

Appendix 3: Update on 2015/16 Projects Implementing the Annual Public Health Report on Building Community Resilience

| Description of proposal | Outcomes | Performance | | | | RAG |
|--|---|---|-----------------------|-----------------------|---------------------|-----------------|
| <p>Community Resilience Population Health Check Survey To commission a postal survey of adults resident in East Sussex. The survey will establish a baseline and monitor change over time and support evaluation of the community resilience programme. The survey will be repeated during 2017/18 and again in 2019/20.</p> | <p>Update Wellbeing and Resilience Measure (WARM) analysis at ward level plus additional information around health and well-being (particularly mental wellbeing) and social capital.</p> | <p>An open tender (single stage) process was undertaken between July and September to identify a provider. The preferred bidder, Ipsos Mori, started the contract in October - fieldwork was undertaken in 2015, with the analysis and final report to be available in the Spring of 2016 to inform 2016/17 Director of Public Health Report.</p> | | | | <p>G</p> |
| <p>Funding narrative The latest forecast is £72,000 in 2015/16, £79,400 in 2017/18 and £86,500 in 2019/20 – a total of £237,900 and an underspend of £62,100.</p> | <p>Original</p> | <p>2015/16</p> | <p>2017/18</p> | <p>2019/20</p> | <p>Total</p> | |
| | | <p>£100,000</p> | <p>£100,000</p> | <p>£100,000</p> | <p>£300,000</p> | |
| | <p>Forecast</p> | <p>2015/16</p> | <p>2017/18</p> | <p>2019/20</p> | <p>Total</p> | |
| | | <p>£72,000</p> | <p>£79,400</p> | <p>£86,500</p> | <p>£237,900</p> | |

| Description of proposal | Outcomes | Performance | | | RAG |
|--|--|---|-----------------------|-----------------------|---------------------|
| <p>Community Resilience Programme Support</p> <p>To support the development and delivery of the ESBT community resilience programme</p> | <p>Delivery of programme below according to agreed plans and budgets</p> <p>Key stakeholders fully engaged in design and delivery of programme below</p> | <p>A programme lead was appointed in August 2015 (0.6 wte). Additional support requirements have been agreed by the Steering Group and a JD has been developed for a supporting post and this is being recruited to in February.</p> <p>A partnership of local voluntary organisations and independent expert advice has been commissioned through a competitive quotation process, to undertake a process of engagement and co-design of a county wide and locality approach to community resilience</p> | | | <p>G</p> |
| <p>Funding narrative</p> <p>Underspend from 2015/16 shared between 2016/17 and 2017/18</p> | <p>Original</p> | <p>2015/16</p> | <p>2016/17</p> | <p>2017/18</p> | <p>Total</p> |
| | | <p>£200,000</p> | <p>£200,000</p> | <p>£200,000</p> | <p>£600,000</p> |
| | <p>Forecast</p> | <p>2015/16</p> | <p>2016/17</p> | <p>2017/18</p> | <p>Total</p> |
| | | <p>£43,250</p> | <p>£278,375</p> | <p>£278,375</p> | <p>£600,000</p> |

| Description of proposal | Outcomes | Performance | | | | RAG |
|--|---|--|----------------|----------------|--------------|----------|
| Implementation of Community Resilience Programme | <p>People have improved health and wellbeing and are prevented from developing health and social care needs</p> <p>People with existing health and social care needs are prevented from developing needs for higher intensity services</p> <p>Dependence on statutory sector services for low level interventions is reduced</p> <p>The strengths of communities are utilised to better support others in their community</p> | <p>Programme took longer to establish because of the interdependencies with other ESBT work streams.</p> <p>The delay impacted mostly on progressing the establishment of the eight Locality Link Worker posts. The detail of these posts have now been agreed and recruitment will commence shortly, now that locality structures are being put in place.</p> <p>The Building Stronger Bridges programme has been extended enabling 5 voluntary organisations to continue to develop good neighbour schemes with 18 new schemes now in operation.</p> <p>Expert external support is being commissioned to co-produce with voluntary sector providers an evaluation framework with voluntary sector providers and strengthen asset based methodologies for the Chances for Change East Sussex programme which supports local people to develop community led health improvement initiatives in their areas</p> | | | | G |
| Funding narrative Underspend from 2015/16 shared between 2016/17 and 2017/18 | Original | 2015/16 | 2016/17 | 2017/18 | Total | |
| | | £1000,000 | £1000,000 | £1000,000 | £3000,000 | |
| | Forecast | 2015/16 | 2016/17 | 2017/18 | Total | |
| | | £253, 487 | £1,373,257 | £1,373,257 | £3000,000 | |

Level of Funding: Cumbria's Neighbourhood Care Independence Programme

The level of funding identified to support the programme is based upon the Cumbria Neighbourhood Care Independence Programme.

Cumbria has a population of 494,400 people, 51% of the population live in rural areas and by 2035 a third of the population will be over 65 years of age.

The County Council and CCG wanted to help more people to retain their independence and control over their lives. They believed that this can be achieved by recognising that each community in Cumbria is unique and has the skills and knowledge needed to make lasting changes to people's lives.

Their asset-based approach programme started in 2013 and is called Neighbourhood Care Independence Programme. The programme budget is £3.824 million over 4 years, with a contribution from Cumbria Clinical Commissioning Group of £152,000 per annum.

ESBT Community Resilience Programme Evaluation

The 2014/15 Director of Public Health Report, *Growing Community Resilience in East Sussex*, sets out the evidence of effectiveness for the community resilience programme.

Measuring outcomes in asset based approaches is not straightforward. Bespoke approaches to evaluation and development of key performance indicators (KPIs) are required for community resilience programmes. Consequently comprehensive methods are being put in place to test the effectiveness of the overall programme, and to identify achievement of programme outcomes. Alongside this, because of the timescales for developing and measuring overarching outcomes, KPIs of progress towards achieving the overall outcomes are being put in place.

Strategic Priorities for Community Resilience work stream and current associated initial KPI's

| Draft Strategic Priority | KPI | Method of measurement |
|--|---|---|
| 1. Ensure building resilience and community-centred/asset approaches become an integral part of all ESBT plans and programmes | - Development of an evaluation framework that identifies appropriate methods to capture embedding asset based approaches across ESBT | - Evaluation framework published |
| 2. Continue to measure the Wellbeing and Resilience Measure (WARM) to support a system shift from deficits to assets and provide a means to evaluate impact at a strategic level | - Updated WARM measured pre-implementation of programme and at 2 points over the life of the programme | - Resident postal surveys in December 2015, 2017, 2019 |
| 3. Ensure leaders, commissioners, providers and practitioners in all sectors have a full understanding of and apply approaches and evidence | - Training and capacity plan for the programme developed and delivered; Cross sector participatory appraisal training programme delivered for key staff groups - Champions identified from priority teams and commissioners - Commission participatory techniques e-learning training | - No of training courses delivered - No of attendees - No of organisational champions |

| Draft Strategic Priority | KPI | Method of measurement |
|--|---|--|
| 4. Ensure that communities themselves, and particularly those at risk of social exclusion, are actively involved in overcoming barriers to participation | <ul style="list-style-type: none"> - Eight locality events held for community members - Current services utilising asset based approaches identified and community participation captured (CGP, C4C and BSB) | <ul style="list-style-type: none"> - Number of events held - Number of attendees - Map of current services - Number of participants / volunteers |
| 5. Support and develop a range of volunteering roles, responding to identified local facilitators and barriers | <ul style="list-style-type: none"> - Increasing number of volunteers engaged in community resilience work streams (starting with C4C and BSB and annually refreshed target as programme develops) | <ul style="list-style-type: none"> - C4C and BSB evaluations - Ongoing programme monitoring |
| 6. Link communities, services and new integrated teams together within the new ESBT localities | <ul style="list-style-type: none"> - Eight community link worker posts in place. - Link worker KPIs: - Number of new community activities established - Total number of referrals from community teams and GPs referred to community activity - Number of new referrals from community teams and GPs referred to community activity - Number of self- referrals referred to community activity - Client satisfaction - Number of community facilities being utilised for community activity - Amount of funding/funding in kind levered in to the locality - Impact on health and social care referrals | <ul style="list-style-type: none"> - Programme lead and Link workers to develop collection methods and refine indicators |
| 7. Continue to support local businesses to play an increased role as assets in their communities | <ul style="list-style-type: none"> - x businesses in each locality engaged in resilience programme (e.g. allowing groups to meet on premises, achieving eat out eat well award, promoting community volunteering, engaging in business in the community activity etc.) | <ul style="list-style-type: none"> - Link workers to identify collection methods and refine |
| 8. Improve information and awareness of assets available in local communities | <ul style="list-style-type: none"> - Asset mapping undertaken in each area - Number of locations promoting resilience activity (e.g. websites, shop windows, notice boards) | <ul style="list-style-type: none"> - Link worker with C4C volunteers to undertake annual snap shot audit |
| 9. Obtain additional funding streams from outside the county that can be used to promote resilience | <ul style="list-style-type: none"> - At least £100,000 of external funding per year aligned to the programme | <ul style="list-style-type: none"> - Link workers and member organisations to identify aligned funding |
| 10. Further develop evaluation of community centred work, and refine asset based methodologies | <ul style="list-style-type: none"> - Evaluation framework utilised by organisations across system | <ul style="list-style-type: none"> - Number of different organisations utilising evaluation framework - Number of projects being evaluated |

Evidence Base

The 2014/15 Director of Public Health Report, *Growing Community Resilience in East Sussex*, provides the evidence base for the East Sussex Better Together (ESBT) community resilience programme. This is supported by a 230 page review of the literature. The literature review was guided by the National Institute of Health and Care Excellence (NICE) guidelines on best practices for reviewing evidence, and the method expounded by the Cochrane Collaboration in the Cochrane Handbook for Systematic Reviews. Both the Search Parameter Framework for the review and the full review document is available upon request.

Economic assessment

Evidenceⁱ on the economic paybacks of investing in community assets is as yet limited. However, there is strong and growing evidence that social networks and social capital increase people's resilience to and recovery from illness. There is better evidence on some of the individual components of a local strategic approach to building and utilising community assetsⁱⁱ. For example, every £1 spent on health volunteering programmes returns between £4 and £10, shared between service users, volunteers and the wider community. British Red Cross volunteers have been shown to generate cost-savings equivalent to three and a half times their costsⁱⁱⁱ. An evaluation of 15 specific community health champion projects found that they delivered a social return on investment of between around £1 and up to £112 for every £1 invested^{iv}.

Evidence for the economic benefits of capacity building

The Building Community Capacity for Putting People First project commissioned Professor Martin Knapp of the National Institute for Health Research School for Social Care Research at LSE to show the economic impact of the community capacity-building initiative compared to what would happen in the absence of such an initiative^v.

The research found that each type of initiative studied "generated net economic benefits in quite a short time period. Each of those calculations was conservative in that monetary value was only attached to a subset of the potential benefits of community capacity building".

Three specific interventions that could be a component of a wider effort to build community capacity, and ones for which they could calculate the costs of the intervention and the potential savings and economic benefits that arise as a result were:

- *Befriending schemes* typically cost about £80 per older person but could save about £35 in the first year alone because of the reduced need for treatment and support for mental health needs. There could well be savings in future years too. Knapp et al state: "If we then also look at quality of life improvements as a result of better mental health – using evidence from some of the Partnerships for Older People Projects pilots – their monetary value would be around £300 per person per year."
- The cost per member of a *timebank* would average less than £450 per year, but could result in savings and other economic payoffs of over £1,300 per member. Knapp et al add: "This is a conservative estimate of the net economic benefit, since timebanks can achieve a wider range of impacts than those we have been able to quantify and value."
- '*Community navigators*' working with hard-to-reach individuals to provide benefit and debt advice cost just under £300 but the economic benefits from less time lost at work, savings in benefits payments, contribution to productivity and fewer GP visits could amount to £900 per person in the first year. Knapp et al add: "Quality of life improvement as a result of better mental health could be valued in monetary terms to add a further sizeable economic benefit."^{vi}

Social return on investment (SROI) – monetising impact

New Economics Foundation (NEF) was created in June 1986 and is one of the largest think-tanks in the UK. NEF's model of Social return on investment SROI is a well-established framework and is recognised by HM Treasury. NEF and the Community Development Foundation sponsored the Community

Catalysts action research project^{vii} with four local councils who used SROI to evaluate their community development activity.

Their headline findings were:

- “For each £1 invested by a local authority in community development activities and by the volunteers’ time input to deliver activities, £2.16 of social and economic value is created.
- For every £1 that a local authority invests in a community development worker, £6 of value is contributed by community members in volunteering time.”

i The King’s Fund. Strong communities, wellbeing and resilience. <http://www.kingsfund.org.uk/projects/improving-publics-health/strong-communities-wellbeing-and-resilience>. Accessed 21.03.14

ii Knapp M, Bauer A, Perkins M, Snell T (2011). Building Community Capacity: Making an economic case [online]. Available at: www.thinklocalactpersonal.org.uk/BCC/Latest/resourceOverview/?cid=9300

iii Naylor C, Mundle C, Weaks L, Buck D (2013). Volunteering in Health and Care: Securing a sustainable future. London: The King’s Fund. Available at: www.kingsfund.org.uk/publications/volunteering-health-and-care

iv Hex N, Tatlock S (2011). Altogether Better: Social Return on Investment (SROI) Case Studies. York: York Health Economics Consortium. Available at: www.altogetherbetter.org.uk/Data/Sites/1/sroiyehecreport1pagesummaryfinal.pdf

v Knapp, Bauer et al. http://www.thinklocalactpersonal.org.uk/_library/BCC/key_issues_06.pdf

vi Wilton, C. Think Local Act Personal Report 2012 - http://www.thinklocalactpersonal.org.uk/_library/BCC/Building_Community_Capacity_-_Evidence_efficiency_and_cost-effectiveness.pdf

vii Catalysts for Community Action and Investment: a social return on investment analysis of community development work based on a common outcomes framework. (nef October 2010) www.cdf.org.uk/web/guest/publication?id=362954