mobilisation to provide a range of support	All vulnerable, isolated and at risk people in community	Yes	Good rounded care, org issues to refer back insight
27	GMRHSCP Senior Advisor PCCA	Nick Dixon	nick.dixon@nhs.net	Engaging primary care with community assets	Yes	Generating community solutions linked to circles of support and mutual aid.	All vulnerable, isolated and at risk people in community	Yes	Interesting positive with local surgeons: issues at NHS so o
28	SCRUBHUB	Need to source		Lack of PPE	Yes	Set up and ran a scrub hub, 36 ladies (weight/breastfeeding) at home produced scrub for NHS, face coverings put on Mask Trees in our village with bio, sourced all resources free. Lots of people benefited. Part of a national organisation.	Providers and vulnerable, isolated and at risk people in community	Yes	Interesting to consid support NHS and o from this, what con
33	East Antrim Age Well	Sara McLaughlin	sarah.mclaughlin@meap.co.uk	Elderly	Yes	Elderly charity concerned with providing a complete community led approach to all the health and wellbeing needs of our older people across our borough of Mid and East Antrim during the COVID 19 crisis lockdown.	Older communities	Yes	Will provide a rich s beyond England on
3	Timebanking UK	Keri Tyler	keri@timebanking.org	Loneliness, poor mental health, isolation		Our time bank lockers and members developed new ways of linking up with people in the community. They used their existing connections and infrastructure to connect with people who might be isolated or vulnerable as a result of lockdown. Do have specific elderly and mental health insight.	Elderly, mental health	Yes	Learnings could be a focus on their me psychology focus
25	Kendal ICC and PCN	Dr Amy Lee	amy.lee@sp-ai2020.nhs.uk	Isolated and vulnerable support	Yes	Integrated approach that focussed on being connected and engaged prior to COVID	All those in need of additional support	Yes	Rich insight given d
24	Windle up	Amela	amela.wendall@gmail.com, awendall@youngbarnterfoundation.co	Isolated and vulnerable support	Yes	Integrated approach that focussed on being connected and engaged prior to COVID	All those in need of additional support	Yes	Rich insight given d
MAYBE									
16	NHSE and Page Hall Medical Centre She	Ann Gregory	anngregory@nhs.net	Social isolation and digital isolation	Yes	Engaged with medical students to deliver training etc	All those needed additional support in severe	No	Through lens of NHSE and Page Hall



Can you support us some additional case studies?

Mobilised communities?

Community mobilisation

Involves people coming together to identify the things they want to change, working out what resources they have at their disposal and formulating a plan for how they can use them to be successful

Pre-requisite to mobilisation communities



Mobilised communities

People working together to make things happen; identifying and planning for further change



Does this resonate?

Are external agents normally catalysts?

Thinking on principles of mobilised communities

Insight, skills and understanding	Infrastructure and co-ordination	Clarity of focus	Community trust and confidence	Provider/agency relationships and respect	Effective Communication
<ul style="list-style-type: none">➤ People involvement➤ Reflect diversity➤ Language specific➤ Culturally specific and sensitive➤ Disease specific➤ Multiple disparities➤ Understand broader issues	<ul style="list-style-type: none">➤ Facilitating and catalysing➤ Organised capacity➤ Accountable leadership from within at all levels➤ Anchor institutions➤ Established organisations refocusing	<ul style="list-style-type: none">➤ What?➤ Why?	<ul style="list-style-type: none">➤ Relevance of support➤ Accepting of support	<ul style="list-style-type: none">➤ Guidance and support➤ Established/tap into infrastructure	<ul style="list-style-type: none">➤ Between people➤ Within communities➤ Peer-to-peer➤ Social media➤ Traditional➤ Between agencies

Recognition that:

- systems cannot meet all the needs of their communities
- people can self-organise around the needs of their communities

Why are some more adept at mobilising?



- Connected
- Collaboration not competition
- Minimal hierarchy
- Super localisation
- Commitment to speed and agility
- Ability to tap into specific expertise and support
- Manage conflict and disagreement; remain politically neutral
- Provider as: enabler, catalyst, funder and shifter of power



Barriers?

- Lockdown, social isolation
- Lack of funding
- Bureaucracy
- Digital literacy
- Poorly established infrastructure; no social infrastructure
- Distrust of authority; discourse within communities
- Lack of specific community involvement in mobilised support





Can health creation help make sense of
COVID-19 community mobilisation for
the NHS?

Health Creation...

...must sit alongside prevention of illness and the treatment of ill health through services and medicines

... happens when local people and professionals work together as equal partners and focus on what matters to people and their communities

People need



The 5 features of health creating practices

- Listening and responding
- Truth-telling
- Strengths-focus
- Self-organising
- Power-shifting



Digital Forum 2 October 2020

Dr Chris Tiley, GP at Lander Medical Practice in Truro

Exploring steps Primary Care Networks can take to engage with communities and local partners to address health inequalities