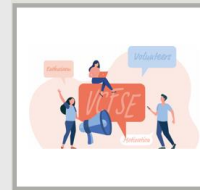


Workshop C: Community Wellbeing, Health & Social Prescribing Workshop

LACVS - LOCAL Project Strategic Launch: A Manifesto for Change



Jointly facilitated by Christine Blythe, Burnley, Pendle & Rossendale CVS (BPRCVS) and Elaine Barker, Hyndburn & Ribble Valley CVS

Notes taken by Carol Port, BPRCVS

36 participants

Introduction: Using a very participatory approach the workshop, which attracted 38 participants, revealed a series of questions that they considered as a starting point for this priority. Through a series of one to one and group discussions an almost overwhelming level of information, ideas, concerns, challenges, and potential actions were developed for consideration at a future meeting.

Local, regional and national organisations that the LOCAL project needs to connect with for future discussions and development of this manifesto priority:

<ul style="list-style-type: none"> The VCFSE Alliance NHS Trusts / ICB GP Surgeries & Clinics / PCNs Integrated Care Partnership Reps Chambers of Commerce Police / Office of Police & Crime Commissioner Volunteers VCFSE sector Ethnic minorities County & Local Authorities District Councils Parish Councils Healthier Fleetwood or similar collaborations Youth Forum District, unitary & Upper tier local authorities Friends of groups ie Greenspaces NHS Provider Organisations Social Care providers Groundwork Academic Evaluators Sustainable food places Food farming Countryside Commission DWP /Job Centre Lancashire Adult Learning Focus groups for citizens Citizens UK Lancashire Citizens 	<ul style="list-style-type: none"> The Faith sector Funders including the Lottery Elected representatives e.g. local MPs CVS's Social prescribers Education - Schools, College & Universities School governors LEA Lancashire Skills Partnership Faith leaders Poverty Truth Commission National Churches Trust Lancashire Wildlife Trust Primary care networks Large employers Public Health Public procurement Soil Association Blackpool volunteer Centre & Blackpool CAN Housing providers People with lived experience Arts Council/Arts Lancashire Active Lancashire Business Improvement Districts (BIDs) Lancs LGBT Lancs BME network Cultural networks ie Lancaster Arts Partnership
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Gaps which are impacting on local communities:

- Access to care
- Activities and support for young people
- Amplifying the role of the citizen / keeping people actively engaged in their community
- Capacity to join up what is already happening
- Carers support
- Collective voice
- Communication with GP's and public on social prescribing
- Community Pride
- Connections between climate, nature & health
- Consultations - listening to communities
- Co-ops, community-led programmes & services
- Empowerment: an approach to ensure the voices of the seldom heard are heard
- Expertise, relevant training & skills specialisms
- Female-specific recovery services
- Foot care
- Funding gaps – not enough especially for offices & vehicles
- Funding including continuum - short-term vision
- Funding opportunities for local projects e.g. from district councils
- Gatekeepers of contracts and resources
- Green social prescribing
- Help for those affected by COVID where opportunities were lost
- Housing (lack of affordable)
- Adequate statutory services
- Lack of collaborative working leading to duplication
- Linking need to funding and service
- Local directory of services that is up to date
- Managing upwards mechanisms to directly influence Whitehall eg National Planning Policy Framework (NPPF)
- Mental health support
- Minority Ethnic groups - many barriers
- Networks
- NHS dentists

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NO CVS on the Fylde Coast – no one to lead the sector locally

Not seeing result or buy-in from the government

Opportunity to connect and consult with diverse groups and community organisations

Poor communication and knowledge within local health authority of local volunteer groups

Poor continuity in delivery due to resourcing

Publicising what's available

Resident centred design

Rural v Urban

Safeguarding training

Salaries

SEND students & adults

Space to share information without having to compete for volunteers or funding

Trust in communities e.g. participatory budgeting

Understanding individual communities – their strengths, key individuals & challenges

Understanding, respect & humanity

Unmet needs – individuals classed as too complex so fall between services

Volunteers

We have excellent people at ground level but are ruled by politics and egos – it doesn't work

Reasons why the VCFSE plays a vital role in supporting community wellbeing:

- Central to community spaces that are accessed by the public so are reachable
- Being inclusive – fighting discrimination & ensuring equality
- Take a more holistic view of health & wellbeing
- Diversity - broad range reaching different groups of people
- Connectivity & networks - VCFSE are well linked and work in partnership to achieve outcomes
- Collaboration with businesses, organisations and service users
- Mental, physical and emotional support through connections and engagement
- Knowledge of the bigger picture and able to find answers & resources
- Less bureaucracy than public sector
- Asset-based rather than deficit-based approach
- Knowledge of local needs & issues – they are grounded and see the reality of people's lives
- Focus on specific needs that can get lost or hidden – can give 1:1 or individualised help
- Reach & engagement with residents, communities and congregations
- Sharing best practices, information and skills

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- Can help to provide earlier support that impacts on health – protective factors
- Creating volunteer opportunities and friendships
- Filling gaps / doing work that the statutory sector should do
- Creative responses to community need because they don't have the same constraints as some other organisations so they are free to innovate
- Lived experience, they listen and are TRUSTED
- Cost-effective - money works differently to Councils or government

Our health care systems are under increasing pressure. Is the direction of travel clear to you in your role/capacity?

- NO x 8
- I don't know x 3
- Maybe
- YES x 2
- Yes I am clearly focused on delivering safeguarding and training related to child exploitation & abuse with government reports & research identifying stats, needs, issues but what's happening locally?
- I understand the issues but not how they are addressed
- Yes! Downwards – too many people too few working to pay for it
- Downwards – vulnerable people falling through the gaps Why?
- I know what is going in at a PCN level but not at an ICP or ICB level
- Use training services in local communities such as free courses to help prevent conditions
- ORGANISE AN LACVS LOCAL WORKSHOP ON THIS
- Not enough natural healing & diet related training for doctors
- Better salaries needed to recruit the best people to solve these issues
- Very little sign of a plan that is visible to bring the system together
- Every day is a new acronym or a new network – it's very confusing
- I don't know what good looks like – what is the ultimate aim? How will it look ideally? It's an unknown currently
- Who will listen!?
- Not sure who the system belongs to?
- Definition of health & care – lots of answers sit outside the system
- How do we access decision makers?
- Reactive rather than proactive/preventive
- Understanding where the pressure points are
- Need better communication of support in local areas
- Educate people better about what is available to understand better

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What community wellbeing means to participants and the people they are involved with:

- Local services to meet people's needs, easy to find and easy to access without a wait
- Equal opportunities for people to get support
- Keeping people safe, secure and warm with basic needs met
- Helping people learn the skills to help themselves
- Good food for people, places & the planet
- Being able to reach the people that need the courses we deliver
- Supporting people to feel positive about their future with employment and integration
- Keeping buildings open and in use for everyone
- Good health care with physical, mental, sexual, emotional & psychological needs all met
- Healthy connectivity with services and communities, feeling like your voice is being heard and that folk understand what you are saying and care – nobody isolated or lonely
- Recognising community assets
- Feeling able to live your best life, realise your potential & access a variety of opportunities
- Equality, courage, hope, possibility, integrity, choice
- Healthy, confident individuals with aspirations
- Thriving, flourishing, resilient communities
- Fulfilment and happiness
- Better than basic, having money for extras
- People are empowered, in control of their lives & connected
- Improving good longevity - healthy aging. Good life, good death
- Not needing a medical referral as response to the need is met in the community
- Access to essential support services led by those who understand local needs
- Communities who are proud of where they live
- Free at the point of service activities – social, health, inclusive
- People care, look out for each other in times of crisis, like the pandemic, and go out of their way to help
- Having a quality of life that means that they are thriving rather than surviving
- Communities that share knowledge, abundance, skills and self-police

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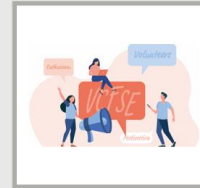


What a Lancashire 14 social prescribing programme should look like:

- Big question- need time to unpick
- CVS like Burnley – It works, it’s tried and tested, just needs tweaking over time absorbing the other social prescribers into it until it becomes one organised & coordinated body. Results will better protect & support the individual
- A green social prescriber in every location
- Consult and involve a diverse base of key stakeholders and communities. Involve local people should be involved in informing the programme of how it should be run ie those who have been through it
- Collaborative project – council, NHS & 3rd sector – staff based across the 3 partnerships
- Funding for the community groups to be an integral part of the Social Prescribing programme
- Well-funded and resourced
- Community led and with a relationship with community networks including faith networks
- Not a tick box
- Ability to be dynamic and creative in its problem solving
- Connected from top to bottom ie from strategy to delivery
- Based in the community – can go to the people, use local services and community knowledge
- Fully inclusive for all members of a community
- Empowering people, giving them choices
- Coordinated, durable & consistent
- Referred to community assets stronger communities & connections
- Better channels for referrals
- NOT prescribing!
- They should all have the same standard process throughout Lancashire but they will all have their individual focus & priorities based on the communities they serve
- They should have a programme of non-medicinal courses/activities that patients across Lancashire can be referred to for self-help or prevention
- Work to focus on those communities hardest hit by poverty and who most lack provision at present
- Fair and equal access across the whole of Lancs – not a postcode lottery based on where you live
- Fit for purpose in that locality is not necessarily one size fits all, because what else is available that links?

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Other LOCAL, PLACE or Lancashire 14 wide issues that should be the focus of the local/community boards/forums:

<p>Safer Communities & PACT meetings Social Care Lancashire Citizens listening project Listening to what's there in communities Infrastructure support for community groups Stop talking shop and take action Community voices need amplifying Awareness & profile of brilliant work in the community isn't seen or heard enough A local forum to bring groups together across the area to discuss the issues and listen to the residents Joint procurement eg school food Education & Skills services Social isolation everywhere Mental health</p>	<p>Recognition Young people Access to free and good quality cultural experiences Anti-social use of green spaces Skills shortages Lack of professionals Environment & Climate awareness Church closures & churches in crisis Community resilience Climate change Taking proactive approach to safeguarding to prevent exploitation and abuse Joining up capacity and work streams so we all know who is doing what where</p>
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To develop a working group we need:

- Clear purpose and vision ie what is the intended outcome / impact?
- Needs an agenda & a time frame - Task & Finish – productive way of working
- Have identified action points and ensure you action them
- Undertake a full project spec to identify the right players, ensure diverse voices are heard
- People need to feel valued and that their contribution is worthwhile, give them something e.g. food
- Not creating unmanageable levels of additional work for members
- Use community networks, locals accessing services and with lived experience plus key influencers from that community, charity leaders and local organisations
- Initially, we need people on the ground to bring issues to the fore, then we need the funding
- Do we need another? Instead, use / organise those that are already talking & doing
- Join Lancashire Citizens
- To show the value of individual contributions, capture voices in an audible, visual format and share
- Use a website with discussion and update area drop in talks
- Use social prescribers & the groups they set up
- Involve LCC Community team

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- Use existing NHS groups eg PPGs & PALS (hospitals)
- How do you improve the formal mechanisms in health, ie patient liaison, to be more representative?
- Pay for consultancy if needed
- Fund networks. May need to resource the right people
- Communication, spread the word – tell people it is secret
- Start small – pick a challenge in a ward/neighbourhood and jointly address it, Pick the people dependant on the issue
- Not always doing the same. Take risks, be brave.
- Listening in the community ie schools, doctors etc
- Don't call people beneficiaries – the language we use is important – call them people
- Don't like the term social prescribing
- Do we know what we are really meant to be asking?
- Hopefully, it's not going to be politically driven and that its going to be bottom up
- Everything is political that affects people
- Can we create an online forum where all can access, take part, share everything that's happening?
- To be honest about limitations
- Statutory organisations are not able to be as flexible as the VCFSE
- Clarity what LOCAL is for and how it connects to the Alliance etc
- Food addresses multiple outcomes and needs more focus across LOCAL

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SUMMARY:

As most participants were keen for this priority workshop to be built upon, they identified suggestions (possible draft terms of reference) about how a future working or task and finish group could be made manageable going forward.

Q How do we develop a working group?

There needs to be clear objectives for the group with vision, aims, purpose and outcomes.

There needed to be an agenda and timescale with manageable levels of additional work using virtual online resources.

It was recommended to start small.

The groups would need to include the right people – a diverse range of voices including a community network of people with lived experience and key local influencers, but all involved needed to feel valued and that their contribution was worthwhile.

Other factors to consider would be that the working groups should not only listen but act using people power to make change and that maybe some incentives may be required like tea, coffee & food.

Finally, It was questioned as to whether more working groups were needed or whether energies would be better employed in joining or organising those who are already talking and doing?

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The workshop also produced a list of potential actions, to be consider at a future meeting:

- i. Delegates don't want to just talk about issues they want to take action to bring about lasting change.
- ii. Explore ways to create better lines of communication across the VCFSE sector but also into the public sector and to individuals in the community.
- iii. How to balance the inequalities created by locality including between the rural and urban locations
- iv. Lobby for a well-funded standardised model for Social Prescribing across Lancashire
- v. How to help to address the skills gap by education and training with more professional development, ways e.g. how to build community resilience and evaluation and impact reporting for funders.
- vi. Explore how to fill the gaps for VCFSE sector who have no infrastructure organisation to help and support them.
- vii. Work to promote collaboration and partnership working across sectors
- viii. Address the issues at neighbourhood levels with neighbourhood project.
- ix. Explore creating a network for funders.
 - x. Research and evidence the link between green spaces and better health outcomes.
 - xi. Create a panel of a cross section of community members with lived experience.
 - xii. Only create new working groups and explore joining or facilitating other existing groups to add to add value to their groups.
- xiii. Plan long term to make change and leave a tangible legacy

FURTHER INFORMATION & LINKS:

- UCLan Social Prescribing Unit
<https://www.uclan.ac.uk/research/institutes/interrelate/social-prescribing-unit>
- National Academy For Social Prescribing
<https://socialprescribingacademy.org.uk/>
- VCFSE Sector Manifesto for Lancashire 14
<https://www.locallancashire.org.uk/wp-content/uploads/2024/01/A-VCFSE-Sector-Manifesto-for-Lancashire-2022-6.pdf>
- Media from the event
<https://www.locallancashire.org.uk/strategic-launch/>