



Public Health  
England

Protecting and improving the nation's health

# Whole system approaches to community-centred public health

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# Introduction

This slide-set provides:

- context and background on the importance of community-centred approaches for reducing health inequalities and how this aligns to other agendas to build strong, connected communities
- elements of a whole system approach to community-centred public health, based on research that PHE has carried out
- conclusions and recommendations for action

It is intended for use by local authority, NHS and voluntary and community sector (VCS) decision makers who can adopt these recommendations to:

- improve the effectiveness and sustainability of action to build healthy communities
- embed community-centred ways of working within whole systems action to improve population health

# Context

## Health inequalities persist and the gap is widening<sup>1</sup>

Communities and populations that experience socioeconomic deprivation and/or marginalisation and powerlessness have worse health than those that are more affluent.

## Community life matters

The extent to which we have control over our lives, have good social connections and live in healthy, safe neighbourhoods are important influences on health<sup>2</sup>. These community-level determinants are protective of good health and can buffer against stressors and risk factors across the lifecourse<sup>3,4</sup>.

## Community-centred approaches can help build connected and empowered communities and reduce health inequalities<sup>5</sup>



# Background

## PHE Healthy Communities Programme

PHE has published evidence on [community-centred approaches for health and wellbeing](#)<sup>5</sup>. We have supported its implementation through local delivery support and capacity building, [NICE guidance](#)<sup>7</sup> and quality standards, [eLearning](#)<sup>8</sup>, PHE [Health Matters](#)<sup>9</sup> and [All Our Health](#) resources<sup>10</sup>, and a collection of [practice examples](#)<sup>11</sup>.

## Next steps

A place-based whole system response is needed to scale a range of community-centred approaches and address the community level determinants of health.

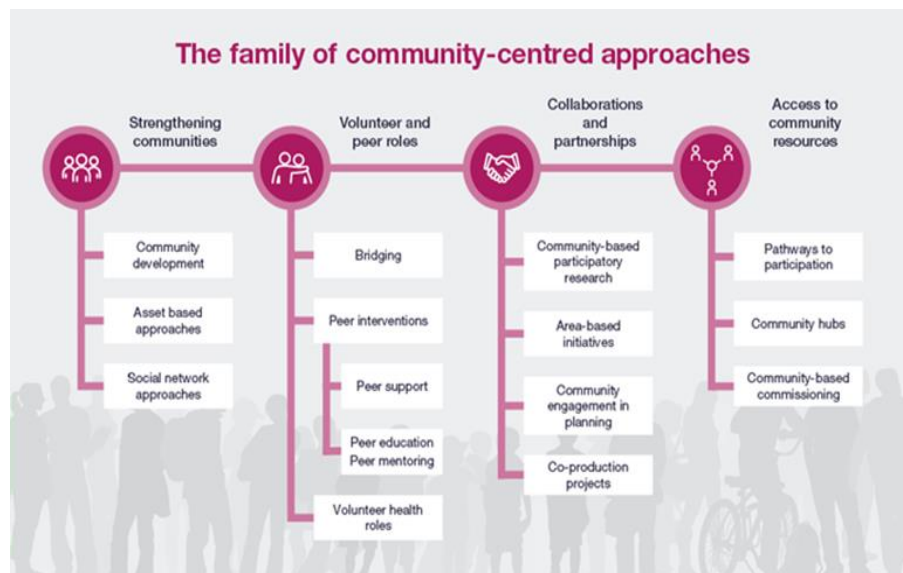
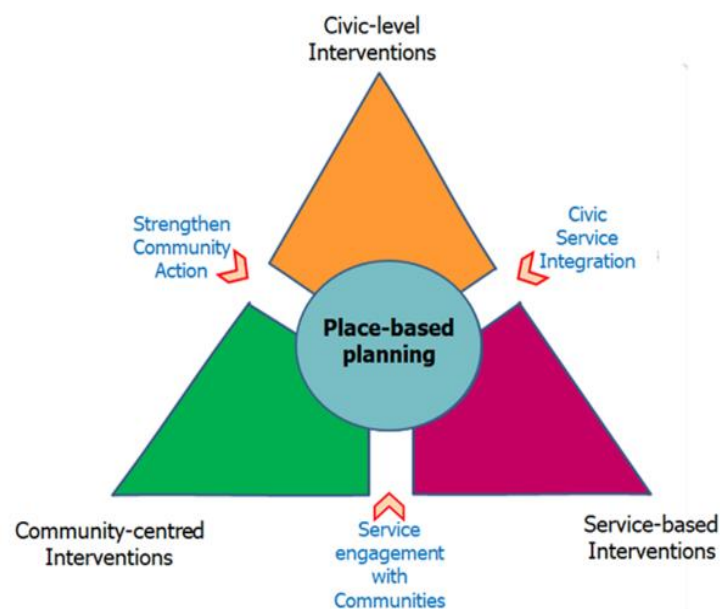


Figure 1: The 'family of community-centred approaches'

# Reducing health inequalities

This work is part of PHE's framework for place-based action on reducing inequalities<sup>1</sup>, which requires action at community, civic and service levels.



*Figure 2: The Population Intervention Triangle (PIT) <sup>1</sup>*

# Shifting to system working

PHE's work on a whole system approach to obesity<sup>6</sup> recognises that there is no one solution to tackle complex public health issues. A coordinated, collaborative approach is needed, aligned to a 'health in all policies' approach. This often entails shifting from traditional working to systems working.

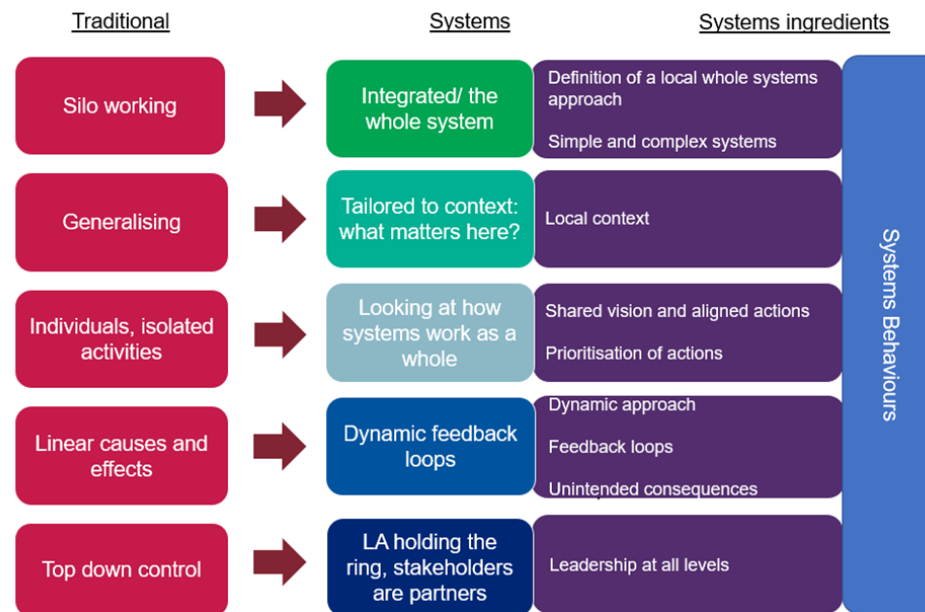


Figure 3: Shifting from traditional working to systems working<sup>6</sup>

# Improving care and support

This work supports NHS England's work to deliver a comprehensive model for universal personalised care through providing “*whole population approaches to support people to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes*”<sup>12</sup>.

Integrated care and support to build healthy and resilient communities will help keep the whole population healthy, and create communities that are inclusive, participative and supportive to those in need.

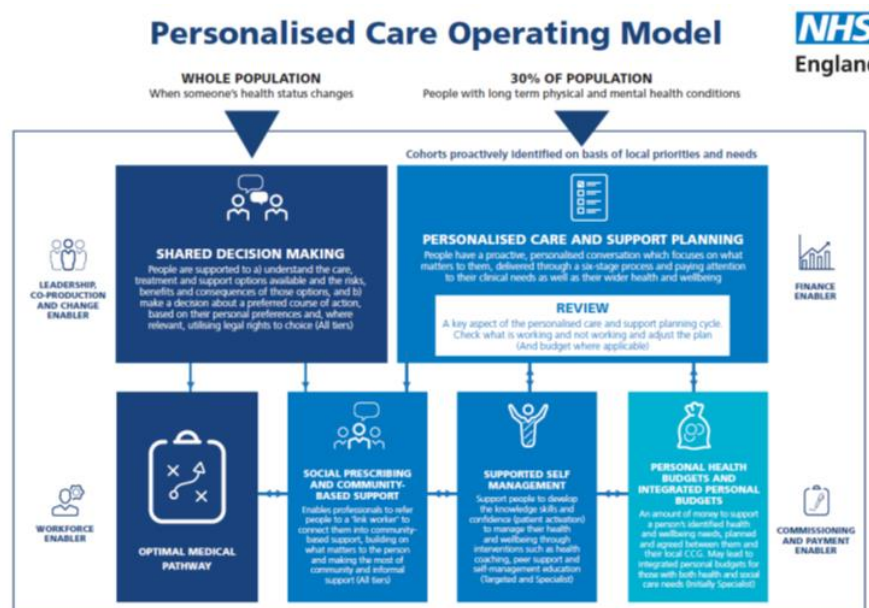


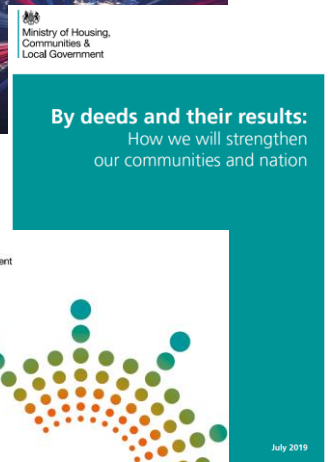
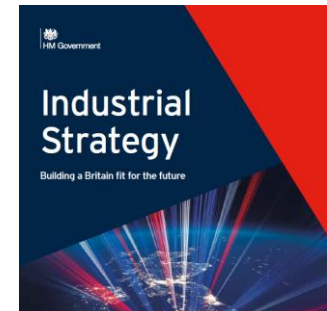
Figure 4: Personalised care operating model <sup>11</sup>

# Building strong, integrated and prosperous communities

This work supports the Government's:

- Industrial strategy<sup>13</sup> to create a Britain fit for the future through a vision for *prosperous communities across the UK*
- Communities framework<sup>14</sup> to strengthen community trust, connectedness, active citizenship, community spaces and equity
- Integrated communities action plan<sup>15</sup> to build communities where people of all backgrounds live, work, learn and socialise together based on shared rights, responsibilities and values

Combined authorities, through their devolved powers, can develop thriving places through the regeneration of people and place, and the greater involvement of communities in local decision making, as set out in the Localism Act 2011.





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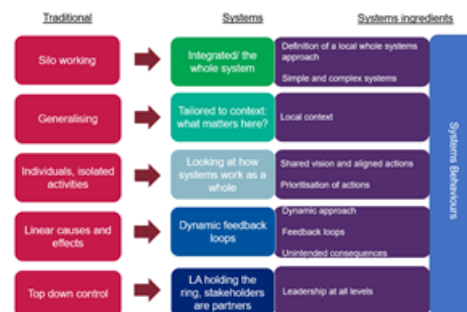


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# Research methodology

Objective	Method
To learn from localities who were already doing whole systems work and understand what was enabling or challenging their progress;	Shortlisted and interviewed 12 local public health leaders representing a diversity of approach and geography. (Lines of inquiry Annex 1)
To learn about research from elsewhere (including outside UK) on whole systems public health working;	Literature review – analysed 65 papers from whole systems systematic review, additional search and analysis on community-centred approaches. (Annex 2)
To learn from real-life experience and include citizen voice;	Surveyed 342 members of the public via PHE's people's panel. (Annex 3)
To include perspectives of key stakeholders;	Roundtable discussion with 23 reps from local and national bodies. Steering group with internal colleagues and external adviser.
To collate all evidence and identify key findings	Thematic analysis using framework method, building on themes from interviews and corroborated by literature and public survey.

# Findings on whole system approaches to community-centred public health

The findings include:

- a set of **elements**, values and principles of whole system approaches to community-centred public health
- **steps** for starting a whole system approach to community-centred public health

Further information and support on the findings include:

- a short pdf briefing paper on .gov.uk
- academic article
- practice examples on PHE online library
- further information and resources on PHE online library

# Eleven elements of community-centred public health: whole system approach

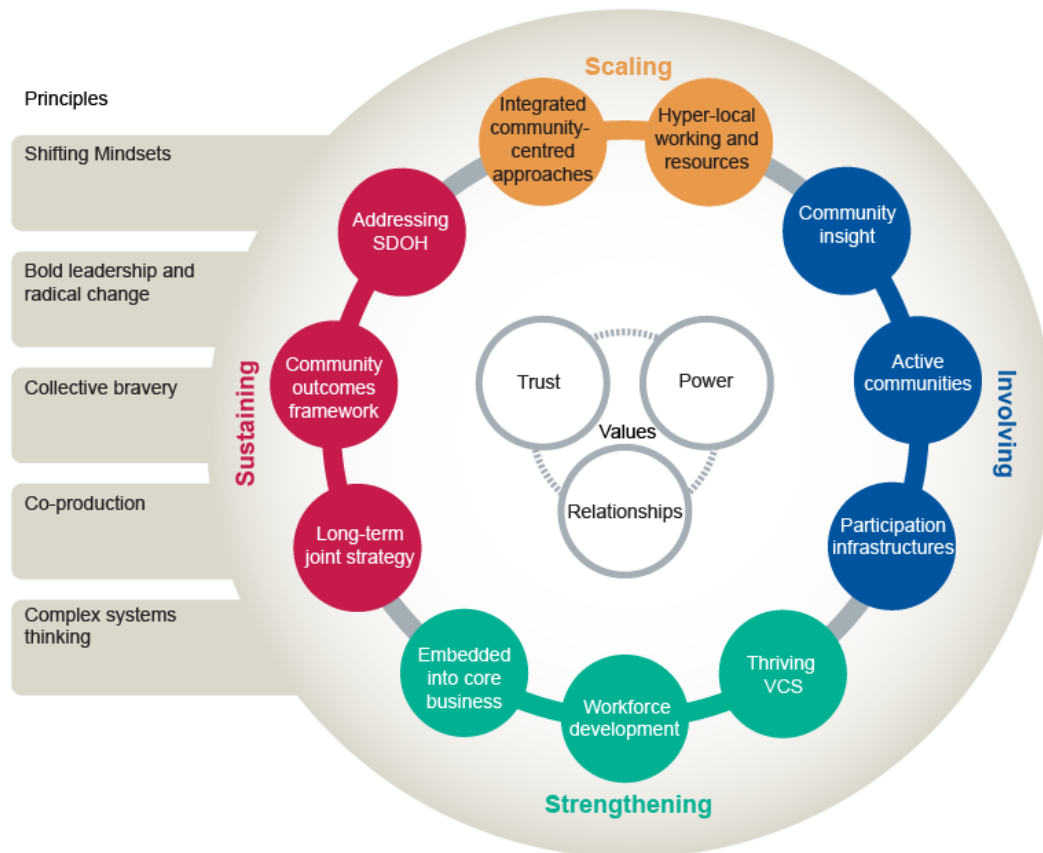


Figure 5: Eleven elements of community-centred public health: whole system approach

# Scaling

1. Scaled up community-centred prevention approaches, integrated across public health, the NHS, social care and the VCS;
  - ‘systematised not standardised’
  - shifting investment
2. Neighbourhood working and resources need to be ‘hyper-local’ (walking distance)

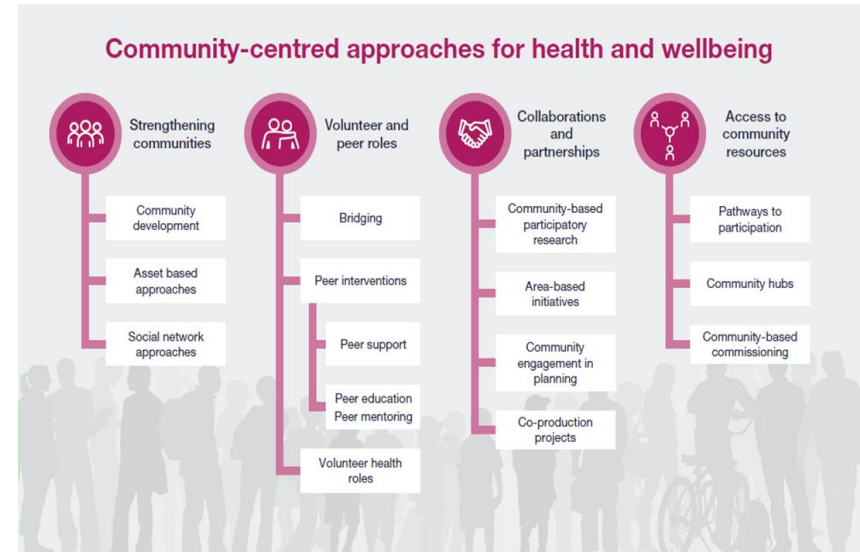


Figure 6: The ‘family’ of community-centred approaches

North Yorkshire redesigned their prevention service in partnership with the VCSE sector, social care and primary care. It is now a more holistic, community-oriented service linking prevention to social work and living well coordinators in GP practices.

The London Borough of Tower Hamlets’ ‘Communities Driving Change’ initiative is whole system working at the neighbourhood level, working with 12 small neighbourhoods (estates) and their residents to improve the availability of ‘good and better things’, resulting in more community-oriented local services and better addressing social determinants.

# Involving

Dudley Council's community resilience journey started with gathering community stories for 6 months. This has shaped their whole system approach, including their strategic priorities and outcomes, social value measures and service commissioning frameworks.

Wellbeing Exeter is a robust partnership of public, voluntary and community sector organisations working together, managed by Devon Community Foundation. It aims to support people on a journey from dependence on services to increased involvement and interdependence within better connected, inclusive and more resilient communities.

Get Oldham Growing is a community engagement programme focused on improving social connections and action on the social determinants of health. The aim is that growing hubs in all 6 districts will be sustainable and community-run, and this has already started through community interest companies and asset transfers.

3. Community insight (stories that provide meaning to data and solutions to problems)
4. Active communities – community capacity building through community development, social action or community asset transfer
5. Participation structures – decision-making and co-production for joint action and long-term trusting relationships between and within communities, professionals and organisations

# Strengthening

6. A thriving voluntary and community sector – growth of local capacity can be achieved through valuing the contribution of the sector and supporting volunteering
7. Workforce development – building core skills and knowledge in community-centred ways of working
8. Community-centred approaches embedded in all population health, prevention and public service reform – using levers such as Commissioning for Social Value

Small grass-roots organisations in Bracknell Forest are given support to grow through seed funding, marketing and advice on diversity and inclusion. Public health staff have started working closely with community-led groups and doing community development in order to address social connectedness as an underlying cause of poor health.

Hull's whole system community-centred approaches grew from initial neighbourhood-based work on smoking cessation to being central to their whole public health approach, delivered through community-centred public health commissioning, strengthening of the VCS role and strategic alignment across the system, e.g. a refreshed city plan committed to addressing inequality by achieving fair inclusive economic growth.

In Blackburn with Darwen, reductions in access to social support underpin widening health inequalities. Their approach was to build distributed leadership for public health across all council departments, sectors and organisations. This includes neighbourhood-based working and building a social movement approach to public support and social action for change.



# Sustaining

A priority in East Sussex to develop a whole system approach to community resilience has led to partners working together on a 'personal and community resilience programme' with a number of shared objectives. Sustainability is being achieved through improving communities' capacity to come together to tackle local issues that matter to them most, supporting business to deliver social value and increasing knowledge of community centred ways of working.

Wirral is working to make everything more community-centred. Community connectors address the social determinants of health and residents are at the centre of work around the environment, licensing, housing conditions, environmental health and education, through a Wirral Together partnership. Efforts to improve the physical environment are happening at the same time as strengthening communities; "regeneration of place alongside regeneration of communities".

9. Strategic and long-term ambition for strengthening communities – shared and communicated between agencies and communities
10. Community outcomes frameworks, with short, medium and long term indicators that reflect what matters to communities
11. Action to address the social determinants of health, such as housing, income, debt, employment, environment, crime and safety – these impact on participation, empowerment and resilience



# Values

Core to all 11 elements are values of power, trust and relationships. Recognising the different powers that citizens, professionals or elected representatives have and how they are used or shared requires building trust within and between communities and professionals, and fostering resilient long term relationships.

Understanding power and empowerment is core to the Gateshead approach, as this is critical to reducing inequalities. Often, disadvantaged groups lack both a voice and confidence because they have been disempowered by the systems around them. Gateshead's approach is to support people in the knowledge that they have a voice and a right to be listened to. Professional practice is shifting to a bottom-up approach, working with communities through community development approaches and ensuring that the resulting public health activity is owned by communities.

Several localities are working with Northumbria University on a model for 'commissioning for complexity'. This work recognises that "outcomes are created by people's interaction with whole systems, not by particular interventions or organisations"<sup>16</sup>, and that funders and commissioners should invest time in building positive, trusting relationships in order to build a healthy system that responds to complexity<sup>17</sup>.

# Principles

Taking a whole system approach requires shifting from traditional to system ways of working. The following principles were identified as important ways of making that shift:

- **Bold leadership** to shift from traditional to radical approaches in order to reduce health inequalities. Leading an approach that is strategic, large-scale and creates transformational change
- **Rethinking, redesigning and shifting mindsets.** Not about reorganising services but about system aligned to building strong, independent, inclusive, resilient, active communities
- **Recognising complexity** and addressing the community factors that protect health and wellbeing and put it at risk and their relationship with wider and individual determinants of health
- **Collective bravery** for risk-taking action and a strong partnership approach across local government tiers, council depts, communities, NHS and the VCS.
- **Co-production** of solutions and different ways of working with communities e.g. social movements

# Where to start...



*Figure 7: Steps to taking a whole system approach to community-centred public health*

# What difference does it make...

The majority of sites we interviewed were able to report outcomes and there were a range of approaches used or planned by all to evaluate impact.

This included:

- producing local population data on community wellbeing outcomes, such as a sense of purpose
- analysing changes to nationally available outcome data on population health, such as impact on behaviour change, social connectedness of social care users
- gathering qualitative data on what led to change, through case studies, storytelling and interviews
- measuring intervention outcomes in relation to community wellbeing in services, such as being well connected and mental wellbeing
- collecting process indicators on the outputs of services and trends in service demand, such as numbers of projects funded and number of referrals made
- mapping community assets to measure capacity and changes over time
- analysing return on investment and social return on investment of interventions, for example £500k savings from delayed social care costs
- using logic models to demonstrate impact through measuring inputs, outputs and outcomes
- developing evaluation frameworks to provide a comprehensive approach to measuring short, medium and long term outcomes through different quantitative and qualitative data

# Conclusions and recommendations (1)

1. In order to reduce widening and persistent health inequalities, a radical shift is needed to put communities at the heart of public health practice, through community-centred approaches to delivery, addressing the community level determinants of health and fostering greater citizen participation in public health planning, delivery, evidence, research and policy.
2. Local authority directors of public health are in a strong position to provide system leadership to scale up action across sectors to build healthy, resilient, connected and empowered communities, in order to reduce health inequalities and meet other system priorities.

# Conclusions and recommendations (2)

3. The elements, values and principles summarise current whole system practice that could be further adopted by other areas to improve the effectiveness and sustainability of action to build healthy communities. Findings could be further tested with localities as a framework for taking a whole system approach, or as part of other frameworks (see Annex 4).
4. Communities are a central part of the public health system and these findings could be adopted to embed community-centred ways of working within whole systems action to improve population health. Findings build on the systems behaviours framework developed from PHE's work on whole system approaches to obesity<sup>6</sup>:

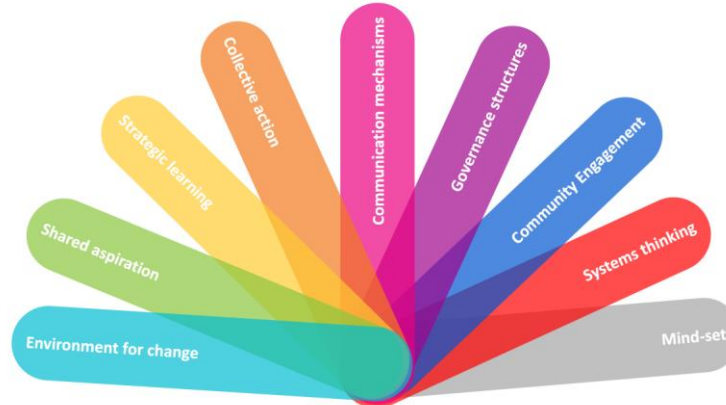


Figure 8: Systems behaviours<sup>6</sup>

# Conclusions and recommendations (3)

5. Any local area, whatever their experience, has the potential to build a whole system approach, and the 7 steps may be a good place to start.
6. It is recommended to use these findings as part of the guidance and tools on place-based approaches for reducing health inequalities, which require action at the 3 levels of civic, service and community.

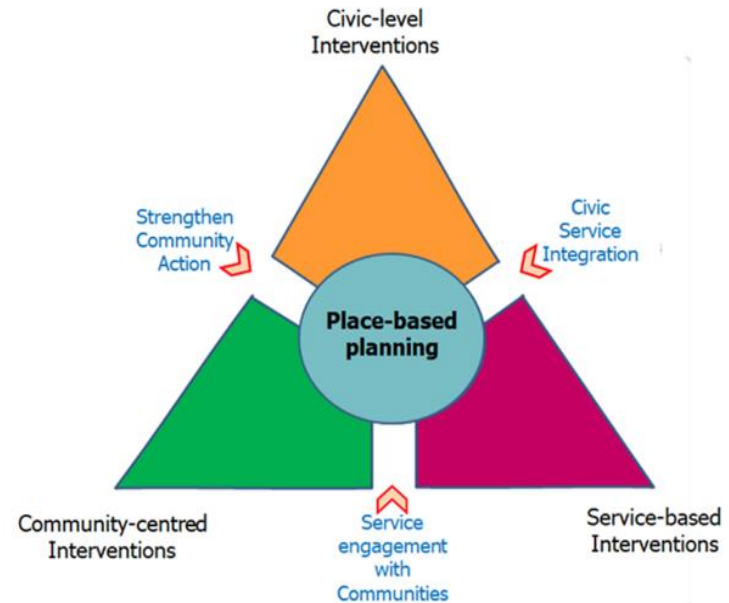


Figure 2: The Population Intervention Triangle (PIT) <sup>1</sup>

7. Implementation of the findings can be supported at the national level through building knowledge and intelligence on the outcomes that matter to communities, and the interventions that improve them and contribute to reducing health inequalities.

# Acknowledgements (1)

The following organisations were directly involved in the development of this work:

Blackburn with Darwen Borough Council

Bracknell Forest Council

Dudley Metropolitan Borough Council

East Sussex County Council

Gateshead Council

Hull City Council

Northumbria University

North Yorkshire County Council

Oldham Council

PHE People's Panel

Tower Hamlets Council

Voluntary, Community & Social Enterprise (VCSE) Health & Wellbeing Alliance

Wellbeing Exeter

Wirral Council



# Acknowledgements (2)

The task and finish group responsible for overseeing the development of this work were:

Jude Stansfield, National Advisor (Public Mental Health), PHE

Professor Jane South, National Advisor (Communities), PHE

Tom Mapplethorpe, Programme Support Officer, PHE

Mark Ewins, Head of Health Inequalities, PHE

Terry Blair-Stevens, Public Health Consultant in Health & Wellbeing, PHE

Nicky Saynor, Health & Wellbeing Manager, PHE

Michelle Mancini, Health & Wellbeing Support Manager, PHE

Clare Robson, Programme Manager (Children, Young People & Families), PHE

Jamie Blackshaw, Team Leader (Obesity & Healthy Weight), PHE

Margie van Dijk, Senior Scientific Officer (Obesity & Healthy Weight), PHE

Sarah Skerten, Head of Strategic Engagement & Partnerships, PHE

Deborah Millward, Strategy Team, PHE

David Buck, Senior Fellow (Public Health & Health Inequalities), King's Fund

# Acknowledgements (3)

We would also like to acknowledge the following people who were integral to the development of this work:

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Catherine-Rose Stocks-Rankin

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Clare Perkins, Deputy Director (Priorities & Programmes), PHE

Gregor Henderson, Strategic Advisor (Mental Health & Wellbeing), PHE

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Meena Bharadwa, Development Manager, Locality

Paul Ogden, Senior Advisor, Local Government Association

Sean Meehan, Health & Wellbeing Programme Lead, PHE

Sydney Joyce, Department for Digital, Culture, Media & Sport

Tim Elwell-Sutton, Assistant Director (Strategic Partnerships), Health Foundation

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# Annex 1: Lines of inquiry

- i. the definition and scope of whole system within the context of reducing health inequalities;
- ii. the enabling conditions and prerequisites to community-centred public health, along with the barriers and detractors to progress;
- iii. the principles and components of whole system community-centred public health;
- iv. the value, advantages and disadvantages, of adopting whole system community-centred public health;
- v. the alignment of community-centred public health within local system priorities;
- vi. the key actions that local leaders can take to create a community-centred public health system;

# Annex 2: Literature review - summary

Desk-based review confirmed a growing interest in whole system and complex system thinking in public health, both in the UK and internationally.

There are a range of alternative UK frameworks to explain the public health system and support implementation of a systems approach to improve community health.

Further analysis of a systematic review of whole systems approaches to obesity<sup>6</sup>. Ten papers reported links between effective community engagement and success of intervention.

Key elements of community engagement included:

- community empowerment linked to policy change and advocacy
- developing a shared vision, community ownership and mobilisation
- community coalitions to agree priorities and deliver local action plans
- capacity building approach - working with local community organisations and volunteers and community leaders
- health education campaigns tailored to community context and marginalised groups
- a focus on place with attention to cultural issues and addressing health inequalities
- community involvement in research

# Annex 3: PHE People's Panel Survey – summary

In total, 342 respondents completed the survey. Responses were analysed by the Centre for Health Promotion Research, Leeds Beckett University<sup>18</sup>. Three quarters (75.7%) of respondents were members, or part of neighbourhood or community groups, e.g. faith-based, social, sport, etc.

Key findings included:

- understanding local needs and priorities, and providing inclusive activities and better infrastructure (e.g. transport, places to meet) were key ways that public services can support communities to flourish
- a range of factors got in the way of or weakened community life, including lack of funding for community activities, disengagement, social isolation, anti-social behaviour, poor communication and communities not being listened to
- four actions for the public health system were:
  1. 'Think local' – co-produce and share decision-making with communities
  2. Communicate and share information about community activities better
  3. Promote healthcare and access to services
  4. Promote the social model of health, i.e. improvements to housing, education, built environment, and reducing crime

# Annex 4: Other whole system frameworks

Explaining the system	Planning, commissioning & delivery	Evidence & practice
Kings Fund – Population health model	PHE - Place-based approaches to Reducing Health Inequalities	Health Foundation – complex systems model of evidence
NHS England – Universal Personalised Care model	PHE – Whole System Approach to Obesity	NHS England Vanguard & Healthy New Towns
Think Local Act Personal - an asset-based area	A Whole New World: Funding and Commissioning in Complexity	Well North
Lankelly Chase – Systems Behaviours	Locality – Keep it Local & economic resilience model	Place Standard (NHS Scotland)
The Health Foundation - Complex adaptive systems	New Local Government Network – The Community Paradigm	Examples in practice <ul style="list-style-type: none"> <li>• Tapping the Potential</li> <li>• Wigan Deal</li> <li>• Bromley by Bow</li> </ul>



# Thank you

<b>Read</b>	<u><a href="#">Health Matters: community-centred approaches</a></u>
<b>Download</b>	<u><a href="#">the evidence guide</a></u>
<b>Share</b>	<u><a href="#">practice examples</a></u>
<b>Apply</b>	<u><a href="#">community-centred practice</a></u>
<b>Do</b>	<u><a href="#">e-learning</a></u>

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