Director of Public Health Annual Report 2023/24

SOUTHAMPTON
CITY COUNCIL

Contents

FOREWORD FROM
Dr Debbie Chase

This represents my fourth annual public health report, and having focused on COVID-19, health inequalities and the workplace in previous years, it's timely I now focus on the 'heart' of our city; our communities, and how taking a community-centred approach can protect and improve health and wellbeing. In fact, all my previous annual reports recognise the ability of communities in achieving this as a building block for health, but this report gives communities centre stage and offers recommendations to enhance the power of this approach in Southampton.

Communities are a coming together of people, perhaps with shared values and/or purpose, of experience and/or place. They have a shared identity and can be strong influencers of health and wellbeing. This can be through achieving social connectedness, through different activities such as physical activity and most importantly through building confidence and self-esteem. This in turn can build capability and independence.

What this report describes are the ways in which community-centred approaches can be achieved, alongside case studies of approaches already underway or being developed in our city. We have some wonderful community assets, be they community groups, voluntary sector organisations, parks, cultural opportunities and buildings and there are examples of harnessing these and the vibrancy and opportunity that has come with them. What I am seeking to achieve with this report is identifying more of these assets and further developing those community strengths.

This report includes learning from other areas in the country. Places where a long-term strategic commitment has been made to ensure a community-centred approach and evidence to date shows the benefits of this, not only in improving life chances for residents but also in more efficient use of finite public sector funds. This is what I am seeking for Southampton through the **'Community Prevention Transformation Programme'.**

It is timely that we focus on a community-centred approach, given the challenges for our health and care system and what we know about increasing health inequalities and their impact in Southampton. Our city is fortunate to have many great assets, it also now has a **Health Determinants Research Collaboration (HDRC)** to provide an infrastructure for evidence informed decision-making and working with communities to reduce health inequality. I look forward to working with you all, and most importantly our communities, in helping achieve health equity for our city.

Dr Debbie Chase
Director of Public Health,
Southampton City Council

The heart of our city; our communities

FOREWORD FROM

Rob Kurn

When we think of health, our minds naturally fall to services that treat and care for us when we are ill, like our wonderful NHS. However, overall, we spend little time with our health care services, and whilst they offer vaccines, health checks and other preventative measures, their impact on "health creation" is limited.

Our "health" is created through the quality of the "building blocks" of health that we experience – through our homes, our communities, our work, the food we eat, the recreation we take, our education, and environment. Therefore, it is commendable that this report focuses on the role of communities in creating health, as these are where we spend much of our time.

Unfortunately, all is not equal within Southampton's communities. Our experiences of the building blocks of health differ greatly across our neighbourhoods, with men and women in our least affluent neighbourhoods living on average 8 and 3 years less, respectively, than those in the most affluent areas. Similar discrepancies can be seen within the city's global majority population, driven by the chronic stress of discrimination, both seen and unseen.

Despite these disparities, quite rightly, this report is optimistically framed. Because it focuses on the community assets we have that can make a difference. The organisations, the informal groups and clubs, the volunteers, the buildings, the knowledge and skills, the sense of place and local pride, creativity and leadership that is evident across Southampton. These are assets we must harness, and build on, to create greater health. Across the city we see examples of communities doing things for themselves; whether driven by faith, or personal belief in equity, diversity and inclusion, and a sense of social justice - they are all examples of civil society in action.

An important aspect of the community-centred approach outlined in this report is enabling communities to be a driving force in local decision making. We have groundbreaking local examples of how communities are shaping decisions through peer research programmes, coproduction projects, and citizen panels.

The city is now afforded the opportunity to build on this work, through the five-year [Health Determinants Research Collaboration](), outlined in these pages, which will ensure that local people are at the heart of priority setting. As a person born and bred of the city, this is an exciting time to be working for change, and improved health, in Southampton.

Rob Kurn
Chief Executive,
Southampton Voluntary Services

FOREWORD FROM

Councillor Marie Finn

In Southampton we have many exciting and diverse communities. I am delighted that we will be focussing on different ways that services can work with local people as equal partners so that we can recognise our communities as assets and support them to grow and thrive.

It is important to us that our communities are strong, and that people get a real voice in local decision making and that we build trust between us all. We know that our social connections can make all the different to how we feel and how healthy we are. Community collaboration makes us all stronger. This report shows many examples where services and communities are working together, building strong relationships and trust to improve lives and support good health and wellbeing. This enthusiasm and creativity is inspirational in showing what is possible when a council works with local people as equal partners.

Thank you to everyone across the city who has shared their fantastic work, and I look forward to seeing the recommendations carried forward for all our benefit.

Councillor Marie Finn
Cabinet Member for Adults and Health

FOREWORD FROM

Councillor Houghton

By recognising the impact of where we live, as well as our experiences, the Director of Public Health makes a compelling case for community solutions to improve health outcomes. The examples cited in the report are a valuable insight into Southampton communities who have already improved the health of their communities, by working hard to support each other. To make the most impact, we need to bring individuals and communities with us, ensuring local understanding and ownership of solutions, while also supporting these communities by giving them the building blocks of support and investment.

Councillor Houghton
Shadow Cabinet Member for Adults and Health

Background

WHAT CREATES GOOD HEALTH?

For a community to thrive, the right building blocks of health need to be in place. Jobs, access to education, homes, public transport, social networks - it is these building blocks that enable the conditions for good health[1]. When any of these blocks are missing, people are put at a disadvantage. They are less likely to achieve good health and lives can be cut short.

While access to good healthcare (e.g. GP care or hospital services) is an important block in supporting health, this is just one part of the picture. Much of what impacts health in Southampton and beyond is influenced by the communities in which we live.

Social connections with friends, family and communities are one vital component. Evidence shows that when people have strong supportive networks, they are more able to meet challenges in life and less likely to rely on other coping mechanisms, or experience poor outcomes. In other words, people who are part of strong communities are more resilient.
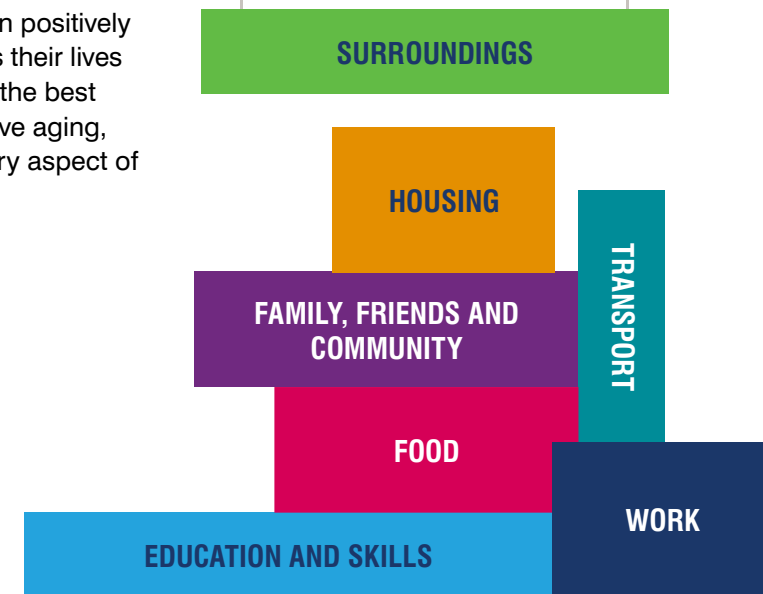
Being disconnected from friends, family and their communities, can create the conditions for loneliness and social isolation which may have a damaging impact on health. Recent studies have found poor social relationships were associated with an increased risk of heart disease and stroke (30%)[2], in addition to an increased risk of mental health disorders[3], and dementia (50%)[4]. Studies have also shown people who are lonely overall die earlier[5] and this could have the same impact as smoking up to 15 cigarettes a day[6].

Having strong social networks and connected communities can positively influence individuals across their lives from helping children have the best start in life, into healthy active aging, and can impact almost every aspect of their lives.

What is a community?

A community can be defined by geography (e.g. the city of Southampton), a culture, faith, or language, a set of shared values or experiences, or another characteristic. A community's identity is not fixed - how a community defines itself may change over time, and people can be part of many different communities.

SURROUNDINGS

HOUSING

FAMILY, FRIENDS AND COMMUNITY

TRANSPORT

FOOD

WORK

MONEY AND RESOURCES

EDUCATION AND SKILLS

ENGAGEMENT AND EMPOWERMENT

Enabling communities to have a voice in decision-making and in how resources are used can empower people to have more control over their lives[7]. This can happen through development of individual self-efficacy and self-esteem, and through mobilising resources, building confidence and energy as a community.

Involving communities in this way can ensure the best use of resources. Better intelligence can be gathered to paint a fuller picture of what's happening on the ground and systems can be designed around groups of people. While increased feelings of ownership can improve use or uptake, and long-term sustainability can be supported. Finally, additional holistic approaches i.e. those in the voluntary and community sector, can be identified.

For example, better understanding why a community is not physically active may result in finding out why local parks or green spaces aren't being used. This insight could then help identify solutions that not only improve physical activity levels but also increase community cohesion, feelings of safety, social connectedness, and reduce crime and vandalism.

Although all members of a community can benefit from increased involvement in decision-making, those from typically excluded groups and those at greatest risk of poor health can particularly benefit. What matters most to these groups can be prioritised and what is needed to create change in these seldom heard groups is better understood. In addition, potentially overlooked or unrealised assets in a community can be fully developed and supported to benefit community members.

CONTROL & VOICE

CONFIDENT & CONNECTED COMMUNITIES

EQUITY

SOCIAL CONNECTEDNESS

WHAT ARE COMMUNITY ASSETS?

Southampton has many different communities and all of them have strengths or assets that support people's health and wellbeing.

Some assets in our city are well known, such as physical buildings, while others can be harder to recognise, such as skills, knowledge, and networks or social connections.

Types of community assets

The skills, knowledge, and commitment of individual community members

Friendships, good neighbours, local groups, community and voluntary association

Physical, environmental and economic resources that enhance wellbeing

The resources and facilities within the public, private and third sector

WHAT IS A COMMUNITY-CENTRED APPROACH?

Taking a community-centred approach can also be described as taking an asset-based or strength-based approach.

It means identifying and developing our communities' strengths rather than focusing on weaknesses (what's strong, not what's wrong), working together in partnership with individuals and communities (do with, not to and less of an us and them mindset), and looking for the opportunities, not what is missing. It also means aiming to build capability and independence in ways that benefit health and wellbeing and are sustainable (instead of relying on external services and programmes to intervene), and empowering people and communities to have more control over their lives.

Importantly, this approach values and prioritises building strong social networks, relationships, and community life, and the impact these can have on health outcomes.

Working with communities can focus on changing the conditions that can create good health (the building blocks) in local places, rather than treatment of a condition or issue in professional silos.

This is an approach that promotes working upstream to change the environment and conditions in which people live in our city before a crisis point has occurred, to prevent it from happening, or at least lessen its impact.

An asset-based approach

✓ Starts with assets in the community
✗ not deficits

✓ Identifies opportunities and strengths
✗ not problems

✓ Sees people as the answer
✗ not an external service or programme to intervene

✓ Focuses on communities and neighbourhood
✗ not individuals

✓ Sees people as having knowledge and skills to offer and contribute
✗ not as receivers or users of a service

✓ Helps people take control
✗ rather than passive and done-to

TACKLING INEQUALITIES

> "To improve health inequalities, social connections need to be strengthened and resources within communities mobilised across the social gradient"
>
> **Fair Society, Healthy Lives**
> The Marmot Review, 2010[8].

This was one of the recommendations from the Marmot Review, a pivotal report on inequalities in England that is often referred in work aiming to improve equity in health and wellbeing.

In the context of the Marmot Review, this recommendation means that communities at greater risk of poor health outcomes need to be prioritised in terms of support, over other groups who are already achieving better health. Such as starting with these communities first to identify and build their assets.

Creating and developing healthy and sustainable places and communities is one of the eight principles that an area must adopt to become a 'Marmot Place' - a movement to reduce health inequalities that was created following the Marmot Review[9].

In chapters 3-5 of this report, the different ways people, groups and organisations can help strengthen social connections and mobilise assets to create healthy communities is discussed, through using a community-centred approach.

HDRC SOUTHAMPTON:
BETTER EVIDENCE, BETTER DECISIONS

Southampton City Council is one of thirty local authorities across the UK to be awarded funding from the **National Institute for Health and Care Research (NIHR)** to establish a Health Determinants Research Collaboration (HDRC).

The purpose of this funding is to help use and generate evidence to make better decisions relating to the building blocks of health.

Over the next few years, HDRC Southampton will be co-producing research priorities with communities and jointly applying for funding. If successful, communities can get involved in the research (with appropriate skills development) and work with partners to implement the findings to improve outcomes and reduce inequalities.


NIHR | Health Determinants Research Collaboration Southampton

Better evidence, better decisions.

data.southampton.gov.uk/research/hdrc-southampton/

WHY ARE COMMUNITY-CENTRED APPROACHES SO IMPORTANT?

There is an ongoing need to shift towards creating and building health in communities rather than only aiming to prevent and treat disease. Taking a community-centred approach has the potential to benefit individuals, communities and organisations.

Individuals and communities can benefit from improved health outcomes through increased social networks, internal capability and control, as well as having environments, external services and programmes better designed to meet their needs. While different people, groups and organisations do and can benefit by making the best use of their resources to achieve those better health outcomes - through prioritising most at risk groups, designing more effective and sustainable solutions to meet real need, and through intervening early to prevent downstream crisis.

This approach still considers need or 'what's wrong' but does so with communities in partnership, and alongside assets or 'what's strong'. Population health data and a strong evidence base will be needed to determine the who, the what and the where. **HDRC Southampton** will facilitate this evidence informed decision-making on factors that influence the building blocks of health. What we do and how we do it should be based on a community-centred approach. Evaluation to capture what is working to improve health and wellbeing, what is not, and what needs to change is vital to inform future work and will be supported through HDRC Southampton.
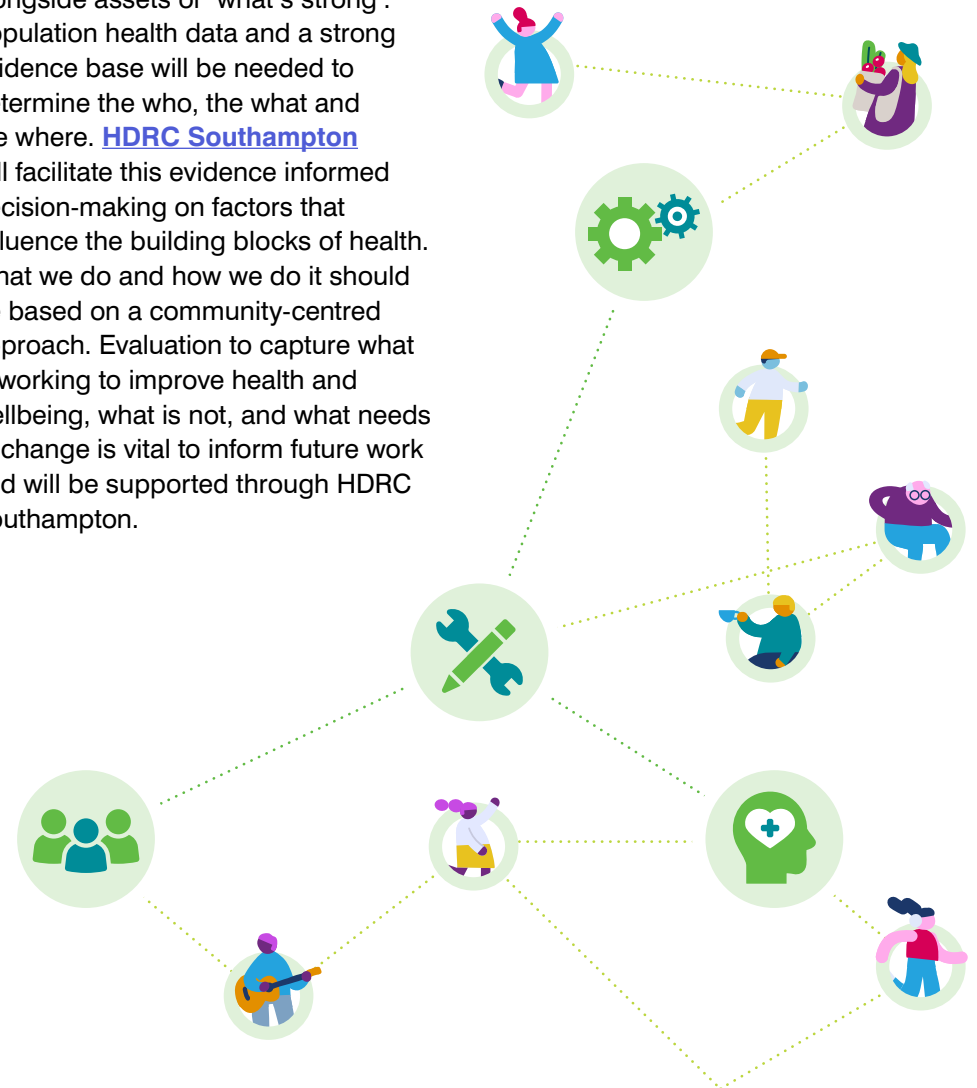
Health & wellbeing of Southampton

Southampton is a vibrant, hard-working city located on the south coast as a bustling global seaport. It has a rich cultural heritage, reflected in its medieval buildings, museums, theatres, and galleries.

Our city is home to international businesses, including those based around the port, two high ranking universities, Southampton and Solent, a leading research and teaching hospital trust, and a Premier League football team, the Saints.

Southampton Common, our city's largest green space, measures 168 football pitches in size. It is just one of the 200 green spaces in the city, including parks, gardens, recreation grounds and ecology areas. Of Southampton's 55 parks, 11 have achieved national Green Flag Award status.

The rivers Test and Itchen run alongside and cut through our city respectively, providing access to Southampton's blue space, as do our city's many marinas, such as Ocean Village.
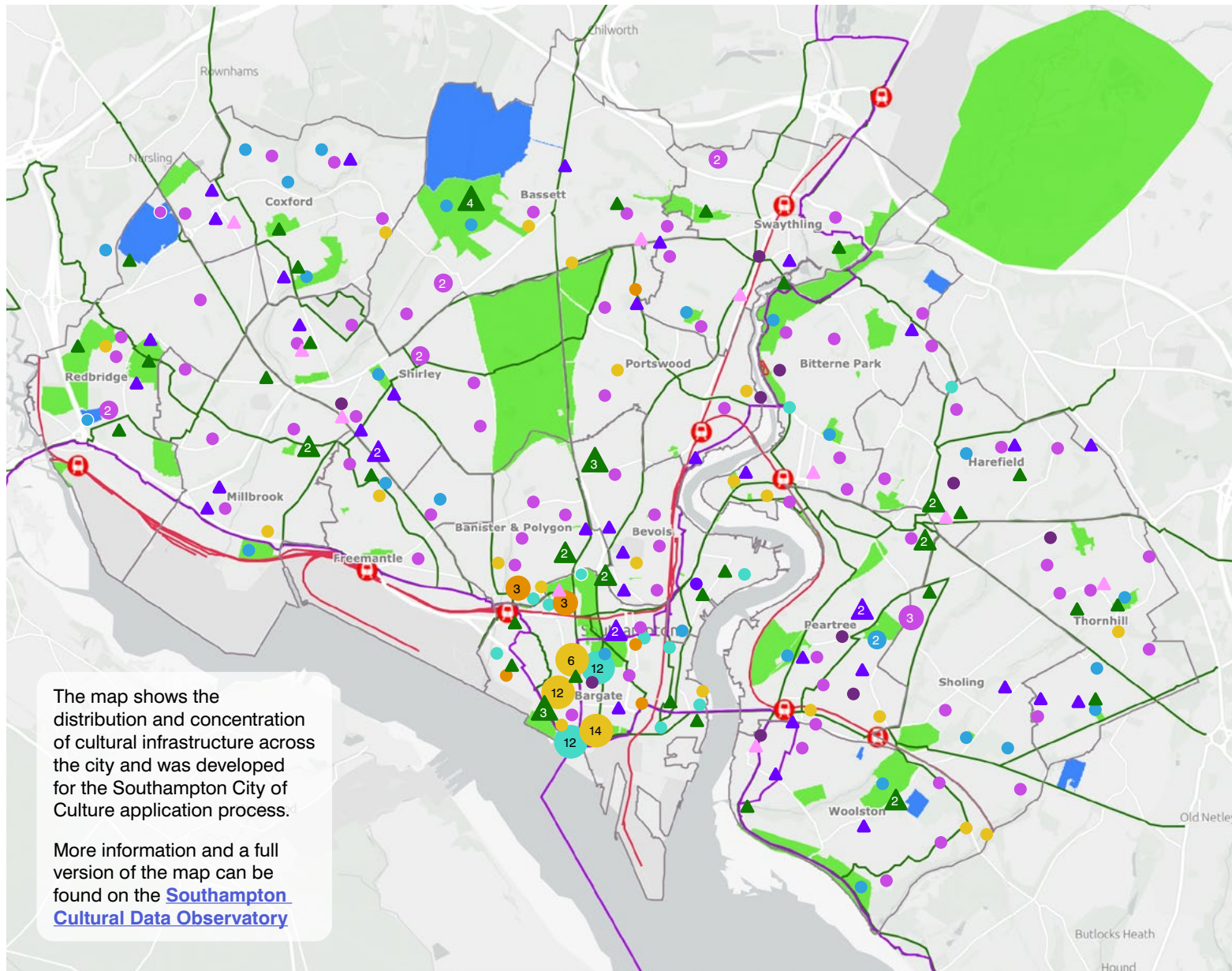
CULTURAL INFRASTRUCTURE IN SOUTHAMPTON

The map shows the distribution and concentration of cultural infrastructure across the city and was developed for the Southampton City of Culture application process.

More information and a full version of the map can be found on the **Southampton Cultural Data Observatory**

Legend:

- ▲ Gymnasiums, Sports Halls and Leisure Centres
- ▲ Halls and Community Centres
- ▲ Libraries
- ● Museums and Public Galleries
- ● Scheduled Monument
- ● Schools
- ● Social Clubs
- ● Sports Grounds, Stadia and Pitches
- ● Theatres and Concert Halls
- ● Youth Organisations
- ● Railway Stations

Numbers inside the shapes indicate multiple of the same infrastructure within a close proximity

- —— Railway Lines
- —— National Cycle Network
- —— Cycle Routes
- ▮ Public Parks
- ▮ Public Sports Areas

A SNAPSHOT OF SOUTHAMPTON

3 LOCALITIES
West, North & Central, and East

17 Electoral Wards

NEARLY 265,000 PEOPLE

- 68% White British
- 13% White other
- 11% Asian or Asian British
- 3% Black, Black British, Caribbean or African
- 6% Mixed, multiple ethnic groups or other ethnic group

Hello
Salut
Olá
Cześć
你好
Hola
مرحبا

NEARLY 160 LANGUAGES ARE SPOKEN
English is the main language spoken by over 8 in 10 residents followed by Polish, Romanian, Chinese, Portuguese

Of people who are economically active
4 IN 10 HAVE A DEGREE level qualification or higher

1 IN 4 HAVE AT LEAST A-LEVEL or equivalent qualifications or higher.
Higher than both the South East and England averages (20.7% and 20.3%)

People who live and work in our city are PAID £2,624 LESS per year than people who travel into our city for work and live outside it
£33,101 vs £35,735 average wage[11]

THE MEDIAN HOUSE PRICE is the most affordable in the South East

More affordable than the England average
7.61x vs. 8.18x annual median income

ⓘ This picture is similar when looking at rental prices vs monthly earnings, compared with the England average.

JUST OVER 1 IN 5 DWELLINGS have been retained as **council owned** or housing association owned dwellings
Compared to 1 in 7 in England

Skills and employment
Southampton is similar to the South East and the England averages

NEARLY 8 IN 10 working age population (aged 16-64) **economically active**

1 IN 25 are unemployed[11]

98%

Nearly everyone has access to **A LOCAL PARK OR GREEN SPACE** in our city within a 10-minute walk
Nearly half are less than a 5-minute walk.

ⓘ However, according to national guidance **there isn't enough green space available per person for our city**[12]

Not everyone feels safe in these spaces. **Only 65% and 56%** of men and women feel safe in parks during the day.
25% & 8% AT NIGHT for men and women[13]

SOUTHAMPTON'S YOUNG DEMOGRAPHIC

NEARLY 1 IN 5 PEOPLE are aged between 16-24 years
COMPARED TO JUST 1 IN 10 IN ENGLAND This is largely due to Southampton's student population

NEARLY 1 IN 7 PEOPLE are aged over 65 years
COMPARED TO NEARLY 1 IN 5 IN ENGLAND[11]

Source: Southampton Data Observatory (11, 12, 13)

A SPOTLIGHT ON SOCIAL CONNECTEDNESS

Southampton is made up of many strong, connected communities, who overall feel belonging, trust and safety within their local area[13,14].

Within Southampton, local surveys have shown nearly **8 in 10 (77%)** felt strongly that they belonged to their local area.

77%

People who were Black, Asian, or within an ethnic minority felt most strongly they belonged to their local area **(93%)**, as did those living in the electoral wards of Portswood **(97%)**, Shirley **(91%)** and Bargate **(90%)**.

However, around **1 in 5 (21%)** did not feel strongly that they belonged to their local area[13].

21%

The majority of people **(60%)** agreed that their local area is a place where people from different backgrounds get on well together

60%

This was felt most strongly by people who were from ethnic minorities.

Around **1 in 7 (15%)** disagree that their local area is a place where people from different backgrounds get on well together[14].

15%

Most people (83%) felt that they could ask relatives, friends or neighbours for help, which has increased year on year. Women and people over 75 years were most likely to feel they could ask for help.

83%

Around **1 in 16 (6%)** felt that they did not have relatives, friends of neighbours that they could ask for help[13].

6%

The majority of people felt safe during the day in their local area and in our city centre **(77% and 65% respectively)**. People were more likely to feel unsafe at night in their local area **(48% and 58% respectively)**. People living in Basset, Portswood, and Swaythling felt safest after dark compared with Thornhill and Coxford[14].

Around 4 in 10 people in Southampton **(41%)** had volunteered or given unpaid help to any groups, clubs or organisations in the last 12 months and **more than 1 in 4 (28%)** had volunteered in the last month. People aged 35-44, and those living in Woolston were the most likely to have volunteered. While **around 6 in 10 (59%)** people had not volunteered or given unpaid help to any groups, clubs or organisations in the last 12 months[13].

41%

Nearly 7 in 10 (67%) people reported that they did not feel lonely or isolated in their daily lives. With men, those aged 25-34, and ethnic minorities being the least likely to report feeling lonely or isolated. **Around 1 in 6 (16%)** people reported they feel lonely and isolated in daily life[13].

16% **67%**

Using a variety of different information sources combined, the social isolation risk score was created for all the different areas in our city[15].

COXFORD **REDBRIDGE** **WOOLSTON**
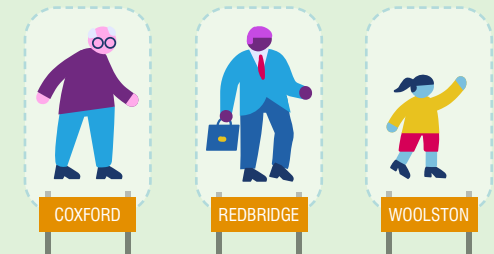
The results showed that **Coxford, Shirely, Millbrook, Woolston and Redbridge** residents rank as being at the highest risk of social isolation in our city. People over 65 years were most at risk of social isolation if they lived in Coxford, while people under 15 were most at risk if they lived in Redbridge. Working aged people (16-64) were most at risk if they lived in Woolston.

HEALTH INEQUALITIES IN SOUTHAMPTON

While Southampton is a great place to live for many, all is not equal.

There are significant differences in the health and wellbeing experienced between groups of people in our city including different ethnic groups, genders, ages, and neighbourhoods.

One method of measuring health inequalities is by looking at health outcomes by an area's deprivation score. This score combines multiple pieces of information about an area, such as people's income, education, employment, health, as well as data about housing, services, and crime.[10]

People living in the most deprived places in Southampton are expected to live a quarter **(24%)** of their life in poor health, compared with just a seventh **(15%)** for people living in the least deprived, who are also expected to live longer.

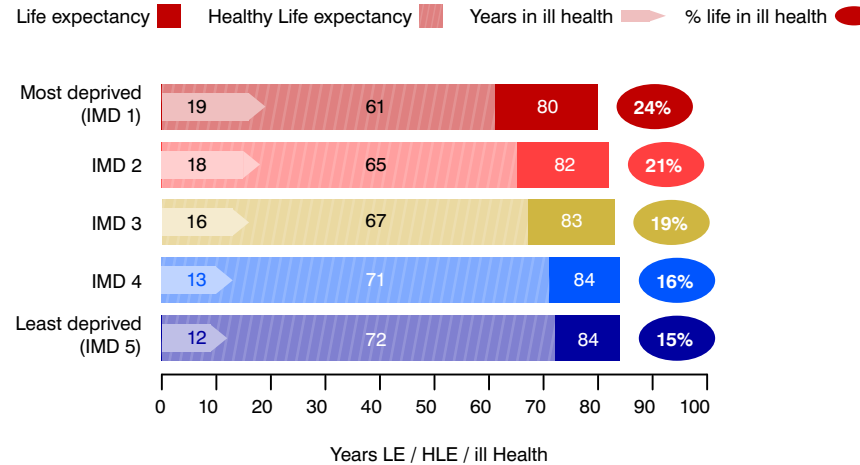For example, women living in Bassett are expected to have nearly 11 extra years living in good health compared with women in Bevois **(70.4 vs 61.2).** Men living in Bassett are expected to have 8 extra years living in good health compared with men in Thornhill **(68.6 vs 60.1 years)**.

The trend is similar for average overall life expectancy. Women living in the most deprived areas of our city are expected to live **3.4 years less** than women living in the least deprived areas. Men living in the most deprived areas of Southampton are expected to live **7.8 years less** than men living in the least deprived. There has been no evidence of this inequality gap in life expectancy narrowing over time.
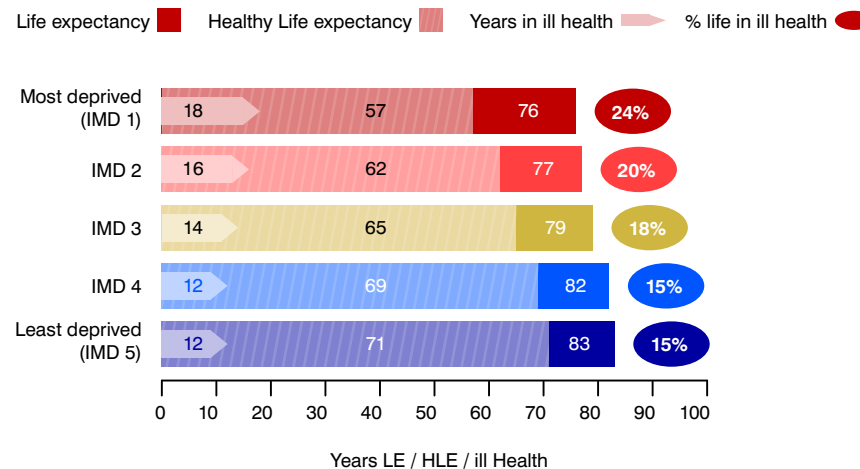

England Deprivation Deciles for Southampton LSOAs, Index of Multiple Deprivation (2019)
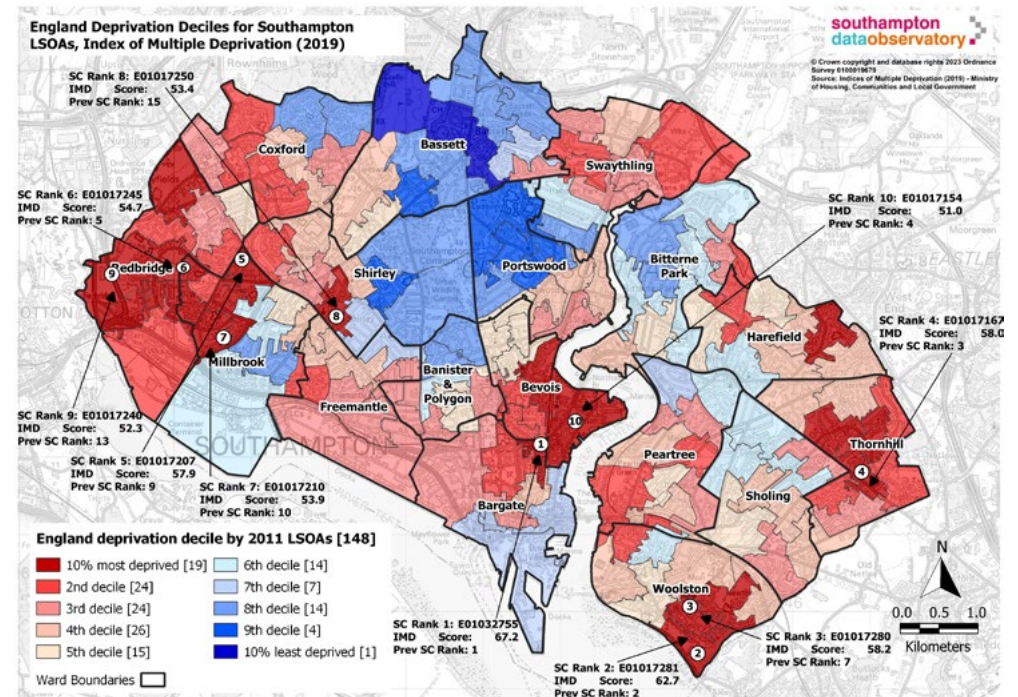
HEALTH INEQUALITIES IN SOUTHAMPTON

Life expectancy compared with healthy life expectancy for FEMALES in Southampton by England deprivation quintiles 2019 - 21*

Life expectancy ■   Healthy Life expectancy ▨   Years in ill health ▶   % life in ill health ⬭

	Years in ill health	Healthy Life expectancy	Life expectancy	% life in ill health
Most deprived (IMD 1)	19	61	80	24%
IMD 2	18	65	82	21%
IMD 3	16	67	83	19%
IMD 4	13	71	84	16%
Least deprived (IMD 5)	12	72	84	15%

Years LE / HLE / ill Health

Life expectancy compared with healthy life expectancy for MALES in Southampton by England deprivation quintiles 2019 - 21*

Life expectancy ■   Healthy Life expectancy ▨   Years in ill health ▶   % life in ill health ⬭

	Years in ill health	Healthy Life expectancy	Life expectancy	% life in ill health
Most deprived (IMD 1)	18	57	76	24%
IMD 2	16	62	77	20%
IMD 3	14	65	79	18%
IMD 4	12	69	82	15%
Least deprived (IMD 5)	12	71	83	15%

Years LE / HLE / ill Health

HEALTH INEQUALITIES IN SOUTHAMPTON

Inequalities for children & young people

There are also stark differences in children and young people's health and wellbeing depending on where they live in our city.

Giving children the best start in life is the biggest influence on their health and wellbeing as an adult. This includes time before birth, their education, how physically healthy they are, and their emotional wellbeing.

On the right is a comparison between children living in the most and least deprived neighbourhoods in Southampton[10].

Smoking in pregnancy (at time of delivery) rates

9.5X HIGHER
(April 2022 to March 2024)

Overweight or Obese weight at year 6

1.9X HIGHER
(2020/21 to 2022/23 pooled)

Overweight or Obese weight at year R

1.3X HIGHER
(2020/21 to 2022/23 pooled)

Achieving 'attainment 8' at key stage 4 (a measure for 8 GCSE subjects including English and Maths)

1.6X LOWER
(2020/21 to 2022/23)

Child protection plans

5.7X HIGHER
(2020/21 to 2022/23)

Children in need

3.8X HIGHER
(2020/21 to 2022/23)

Children looked after

4.5X HIGHER
(2020/21 to 2022/23)

Absence from school

1.8X HIGHER
(2020/21 to 2022/23)

A SPOTLIGHT ON ST MARY'S COMMUNITY

> "
> St Mary's is a unique area in Southampton, the sense of community and family is very apparent.
>
> There is a tremendous feeling of belonging amongst the community and the respect between the different communities. Most people living in St Mary's generally stay in St Mary's for a long time.
> "
>
> **Community Engagement Manager,**
> Stronger Communities Team,
> Southampton City Council

In order to understand our communities, it often useful to look at data and information at a hyper-local level.

St Mary's sits within the Bevois ward of Southampton. It is home to St Mary's church, (where it takes its name), St Mary's Leisure Centre, a Fire Station, two Mosques, Gurdwara, and it sits adjacent to St Mary's Football Stadium, home of the Saints football team.
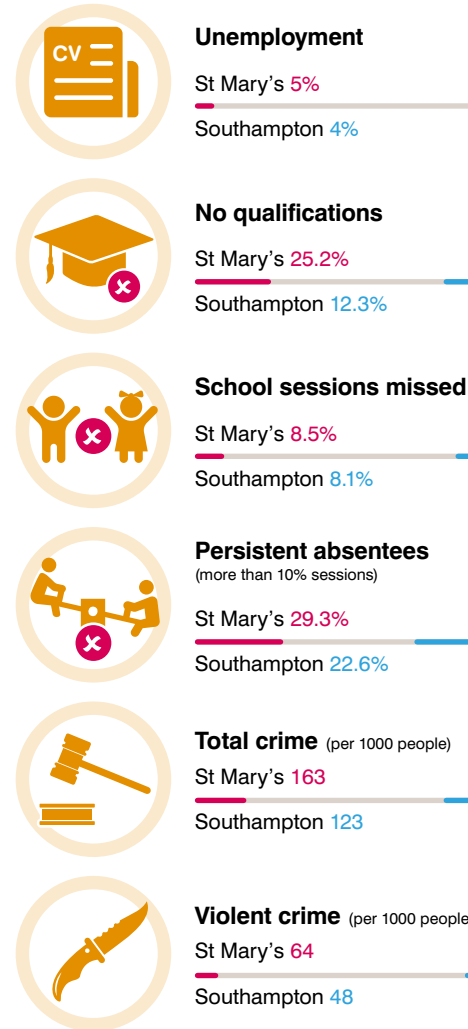
Overall, the community has a very diverse population compared to the Southampton average. In the neighbourhood where St Mary's Leisure Centre is located, 7 in 10 (71.7%) people are from ethnic minorities, compared to 3 in 10 (31.9%) across Southampton as a whole[16].

In the same neighbourhood, the deprivation score for the area is high, and ranks as one of the 20% most deprived neighbourhoods in our city.
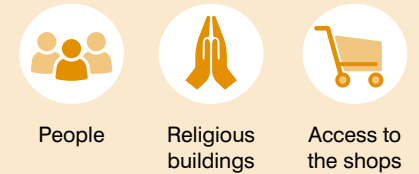
In a local survey for St Mary's[16], nearly everyone asked **(88%) felt good/ positive** about their area with around only 1 in 20 **(6%) feeling negative/bad.**

88%

6%

Below is a comparison between the neighbourhood where St Mary's is located and the Southampton average.

Unemployment
St Mary's 5%
Southampton 4%

No qualifications
St Mary's 25.2%
Southampton 12.3%

School sessions missed
St Mary's 8.5%
Southampton 8.1%

Persistent absentees
(more than 10% sessions)
St Mary's 29.3%
Southampton 22.6%

Total crime (per 1000 people)
St Mary's 163
Southampton 123

Violent crime (per 1000 people)
St Mary's 64
Southampton 48

The top 3 things identified as assets they love in their area were:

People | Religious buildings | Access to the shops

When asked what people would like to see more of in their area the top responses were:

Youth activities | Employment Opportunities | Sports and leisure

Community spaces & social groups

Community-centred approaches

Using a community-centred approach isn't a new idea. There are many different examples in Southampton where these approaches are being used to create positive change for people's health and wellbeing.
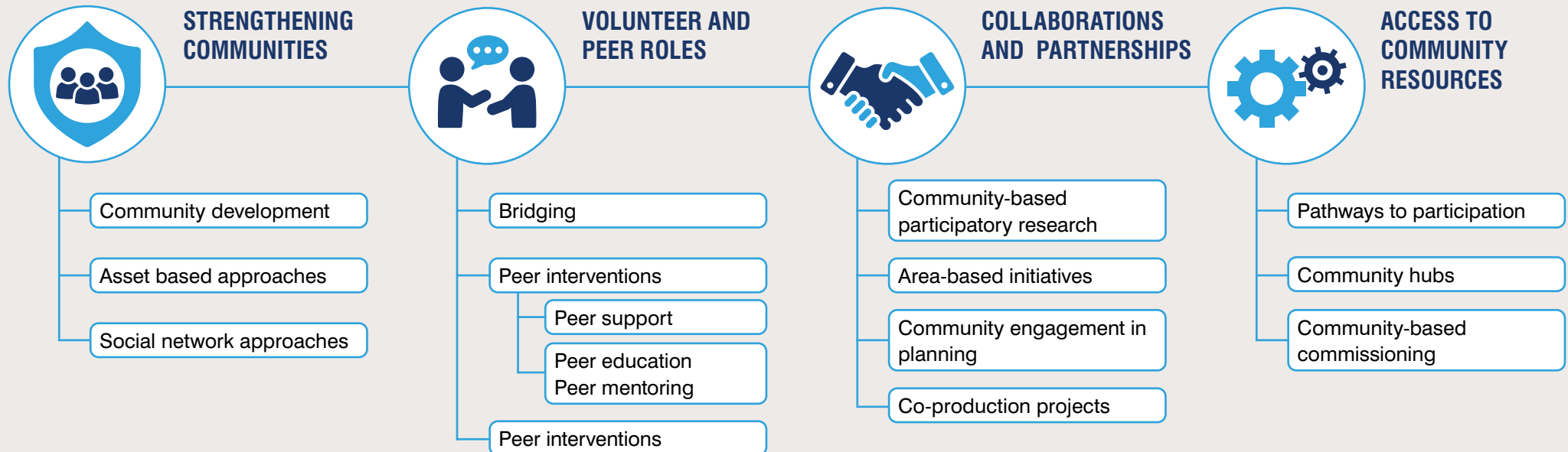
There is no single method for taking a community-centred approach. In 2015, Public Health England (later replaced by the Office for Health Improvement and Disparities) described a 'menu of options' or variety of project types that can be embedded in wider work and activities[1].

Broadly these project types cover 4 strands: those that strengthen communities, those that involve volunteer and peer roles, those that involve collaborations and partnerships, and those that provide access to community resources. The project type chosen will ultimately depend on the aim and resources available in each individual situation, and many projects will overlap multiple of these types.

While there is more work to be done to adopt and embed this approach across Southampton, this chapter highlights and showcases examples of good practice across our city.

Outside of Southampton, many other areas of areas of the UK have been using a community-centred approach to improve people's health and wellbeing. At the end of the next chapter, ten areas of best practice have also been identified and described.

THE FAMILY OF COMMUNITY-CENTRED APPROACHES

STRENGTHENING COMMUNITIES
- Community development
- Asset based approaches
- Social network approaches

VOLUNTEER AND PEER ROLES
- Bridging
- Peer interventions
  - Peer support
  - Peer education Peer mentoring
- Peer interventions

COLLABORATIONS AND PARTNERSHIPS
- Community-based participatory research
- Area-based initiatives
- Community engagement in planning
- Co-production projects

ACCESS TO COMMUNITY RESOURCES
- Pathways to participation
- Community hubs
- Community-based commissioning

STRENGTHENING COMMUNITIES

These are projects that involve strengthening and empowering communities by building their capacity to be able to take action on health.

This would mean that communities at a local level are able to voice and identify their priority health issues and together help create and implement solutions, with the aim of creating supportive and healthy environments in which to live. They typically involve a combination of building community capacity, strong social networks for mutual aid, and community-led activities.

Outcomes

More confident active communities, increased social engagement, social support and extensive social networks.

Community Development Groups

SO:Links

Southampton Voluntary Services (SVS) facilitate communities working together through 'SO:Links' – their local community-led groups across our city. This approach brings local residents, volunteers, community activists, community groups, faith-based organisations, local health and council representatives, community navigators and social prescribers and a host of other people together based on postcode geography.

They are connections designed to share resources and information, both local and city-wide opportunities and help local people have a say in what they want to see in their area. Everyone has an opportunity to suggest themes or contribute to each meeting. They also enable communities to work together on new projects and initiatives, with support from others in the community and from 'SO:Linked' community development workers.

Facilitated by SVS, each community network is led in a different way as appropriate for the individual community.

The SO18 group for example, organise quarterly themed community breakfast meetings to allow agencies and community members to come together to share information and identify gaps in services. At the meetings, attendees get served a free breakfast and get a chance to listen to speakers, pick up leaflets, ask questions and make suggestions. Themes so far have included physical activities, support for unpaid carers, low-cost activities for young people, energy support and support with housing, debts and benefits.

Feedback from attendees has consistently been that these meetings are informative and promote joined-up working.

"It is a great opportunity to network and meet other individuals and organisations who operate within a similar geographical area and who are also aiming to make a difference in the local community."

"Has given me valuable contact information for representatives that I have met at these meetings and insight into what they do."

"Avoid working in a silo, helps shape our vision to support those in our area without duplicating or competing with what already exists."

Asset Based Community Development

Energise Me Millbrook

Energise Me has been working with the Millbrook community in Southampton on what matters most to them. While improving how active residents were, was important for Energise Me, they recognised that this may be a long way down some people's priority lists, and instead started with the priorities of the community.

An asset-based community development (ABCD) approach was adopted, putting communities in the driving seat. From the start, Energise Me spent time understanding what goes on in Millbrook, identifying the assets of individuals, associations and institutions that form the community and stories from people they met.

Their first event – a party celebrating Millbrook at the Saints Pub– brought together people in the community who were already trying to make Millbrook even better. People at the event were given the space to voice things that mattered to them and that they wanted to improve, like having more things for young people to do and reducing anti-social behaviour in their green spaces. Following this event, the community assets were mapped – and it was found that while there were many assets that could facilitate people being active, they were not being used.

Multiple existing groups already in place, such as the Youth Activities and Health and Wellbeing groups, have been used to form a joint approach between organisations already working in the area and the community to share resources, working towards a joint purpose, and focusing on driving positive change.

Positive impacts arising from these collaborations have been:

- Community development training for local organisations including members of Millbrook Matters, who were inspired to take up an opportunity to visit Manchester and see another area's ABCD work first-hand

- Coordinated diversionary activity in response to high levels of anti-social behaviour, particularly at Halloween, reduced incidents from 48 in 2021 to 3 in 2023

- A dedicated housing association community engagement officer became entrusted and embedded, making positive impact within the community, although no longer in post

- Coordinated resident health and wellbeing survey distributed via door knocking with 50-60 responses, which found missing services and access points, and established the preferred methods of communication (a mix of online and offline)

Social Network Approaches

Men's Sheds

The Shirley Men's Shed aims to provide a safe space for (mostly) men to get together to create, converse and connect, thereby combatting loneliness and isolation, and in so doing help maintain and improve their mental health.

Men's Sheds are similar to garden sheds – a place to enjoy making and mending, however rather than working in solitude, Men's Sheds are about social connections, friendship building, sharing skills and knowledge, and laughter. Sheds bring health benefits by encouraging physical and mental activity, and improved wellbeing by providing a way to stay socially integrated in the local community.

The idea for a Men's Shed in Shirley was first discussed in 2018 by a group of like-minded people at St James Road Methodist Church. A committee was formed to take the idea forward, followed by an agreement between the Church Council to give permission to use a spare plot of their land for the building of the Men's Shed. Funding was raised through various fundraising events and grant applications including funding from the National Lottery.

Despite some delays and set-backs including those caused by the COVID-19 pandemic, the foundations for the Men's Shed were eventually laid in spring 2021, and the shed officially opened by the Lord Mayor in July 2022.

Since this time, the Men's Shed has gone from strength to strength. It has now grown to include around 40 members and has even needed to build an additional work shed and a storage shed to cater for new equipment and products made for sale at events and for requests.

The Men's Shed has been involved with projects from local schools and Southampton City Council to make items for environmental projects such as hedgehog boxes, planters, plastic bottle greenhouse etc. Several members have been involved in installing Spitfire plaques in various locations throughout Shirley. They have also supported members socially with trips to Solent Aviation Museum, Christmas meals, sales events and visits from local voluntary groups.

> "I have a long history of mental health issues and struggle to interact with people but find the camaraderie with the members at the shed help we with these struggles"
>
> "As I can no longer drive it enables me to meet new people, make friends and chat"

The Shirley Men's Shed is a registered charity and a member of the UK Men's Shed Association.

VOLUNTEER AND PEER ROLES

These are projects that focus on enhancing a person's capability to work in a paid or voluntary role within their own community to create change.

They would use their own lived experience, cultural knowledge, and social connections to provide advice, information and support. Or they may also organise activities around health and wellbeing. These roles would focus on reaching people who are most in need of support e.g. disadvantaged communities, those that are socially isolated, or with a health condition.

Outcomes

Volunteers may gain skills and self-confidence; communities may benefit from behaviour change, increased social support, or better management of health conditions.

Bridging Roles

COVID-19 Vaccine Champions

Two types of COVID-19 related champions were developed by Southampton Public Health Team as part of efforts to respond to COVID-19 pandemic.

The COVID-19 Community Champions initiative began in September 2020 and involved volunteers signing up to receive the latest information and advice about preventing the spread of infection and to feedback to the council about issues our community were facing, so the council could better respond to local need. This was achieved through weekly live briefings, drop-in sessions, email bulletins and social media posts. Anyone who wanted to volunteer was able to, without targeting specific groups or communities. In January 2022, there were 451 COVID-19 Community Champions.

The Vaccine Champions programme ran between February 2022 and March 2023, with funding from the Department of Levelling Up, Health and Communities. The purpose was to increase COVID-19 vaccination rates, particularly amongst communities and groups where vaccination uptake had been lower. The approach was proactive in engaging organisations linked to communities with large numbers of unvaccinated people through either grant funded work or information sharing. Engaging communities in delivery of specific elements of the outbreak response supported targeted work, and information sharing approaches have strengthened relations and provided valuable community insights.

A realist evaluation[17] found that the programmes (including Community Participatory Action Research, a case study included below) all drew from six underlying concepts to deliver meaningful engagement with communities:

- Building trust through community connections
- Fostering relationships and collaboration
- Provision of training and resources
- Local community knowledge and expertise
- Community representation and leadership
- Appropriate communication and information sharing

Peer-based interventions

Mind Peer Groups

Solent Mind run a total of 15 different peer support groups and workshops throughout our city to support people with their mental health and wellbeing. These include a combination of general community-based groups where anyone experiencing mental ill health is invited to join, and diagnosis-specific peer groups such as ADHD, PTSD, and Bipolar, which accept referrals from primary care and community mental health teams.

Each group is led by a peer – either employed by or volunteering for Solent Mind who has lived experience of mental health conditions. The groups ranging from 3-10 people are informal and are a safe space for members. Each group, has either discussion topics or activities around its theme, including a check-in, and chats with tea with biscuits.

Through these peer groups, members are able to share their experiences with others and gain support from people experiencing similar emotions and identification without judgement, as well as build longer term friendships and connections.

Solent Mind Peer Support run closed groups for people with severe and enduring mental health needs, who have often been isolated in their homes and not previously attended support in a group setting. In these groups members have made friends and grown a support network which continues outside of Solent Mind.

Each month Solent Mind's Peer Support Team run approx. 60 groups in Southampton which support on average per month around 162 people in their mental health and wellbeing journey.

Members of the groups collaborated to hold an art exhibition last October (2023) in Central Library for Mental Health Week.

> "Peer support has helped me learn more about myself and others. I have met the most wonderful people and true friends. Peer support workers and peers can understand each other on a similar level, as we can all relate to each other and share similar difficulties yet show strength in our ability to keep going after many setbacks and challenges faced."
>
> "Peer support has given me more confidence in myself and the hope and faith that things can get better. This is something I find so comforting"

Volunteer Health Roles

Communicare

Communicare offers a wide range of services that enrich the quality of life and reduce loneliness and isolation for people in Southampton. For example, their befriending service offers positive social relationships and peer support through regular voluntary contacts.

In 2023, Communicare's 300+ volunteers gave almost 20,000 hours of time and touched the lives of 821 individuals or families following 2,838 requests for their services.

Communicare offers personalised onboarding and regular information sessions for their volunteers, as well as a yearly conference for volunteers and board members to connect. They also facilitate "patch groups" for volunteers who live in the same locality to provide peer support and social connections.

Their work relieves loneliness and enriches people's quality of life.

> Me and Beth have been visiting Derek for a few months now and it has become a midweek staple to our routine. It has the comfort of feeling like we are visiting a friend, which in fact we are. We chat about lots of different things from what we've been up to in the week and how Derek's allotment is coming along to putting the world to rights and sharing stories of times gone by and our families…
>
> We'd recommend befriending to anyone who thinks they may enjoy it, as you will!

COLLABORATIONS AND PARTNERSHIPS

These projects involve working in partnership with communities in planning and shared decision-making.

Communities may be involved in any stage from identifying needs and agreeing priorities, to design and implementation or evaluation. Power sharing is an important part of these projects i.e. how much are professionals facilitating and empowering communities in decision-making?

Outcomes

Services and programmes better suited to real needs and better insight and intelligence; community members may gain skills, knowledge, and leadership opportunities.

Community-based Participatory Research

In 2021, Southampton started some Community Participatory Action Research (CPAR) to understand the impact of COVID-19 on our city's more vulnerable communities. Partners including Southampton Voluntary Services, The Young Foundation and local community groups worked together to enable local communities to identify what is important for them and what action is needed.

Altogether, 14 peer researchers were recruited into 5 projects. Community members then co-produced an action-plan based on their four main themes (1) communication and trust (2) green spaces (3) communities and institutions and (4) housing and transport.

Trust was built with our community organisations as the CPAR approach paid community researchers fairly for their time and gave communities valuable experience and skills (including free qualifications on offer from The Young Foundation).

An evaluation by the National Institute for Health and Care Research (NIHR) Public Health Intervention Responsive Studies Teams (PHIRST) said

"representation and involvement of community members, establishing and building on trust, adequate training and resources, and clear communication from trusted community members and organisations are catalysts for meaningful engagement with communities".

Two of the five research organisations (Awaaz FM and We Make Southampton) have received additional funding, and their work continues to improve connections between professionals and communities.

Community-centred research

Building on from the early success of CPAR in our city, HDRC Southampton aims to give all residents the opportunity to influence what research is undertaken and to get involved in that research.

A vital principle of HDRC is to work with members of the public and local communities to ensure that we understand and address the issues that are their priority, and that the work is shaped with and by them.

There will be opportunities for local residents and community organisations to be involved in all stages of HDRC Southampton, including:

- Management
- Setting research priorities
- Co-producing research
- Disseminating findings
- Taking action, based on research findings, to achieve better outcomes for the city.

Area-based Initiatives

St Mary's Pilot

St Mary's is one of the most diverse and deprived neighbourhoods in Southampton, as described in **'a spotlight on St Mary's community'** section of this report, and at the same time there is a strong sense of community and belonging in this locality. These are some of the key reasons why this area was chosen as a pilot for Southampton City Council's **'Community Prevention Transformation Programme'**. The programme is described in Chapter 5.

The local community places strong value in preserving and better utilising St Mary's leisure centre for community needs. Using data, intelligence and insight from our community on needs and local assets, this pilot involves working with the community to better use this valued space to meet health and wellbeing, skills development and job opportunity needs.

The pilot is currently being scoped and linked to plans for an Integrated Neighbourhood Team within the same area. It will involve local partnership working between the council, NHS, voluntary sector and most importantly help shape a new way of working with our community within a locality. The aim of the pilot is to firstly enable our community to be empowered to control what is offered and how this helps them make changes to improve life chances and secondly ensure that assets are recognised and utilised to achieve this.

Community Engagement in Planning

Saints Foundation SO14 Active

Saints Foundation's SO14 Active (Active Through Football) programme encourages people within the SO14 postcode community to get moving with sports-based exercise sessions. This community is amongst the most deprived and ethnically diverse areas in our city with some of the lowest levels of physical activity.

The SO14 Active model worked with partners including Southampton City Council, Energise Me, Southampton Voluntary Services, Solent NHS Trust, and Hampshire Football Association to ensure the whole community has a voice in the development of the programme. Together they worked to understand the community's priorities and the contributions people were already making and would like to make in the future.

Several different engagement events were held, including one-to-one conversations, virtual world cafés and a programme of social listening. They also created an asset map that identified the businesses and physical resources, local associations, and institutions and, most importantly, the people who are great assets within our place.

SO14 Active now delivers a varied programme of sessions focusing on utilising local green and open spaces and is driven by community engagement.

An evaluation survey for the programme revealed that 53% of participants increased their weekly physical activity levels, 50% had improved their mental wellbeing and 25% increased their confidence they can achieve their goals.

"I was given the opportunity to meet new people, have fun, being active and learn new skills"

"Makes me happy and enjoy the exercise. Makes my body stronger. To know more friends."

Coproduction

SVS Teenage Girls in Parks

Southampton's Physical Activity Alliance is a collaboration of partners working together to implement the We Can Be Active Strategy[18].

The alliance has identified that teenage girls need more support to be active and that our city's excellent parks and open spaces do not always offer girls what they need. In response to this, members of the alliance worked with Southampton Voluntary Services (SVS) and academics from the University of Southampton (with support from The New Things Fund), to conduct a research project on coproduction with a focus on teenage girls using parks.

Recognising that coproduction means involving our community in the design and delivery of services, this project invited teenage girls to a workshop to give their views on the design of parks in their locality, how safe they feel in parks and what could be done to encourage use of parks. The workshop was led by representatives from two welcoming community groups (Monty's Community Hub and Veracity Life), known and trusted by many local people, who were able to create an environment for talking openly about the issues.

The girls had lots of ideas about new infrastructure, such as play equipment and picnic benches, and they were able to share these ideas through drawing and collage.

A second workshop was held with key stakeholders with experience in projects associated with parks and open spaces, community safety and health. This workshop was to get ideas for policy and service changes to better meet the needs of teenage girls.

The next steps are to develop an action plan, identify who has the capacity to be involved, and how additional resources are secured to create capacity.

Additionally, the findings from this work are being incorporated into a wider SVS project, 'coproduction corner', in partnership with HDRC Southampton, to develop co-production in our city. The first phase of this wider work has recommended planning welcoming and safe spaces to ensure meaningful interactions, training in coproduction skills, building in a strong ethics process and focusing on the 'so what'.

This work has also highlighted that co-production takes time in order to build trust, and that it is not a 'free' activity so resources need to be allocated appropriately.

ACCESS TO COMMUNITY RESOURCES

These projects focus on connecting people to community resources within the large and diverse voluntary and community sector

i.e. non-traditional providers, to meet a health need or improve wellbeing. This could be connecting to information, services, or groups through an established referral route.

Outcomes

Communities gain access to non-clinical solutions such as social support and increased awareness of voluntary and community sector resources.

Pathways to Participation

Community Roots

The Community Roots allotment project offers supported volunteering opportunities to adults living within Southampton who are recovering from mental health conditions, such as depression, anxiety or alcohol/substance use issues.

People come to Community Roots through several channels. For example, there are regular contacts through partnership organisations such as Change Grow Live, the Society of St James and the probation service. As a social prescribing initiative people can also be referred to the project by social prescribers, health professionals and SO:Linked community navigators, as well as direct self-referrals.

The allotment is a calm, peaceful place to escape the distractions of everyday life.

It offers an opportunity to get some fresh air and exercise while regaining independence, building self-esteem and learning new skills.

Through the project, participants with non-clinical needs experience social connection through meeting new people and working as a team to grow, cook, and eat fresh produce.

Community Roots is one of four projects in Southampton involved in the Green Social Prescription Project, which means people are referred to the project from healthcare services.

Since October 2023, volunteers have given 600+ hours of time through Community Roots and have meaningfully impacted the lives of over 38 people in our city through projects that have connected people and supported residents and the local authority in making the most out of the allotment space available in our city.
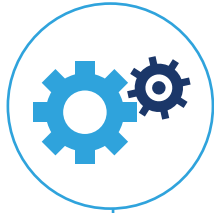

"I love learning new things about plants, it really helps my well-being and is therapeutic"

"Healthy, open space and great for meeting new friendly people"

"Helps me get back into a routine, feeling more confident and gives me a positive feeling"

Community Hubs

Southampton Family Hubs

All families need support from time to time to help their babies and children thrive, whether that's from friends, family, volunteers, or practitioners. The ambition of Family Hubs is for every family to receive the support they need, when they need it. And that all families have access to the information and tools they need to care for and interact positively with their babies and children, and to look after their own wellbeing.

The Clovelly Family Hub is one of the seven family hubs in Southampton, and is situated in an area of need, supporting children living in Bevois, Bargate and Swaythling. It offers various universal and targeted groups, parenting programmes and one-to-one support. Through a collective effort they create a "one stop shop" for families, ensuring that all a family's needs are met, joining multiple agencies together from health, midwifery, speech and language, portage, and community organisations.

Staff are trained in numerous support needs, including infant feeding, parenting, SEND, perinatal mental health, and school readiness.

As well as providing support from the hubs, the team also goes out into our community to reach families who would most benefit, makes partnerships with community organisations, and has created satellite hubs within health settings. An example of this is the partnership created with health colleagues in the Nichols Town Surgery, which has enabled the team to raise awareness of the importance of childhood vaccination within culturally diverse communities in our city.

Evaluation data collected by the Family Hubs have shown through this approach they have been able to support more families living in the most deprived areas compared to those living in the least.

"I am so grateful for the help and support that we have received from the hub."

"The parent programme has improved my parenting and helped me to safeguard my children. I have a better understanding of my children's emotions and how to respond to them and meet their needs. I have learnt ways to speak with my children and adults."

"This support has been a life saver for me and my daughter. My daughter wouldn't be as social as she is now. Because of the group and the staff, I feel more confident and social"

"Having Satellite Family Hubs in the GP surgery has helped remove some of the barriers to access that some of our patients may have faced.

Our practice nurses have in the past felt stretched in baby clinic to complete immunisations and give the relevant advice in the time pressured environment. As partners with Family hub the nurses have been able to refer babies for support with education around breast feeding, weening community groups and advice with a trusted team.

This multiagency working has meant that both parties are able to support families better giving a timely service in a one shop stop and we feel privileged to have worked with the to provide this service to our patients"

Naomi Caldwell
Lead Advanced Clinical Practitioner, Solent GP Surgery

Community-based commissioning

Community Falls Prevention

Around one in three adults over the age of 65 will have at least one fall a year, with rates being highest in areas of deprivation in our city.

The Saints Foundation are the charitable arm of Southampton Football Club and provide mobility, strength and balance programmes delivered by level 4 postural stability experts, to those who have had a fall and/or who are at risk of having a fall. The service was designed with communities and there has been ongoing feedback from service users to shape priorities. Building on the commissioned service, the Saints Foundation have been able to secure funding from other sources to supplement the classes in place, including developing links and support for inpatients.

Community-based commissioning remains an aspiration in Southampton.

Within the **Community Prevention Transformation Programme,** a new more collaborative approach to procuring services has been proposed, that would work more closely with the local sector. This approach would aim to support the changing needs of communities, delivering more flexible outcomes-based services, that could adapt to residents' priorities.

BEST PRACTICE FROM OTHER AREAS IN UK

Many areas in the UK have already adopted and embedded working in a community-centred way to improve people's health and wellbeing.

We have identified and briefly described 10 areas of best practice from across the UK to learn more about what could be applied in Southampton, how existing community-centred approaches might be scaled up, and the impact this may have.

1. Wigan –
public services in Wigan went through a major transformation, based on the idea of building a different relationship with local people. This involved wide ranging changes from training all social workers in ethnography to start conversations with a 'blank mind' and focus on understanding, to creating a Communities Investment Fund to support community building, and new multi-agency 'huddles' across services to break down silos. The new approach to delivering services has become known as the 'Wigan Deal'. Wigan has seen an increase in healthy life expectancy, outpacing similar councils since the transformation and achieved greater financial stability, most notably in Adult Social Care.

2. Greater Manchester –
transformed their public services to work around individual neighbourhoods, breaking down traditional structures, and adopting an asset-based approach. Seven core principles were adopted across Greater Manchester, including shared decision-making and coproduction.

3. Barking and Dagenham –
created a new operating model for public services. Structures were redesigned around individuals rather than professions. A new culture was embedded to value different capabilities - empathy, trust, warmth, a deep understanding of services and networks, and to signpost and advice appropriately. New technology platforms were adopted to better collect and then use insight and to allow voluntary and community sector organisations to come in and support.

4. Leeds –
starting in the Adults and Health Department in the Council, ABCD was adopted then expanded across the whole city. The shared vision was that everyone should have the opportunity to contribute, be valued and involved, and for communities to recognise their assets, forge connections and make the changes they want to see. As a result, it was estimated that for every £1 invested in ABCD in Leeds, there was a £27.20 return on investment. Externals evaluators of Leeds ABCD work found three main outcomes – individuals and communities are better connected, communities could identify and work to bring about the changes they want to see, and people had good friends.
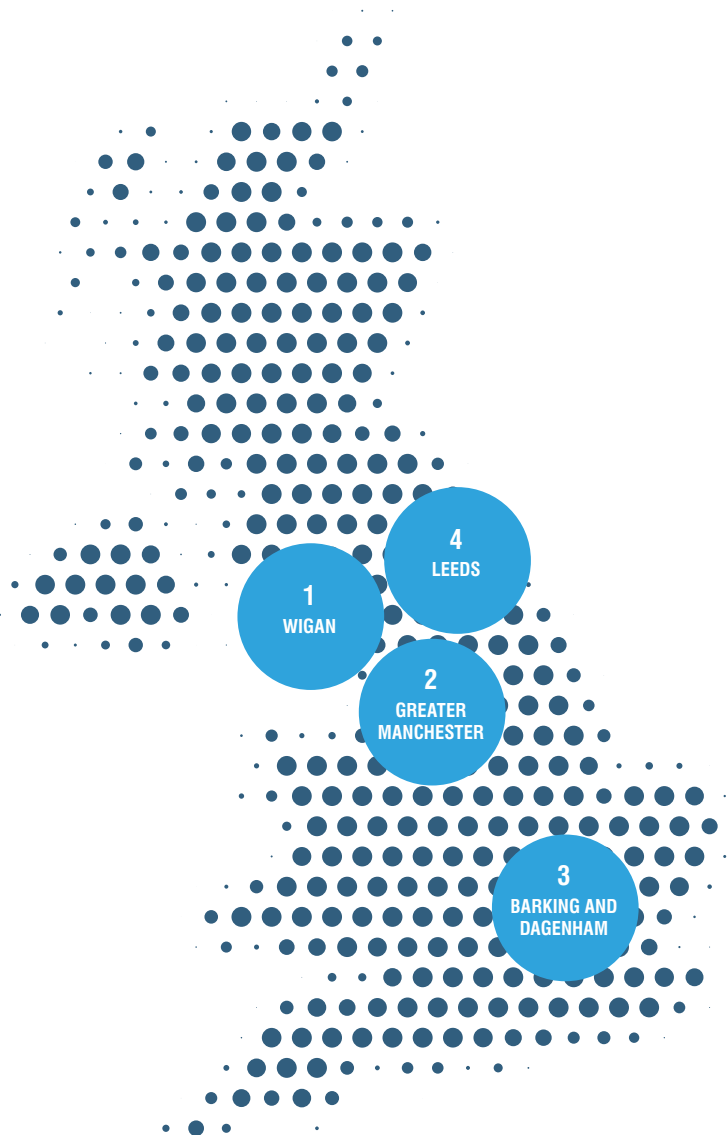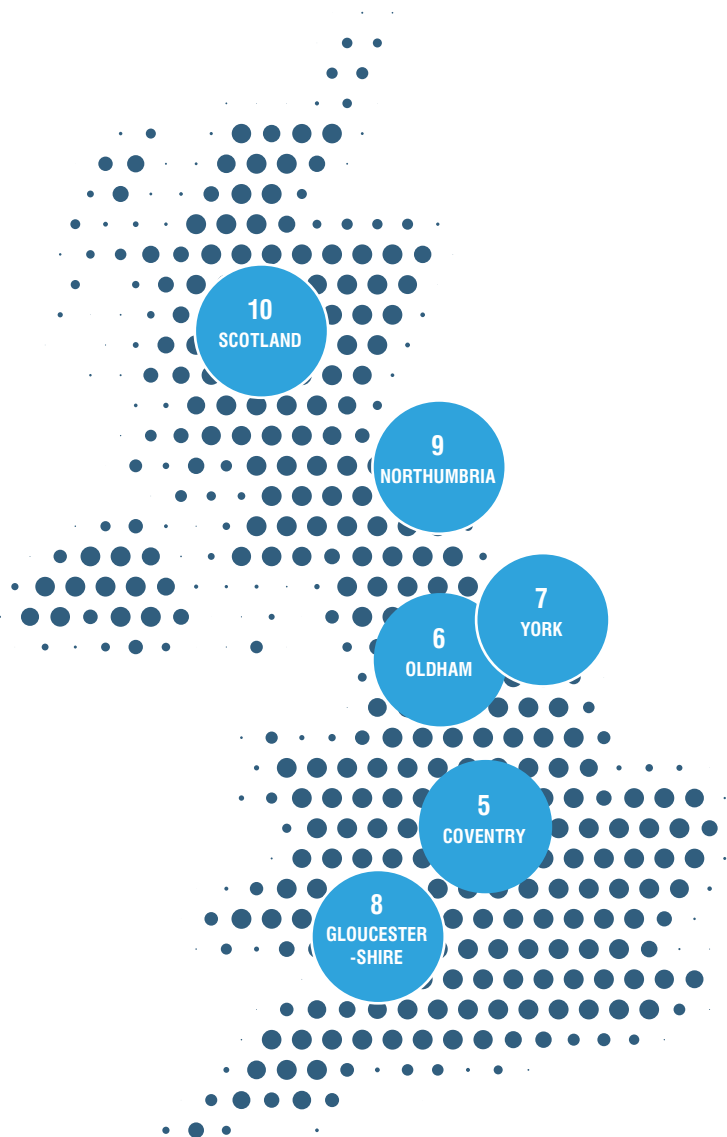
5. Coventry –

committed to taking an asset-based approach as a council as well as becoming a Marmot Place in 2013, adopting the 5 Marmot principles (covered in last year's Annual Public Health Report[19]). As a result of this work, Coventry has improved its ranking from 59th of all English LAs in 2015 for deprivation to 81st in 2019, whereas most other West Midlands LAs rankings worsened. The city also saw a 20% reduction in the number of neighbourhoods falling into the 'most deprived' IMD category and rises in average life expectancy of males and females over the same time-period.

6. Oldham –

worked with the shared framework for Greater Manchester to adopt asset-based working as their everyday approach. This includes creating a centralised Social Prescribing programme for the whole area. As a result, Oldham saw a reduction in A&E visits and GP appointments following implementation of the programme.

7. York –

has taken on ABCD to build wellbeing in the city. A key element of this approach has been local area coordination which involves a team of coordinators to support local people to build their own agency and capability and focus on assets in the community. This approach has been adopted in multiple delivery areas including Adult Social Care and Housing.

8. Gloucestershire –

began their journey to ABCD in 2010 starting with a core team and one charity, before scaling to the whole council and external partners. A community builder was employed, the Your Gloucester Community Fund created, ABCD was embedded into every council job description and the council plan, and contracts handed over to community groups.

9. Northumbria –

reformed services based on what matters to an individual, not specialisms. The aim was for public services to create conditions that enabled people to thrive, building individual capability.

10. Scotland –

shifted to an asset-based working through a range of projects, focusing on co-developing, community-led action to local priorities. A community-led action research programme supports real-time learning, at least 1% of council budgets are committed to participatory budgeting, and creation of citizen juries for shared decision-making.

For more information, please see the HDRC Evidence Review on Asset-Based Working in Local Authorities[19].

Conclusions

Much of what impacts health is influenced by the communities in which we live. Social networks and relationships within communities are important building blocks to good health.

Every community, and individual, has strengths and assets. Taking a community-centred approach is a different way of working to improve health and reduce inequalities, that builds from our communities' strengths and looks for the opportunities rather than focusing on need and what is missing. It aims to empower people and communities to have more independence and control in their lives and move upstream to generate health and prevent crisis points.

Southampton is a great place to live for many, however all is not equal.

Organisations that have a role in health and wellbeing have an important part to play in mobilising our communities' assets. This is through strengthening communities, building collaborations and partnerships, growing volunteering and peer roles, and improving access to community resources.

Many organisations in Southampton have been leading the way in terms of using this community-centred approach. From engaging with the SO14 community, to running peer-to-peer mental health support groups, to delivering community allotments for people with substance use issues. These projects demonstrate pockets of good practice in our city for others to learn from, and from which to scale.

Elsewhere in the UK, a community-centred approach has been used for some time to various extents. From being employed in stand-alone projects in Oldham, to integration into a whole council's way of working in Leeds, to full public service redesign and transformation in Wigan.

These areas of best practice can be used for valuable lessons of what works, what can be achieved, and how this way of working can be scaled up in Southampton for the benefit of communities.

Recommendations

Working in a different way with communities has the potential to deliver better health and wellbeing outcomes – for individuals, communities, and organisations in our city.

While Southampton has pockets of good practice in using community-centred approaches, there is much progress that can be made to scale up this work across our city.

Areas of best practice in the UK can be looked to for valuable lessons on how to grow and build on this approach to fully embed in Southampton, as well as national guidance on taking a whole system approach originally from Public Health England.

The recommendations set a framework for all of us working or living in Southampton to take forward to help embed a community-centred approach.

1

Identify strengths and enable communities to take control

Recognise everyone and every community as having something to offer, with strengths and assets to be revealed, and take steps to empower people and communities in decision-making to build independence and resilience.

This will involve moving away from viewing people as service users with problems to be solved to people and communities being co-creators of their own health.

HDRC Southampton offers a platform to help achieve this. It will involve our community in setting priorities for the research needed to inform decision-making. This programme also provides an opportunity to upskill local people in research methods, therefore, investing in our local residents and providing a pool of community researchers for future evidence building.

For example, through undertaking peer research to enable voices of those with lived experience to be incorporated into the evidence used in decision-making.

2

Build support around families, communities and neighbourhoods, not professions and focus on prevention and early intervention

Move to place-based working with communities at the heart, rather than working via professional specialisms/silos.

- Mobilise around communities and a joint goal.

- Create strong and trusted local partnerships that cross organisational boundaries – statutory, voluntary and community sector and communities themselves.

- Aim to break down silo working within departments and organisations and improve multi-disciplinary working.

- Co-commission at a community or neighbourhood level.

- Redesign systems to create the conditions for good health and to prevent crisis or intervene early.

- Prioritise factors that protect against poor health, improve wellbeing, and create health, rather than treating disease.

Recommendations

3

Prioritise communities with poorer health outcomes to reduce health inequalities and assess the impact of a community-centred approach

Through HDRC Southampton, make greater use of evidence, insight, data and technology to inform who is at greater risk of poor health.

- Use population health data to identify the issues creating health inequalities.

- Work with communities to identify their assets, to determine how to best support, and how to build and develop these assets.

In collaboration with partners, HDRC Southampton can support new and innovative approaches to evaluation such as combining quantitative measures with qualitative storytelling.

- Change what we measure to capture health and social outcomes that matter to people.

- Measure improving protective factors that help people avoid poor health outcomes, rather than only the poor outcomes.

- Include stories and a citizen voice, particularly from people from marginalised communities.

4

Shift mindsets to embed a different relationship between communities and organisations

Create organisational culture change to work in a different way - changing mindsets and beliefs.

- Train and upskill workforces to help develop behaviours, knowledge and skill set to have a different conversation with communities

- Bold leadership and commitment at every level to promote and give permission to change the way we work

- A strong narrative to explain and tell the story of why change is needed both internally and externally.

SOUTHAMPTON'S COMMUNITY PREVENTION TRANSFORMATION PROGRAMME

Our communities and links with services such as those delivered through the council can affect our health, wellbeing and ability to have control over our lives.

The Southampton City Council's Transformations Programme[20] for Community Prevention seeks to keep communities healthy and independent to prevent, reduce, and delay the demand for services or more complex interventions. It aims to give communities greater ability to improve health and wellbeing and have a say in what and how it is provided. There will be a stronger alignment of resource use with the assets within localities, including community assets and Integrated Neighbourhood Teams as these develop in Primary Care.

The programme will align a strong prevention approach with our community assets and priorities to improve life chances and reduce health inequalities across all age groups. This includes links to reducing crime, the impact of health threats and support for the growth and prosperity agenda. The focus is on laying the foundation for the future of public service provisions, in Southampton within a wider partnership approach to community prevention including local communities and organisations who work with them.
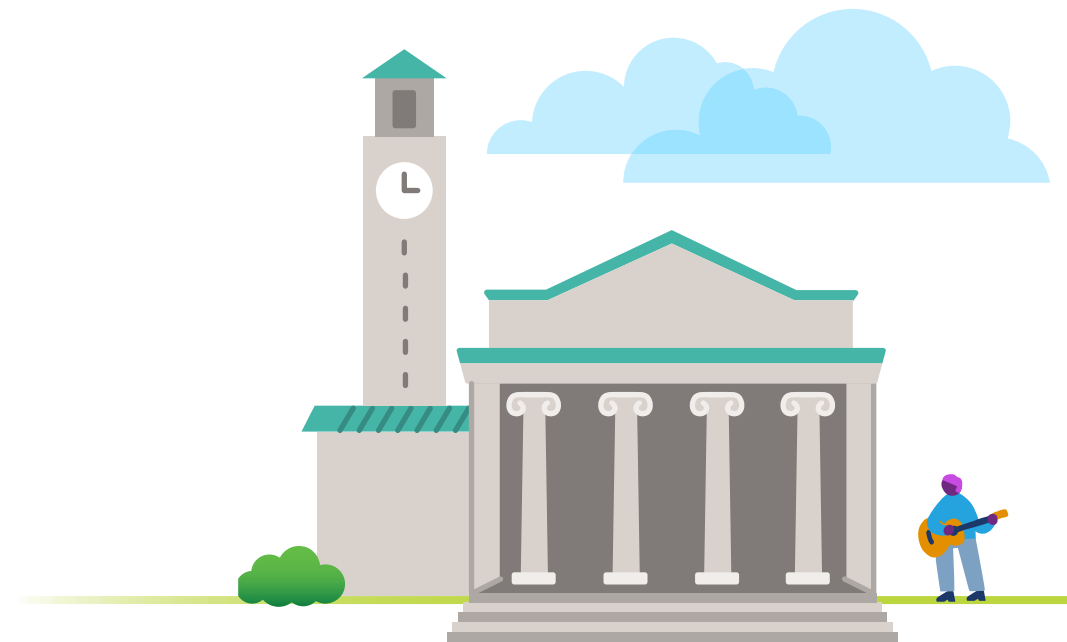
FINAL THOUGHTS

Taking a community-centred approach to health and wellbeing and reducing inequalities takes a leap of faith.

It requires a focus on changing the relationship services have with communities so that communities have more say and control over what makes a difference in their lives. In this way we can ensure best use of public sector money and improve outcomes at the same time.

This doesn't mean that we are not needs led and evidence informed in what we provide. Evidence on need, value for money and what works is crucial to make change happen. Saying that, without our community having a say in how we use this evidence and how we meet these needs together we will never achieve the benefits we are all looking for.

It also means valuing and enhancing the great assets communities bring and considering these as solutions to prevent ill health alongside other factors.

This 'culture change' is not easy, it'll take years to embed. This is why the **Community Prevention Transformation Programme** has a 10-year timeframe, starting with pilots to test opportunities to expand community-centred approaches in more deprived communities and higher risk groups of people. We need to ensure our long-term commitment is incorporated into our city's strategic aspirations with recognition that we achieve this with as well as for our local communities.

Progress on past Recommendations

Dr Debbie Chase
Director of Public Health,
Southampton City Council

My last two Annual Public Health reports[21,22] considered the policy areas for action to reduce health inequalities in Southampton,

firstly with a focus on the breadth of policy actions and last year with an in depth look at good work and fair employment. Actions from both reports are long term ambitions that I and many others hold for our city. Progress will be required over many years to achieve the reductions in deprivation and inequalities that places such as Coventry have demonstrated to be possible.

Last year, I described that we had secured a number of the foundational leadership commitments required for us to take meaningful action to reduce health inequalities, including the commitment to embedding health in all policies. I explained that evidencing progress against the core indicators identified to measure progress in reducing health inequalities would take time and sustained effort in the face of changing need. This included sustained progress in establishing a different relationship with communities. There is a risk that improvements in our relationship with communities will stall after the fantastic work developed during COVID-19, hence the focus of this year's report.

I have seen progress against recommendations from last year's report on Good Work and Fair Employment. This has included the focus on work and health in our large city employers and advice for small to medium sized enterprises. There are examples of good practice in our anchor institutions, but more benefit could be achieved for our local population through their role as purchasers, employers, building owners and partners. For longer term gain, good work and fair employment will form a key element of the city's growth and prosperity planning.

The progress against the previous two year's recommendations is clear, and I have made further recommendations this year so that our communities form a strong building block for good health. With time and sustained focus, we can expect to see measurable impact against the key measures of inequality.

Glossary

Anchor Institutions
Large organisations rooted in the city that can have a significant impact on the community as purchasers, employers, building owners and civic partners. E.g. Universities, hospitals, councils and large private sector firms.

Asset-based approach
Methods that identify and mobilise the assets of individuals, communities and organisations to enhance capabilities and address health inequalities.

Asset-Based Community Development (ABCD)
A specific methodology, developed in the US, that focuses on creating social change by identifying and building assets within a community. It places emphasis on strengthening relationships within communities and on community-initiated activities.

Children in need
Defined by the Children Act 1989, relating to a child being unable to achieve or maintain a reasonable standard of health or development without provision of services from a local authority or is disabled.

Community
A group of people who have common characteristics or interests, defined by geographical location, race, ethnicity, age, occupation, a shared interest or affinity, or other common bonds.

Community asset
These include community associations, local services, informal groups and networks, physical and economic resources, and the skills, knowledge and commitment of residents.

Community-centred approach
Methods that mobilise assets within communities, promote equity, social connectedness and increase people's control over their health and lives.

Deprivation
In health and social care, deprivation usually refers to lacking income, employment, education, or health, having barriers to housing or services, or could relate to higher local crime levels, or quality of outside space.

Economically active
People over 16 years old in employment or unemployed but looking for work and could start within two weeks or waiting to start a job that had been offered and accepted.

Equity
All groups in society achieving health outcomes that are as good as those for the most socially advantaged group. Some groups may need additional help due to their circumstances to achieve those same health outcomes.

Green Flag Award
The benchmark international standard for publicly accessible parks and green spaces in the United Kingdom and around the world.

Indices of Multiple Deprivation (IMD)
The official measure of relative deprivation covering seven different domains (see Deprivation) for small areas in England

Inequality
Avoidable differences in health outcomes between groups or populations such as differences in how long we live, or the age at which we get preventable diseases or health conditions.

Glossary

Integrated Neighbourhood Teams (INT)
Bring together multi-disciplinary professionals from different organisations across health and care services.

Public Health England (PHE) / Office for Health Improvement and Disparities (OHID)
An office within the Department for Health and Social Care responsible for health improvement, prevention of poor health, and health inequalities. PHE ceased operations in 2021 and OHID was established.

Marmot Place
A place that recognises health and health inequalities are mostly shaped by the social determinants of health: the conditions in which people are born, grow, live, work and age, and takes action to improve health and reduce health inequalities.

Neighbourhoods
Neighbourhood-level analysis refers to Lower Layer Super Output Areas (LSOAs), which is a census geography area. There are 152 LSOAs in Southampton and there is an average population of 1,500 people per LSOA.

Quintile
A value that represents one fifth (20%) of a given population. The first quintile represents the lowest fifth of the data. The last quintile represents the highest fifth of the data.

Ward
An area within a local authority used for electoral purposes. There are 17 electoral wards in Southampton.

Voluntary, Community, and Social Enterprise Sector (VCSE)
An umbrella term for a range of different organisations working with a social purpose. Also commonly known as the third sector or the charity sector.

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