# Improving the health of isolated groups

"We want people to have a better life, a happier life,

so there's more, not just years in your life,

but life in your years."

## Director of Public health

**Developed by Susan Ritchie, MutualGain, on behalf of the South East Commissioning Support Unit**

## Background

This resource guide will provide you with additional information on the theory and practice of working with the voluntary and community sector, to build on the Case Study Masterclass that explores the example of Tower Hamlets' Maternity Mates and Redbridge's Health Buddies programme for TB.

Commissioners explained that they didn't have time to research the variety of techniques, approaches and examples of meaningful engagement that they knew were 'out there'. They asked the CSU to compile a snapshot of material that covered the different aspects of their work, and support them in having a shared peer dialogue to explore and learn together. This document provides the pre and post reading for the masterclass session.

NHS England's 'Transforming Participation' Guidance (2013) has provided renewed focus on Patient and Public Participation for CCGs and NHS Area Teams. The Guidance provides a clear and practical support for healthcare commissioners to:

- Provide a wide range of opportunities for the public to influence commissioning decisions
- Achieve better outcomes for patients by listening and responding to their needs
- Offer a range of participation methods that encourage dialogues within diverse populations

To successfully achieve these aims, there is recognition that community engagement practices must be implemented effectively. It is useful to utilise the voluntary sector for this, as has been demonstrated well by Redbridge Public Health and Tower Hamlets CCG in the partnerships they formed to develop and deliver their programmes.

The voluntary and community sector (VCS) can be well placed to deliver many of the fundamental approaches needed for successful participation by patients through their long established relationships with the community. The Tower Hamlets and Redbridge case studies are examples of how patient and public participation, through the voluntary sector, has enabled the CCG to achieve aims of transforming participation without direct delivery of the programme by its staff.

The following resources provide further evidence and information on key aspects that underpin their approaches. It provides the reader with links to further information if required, and should be seen as a starting point in directing you to key organisations, texts and themes that are present.

If you are thinking of replicating the examples, we recommend that you familiarise yourself with the theory and practice that underpins them.

## Contents

# 1. An overview of the two case studies

## Tower Hamlets – Maternity Mates project

**What is it?**

- CCG commissioned an experienced community development organisation to access expectant mothers

**Aims:**

- Overcome language barriers and increase motivation
- Increase access to midwifery services and improve breast feeding rates

**How they did it:**

- Targeted expectant mothers – 40% from BME communities
- Recruited volunteers from same communities to act as 'Maternity Mates' to overcome language barriers and increase motivation
- Shared knowledge and community insights with healthcare professionals
- Strengthened links across midwifery services and voluntary and community organisations

**Outcomes**

- Increased breast feeding initiation to 83% of participating women compared to national average of 73.9% (DH 2013)
- 53 women completed Level 3 Accredited Training – 35% of these have gone into paid work or further study.
- 103 were women offered support from a Maternity Mate
- 100% of participating expectant mothers reported positive experience of the programme
- Maternity Mates and Midwives worked as a team – increased confidence of Maternity Staff in Maternity Mates
- CCG has commissioned the project to run for a further three years

## Redbridge TB Awareness Pilot

**What is it?**

- Public Health Redbridge commissioned Redbridge CVS to implement a six month TB Awareness pilot project from October 2013 to March 2014, to be overseen by a multi-agency Redbridge TB Partnership, including Public Health, Housing, TB Alert, Redbridge University Hospital NHS Trust, Redbridge CCG, TB Patients, Redbridge CVS and other voluntary organisations that represent high risk groups

**Aims:**

- Raise awareness of the signs and symptoms of TB amongst communities at high risk
- Reduce the high prevalence of TB in Redbridge
- Support TB prevention, early diagnosis and treatment through joint working

**How they did it:**

- TB Alert delivered training to community and faith leaders in 2013
- Health Buddies delivered 92 flexible awareness sessions reaching 2920 individuals in schools, libraries, faith groups and community groups and existing meetings
- Additional awareness was raised through a live community radio discussion, YouTube, twitter, websites, local press, fliers and voluntary sector communication networks.
- Used workshop and market place models for delivery
- Extensive offer of evening and weekend sessions made available Monday to Sunday

**Outcomes**

- Over 2,000 people received information, of whom 78% were from “at risk” groups
- Project participants understand key messages about TB better – e.g. anyone can catch TB, it is curable, treatment is free of charge
- Public Health and the CCG gained a better understanding of what was needed to reach at risk communities prompting follow up actions e.g. providing leaflets in GP surgeries and pharmacies
- Project received national recognition by Department of Health, for Excellence in Health and Wellbeing

- Following the successful pilot, funding has been extended for three years until March 2017.

For more on the work of Redbridge please follow this link to their website which included films and audio footage: http://www.redbridgecvs.net/what-we-do/health/tb-awareness-project

## 2. The impact of isolation on self-care

The extent to which patients are able to manage their own health and care will vary depending on their emotional and physical well-being; level of skills, knowledge and confidence; and, most crucially, the support they receive to maintain all of these.

People may become isolated for many reasons e.g. poverty, limited mobility, having a chronic condition or poor social network.

The impact of isolation on unhealthy lifestyle choices, maintaining healthy lifestyle choices and the ability to self-care is profound – poor emotional well-being caused by isolation such as loneliness, low motivation and depression results in poor compliance with medication, non-engagement with care givers and low uptake of support.

Poor psychological health such as stress, anxiety and depression also (and frequently) presents in patients who suffer from physical pain and chronic conditions (Ref: Patient survey - Midlands and East Patients in Control Programme).

Health outcomes worsen as a consequence of isolation: it is a vicious circle.

## 3. What is health resilience?

***"An outcome of successful adaptation to adversity"***

A definition of resilience in health was put forward by Alex J Zautra et al, of the Resilience Solutions Group at Arizona State University. The authors identify two critical aspects to resilience:

1. **Recovery**, or the ability of individuals to *"bounce back and recover fully from challenge"*
2. **Sustainability**, or individuals' capacity to thrive in the face of adversity.

Observing the need to build individuals' ability to resolve and sustain well-being are the core aims of both the Tower Hamlets and Redbridge projects: recovery and sustainability of that recovery is considered to be more challenging when someone feels isolated. Isolation comes in many forms and is indiscriminate. These case studies utilised the community to lead the delivery of their programmes through the voluntary sector, encouraging sustainability through greater connectivity.

A useful linked concept is that of 'Health Literacy' which is described by the Health Literacy Organisation as:

*'Health literacy skills are those needed to gain access to, understand, and use information to promote and maintain health. At its most basic, health literacy involves functional literacy, numeracy, and ICT skills for understanding health information, but also includes skills to evaluate and apply health information in changing contexts. In addition, patients with these skills can use information to take control over environmental and social factors affecting health (critical health literacy)'.*

The isolated groups targeted by Maternity Mates and Health Buddies, are likely to fall within this range of people: the need to deliver creative and engaging health programmes that the community respond to is an essential part of commissioning differently and transforming the way we encourage participation.

## Find out more…

Read the facts in this presentation about Building Resilience and promoting well-being by the Mental Health Foundation here

The Kings Fund has produced a guide aimed at local authorities 'Strong communities well-being and resilience'.

Preventing loneliness and social isolation by the Social Care Institute for Excellence provides a useful research briefing on support and care for adults.

Health Literacy: a relatively recent concept, Health Literacy refers to the ability to understand the personal role and responsibility in managing health i.e. preventative steps that can be taken by an individual such as going to the dentist every six months for a check-up, rather than waiting for oral health to deteriorate.

The Society for Academic Primary Care website is a policy focused resource that aims to provide the research evidence base that will lead to changes in practice to improve patient health literacy and lead to a reduction in health inequalities.

## 4. Tackling isolation

Increasingly healthcare commissioners are looking to the community to undertake local activities through volunteering, which makes a vital difference to people living in isolation: connecting them with peers and recognising the value that they add to society.

Isolation in the health and wellbeing context, describes the reduced level of social contacts and interactions people have. It is often assumed to affect 'older people', but in fact it affects many younger people too. Isolation affects groups of people at different stages in their lives, for example carers, young mothers, older married women, new communities, and older people living with adult children. Isolation also affects specific groups with other social/health needs, such as the homeless and substance users who face difficult daily lives, often without experiencing trusting relationships.

The effects of isolation are varied, for some people their isolated living is temporary and may not lead to long term negative impacts; for others the effects can be wearing and lead to worsening physical and mental health, compounded by reduced knowledge and understanding of how to gain support from health, care and other support available in the community.

Common across isolated groups are factors around poverty and education and can be seen in both rural and urban communities.

The case study examples focus on key challenges facing healthcare commissioners nationally:

1. how to improve well-being as a preventative measure to avoid crisis health needs
2. how to encourage communities to contribute to and maintain 'health resilience'

There is a renewed focus on isolation across all age groups, based on current understanding of how isolation leads to reduced mortality and costly health and care services at the crisis end of the health spectrum.

Central Government launched a Campaign to end Loneliness; what we are doing and why it matters, in 2011 to 'increase connections in older people'. A consortium of Voluntary Sector organisations leads the campaign including Age UK, Independent Age, Sense and WRVS. The Campaign is still active and has a website of research and resources.

Further focus on isolation has also gathered in the Private Retail Sector, with Waitrose delivering a Christmas Fundraising Campaign against loneliness.

## Watch the videos…

How can Health and Well-Being boards tackle loneliness and isolation by Laura Fergusson, The Campaign to end loneliness

Engage with Age has a film of their 'Hope activities for tackling isolation' where service users discuss isolation as individuals and within their community

Social Isolation: Health Effects by Harvard University discusses the increased health risks of socially isolated older adults. Whilst it refers to USA, the issues are similar to the UK

Inspired Team Leaders talk about the programmes they voluntarily deliver to tackle isolation in this video

An upbeat report by a young American news reporter makes clear the common features of isolation across all age groups with a focus on young people living in the digital age.

Increasingly public services are utilising the skills within community to address the entrenched issues they continue to face. A number of community led approaches have emerged in recent years – take a look at Community Organisers and Community Champions to get a sense of the capacity of communities to take charge and lead change in their areas. A useful example for health care professionals has been produced by the Scottish Community Development Centre ' Understanding a community led approach to health improvement'

## 5. Maternity Mates, Health Buddies, and more…

The 'Health Buddy/Mate' role is often called different things in different areas but they largely fulfil the same or very similar activities aimed at improving patients and carers' knowledge, navigation and use of health and care services. In doing so they are better able to manage their long-term conditions and use the system more appropriately. The Tower Hamlets example of Diabetes Befrienders also recorded improved patient concordance with their medications. The key point is that science and medicine are just one part of the jigsaw: without community knowledge and understanding, improved health outcomes are limited. Some of the popular models of this 'community' role are summarised at the end of this resource guide.

## 6. Learning from the case studies

From the literature available, it is clear that successful approaches that tackle isolation and improve community connectedness require a partnership formed by statutory and non-statutory organisations to engage communities and gain insight to the best approaches and models of care that the community respond well to. Both Tower Hamlets CCG and Public Health Redbridge demonstrate how a range of partners has successfully worked together to produce positive outcomes for patients and the public.

Both organisations worked across sectors (statutory and non-statutory) to benefit patients. By agreeing shared aims and objectives at the start, groups were able to maintain their partnerships and deliver positive outputs. Between them, skills and knowledge has been shared and gained as they focussed on the contribution each made to tackle isolation by:

- ✓ Increasing patients' sense of well being
- ✓ Increasing patients' ability to navigate and access support
- ✓ Raised awareness of services and health conditions
- ✓ Develop patients' social networks by increasing social contacts
- ✓ Provide opportunities to nurture and grow health resilience
- ✓ Increase use of community volunteers
- ✓ Values additional languages
- ✓ Offer accredited training that enhances employability
- ✓ Created employment opportunities for Health Buddies
- ✓ Strengthened relationships across different health and care sectors
- ✓ Used community development approaches to access the community
- ✓ Delivered their activities within existing community settings
- ✓ Went to find the community 'where they are at' – libraries, faith groups etc.

### 6.1 Looking after your volunteers

Within the programmes, volunteers from the community are educating and signposting patients into existing services and support groups to reduce isolation and increase well-being of patients. Your Mates will also need to be sustained and looked after. The

younger Maternity Mates restricted the number of unsocial hours they attended births, and limited their available time leading the commissioners to review its criteria and widen recruitment advertising.

Think about the barriers your volunteers might face, and how you might structure or incentivise them to remain volunteers. Volunteering England has a good range of information and material to help you in their Good Practice Bank that you can access free of charge.

## 6.2 Enhancing employability

Both Health Buddies and Maternity Mates benefited from the training and skills gained through participation in the projects. The Maternity Mates in particular excelled in achieving Level 3 Accreditation with new opportunities being created for paid pathways to employment as Maternity Care Assistants at the local Hospital Trust. This is an excellent example to follow!

Think about how you could accredit the volunteering opportunities you create, and how you might look for partners at the start of your programme that might utilise your trained pool of volunteers for paid work in the future.

Health Buddies are employed as sessional workers by Redbridge CVS and their role is being expanded to raise awareness on other health issues like HIV now. Both Redbridge Public Health and Redbridge CCG are keen to tap on the Health Buddy model. Redbridge CCG has offered a one-day training on Health Coaching to Health Buddies.

## 6.3 Take care with dependency

In both Tower Hamlets and Redbridge, pilot projects have been extended and funded by CCG and Public Health. They are clear that measuring the social return on investment (SROI) can be a challenge when working with groups who may not understand how to navigate public services, and/or those who have a different cultural experience of public services. SROI is a calculation that can enable services to ascribe financial benefits gained from investing in social initiatives, like the projects in the case study.

One of the intentions of self-management and self-care programmes is to reduce dependency on professionals and enable high quality self-management within the community. When working with those in isolation there will always be a risk that at first the dependency on professionals (by the volunteers and the isolated individuals) may need to increase whilst new knowledge and behaviours are learned.

Tower Hamlets CCG recognised the tension in providing projects that are community focussed, indirect health initiatives, and raised questions in their evaluation about the dependency that they may well be supporting in the early stages. If you have concerns about creating more dependency it might be worth familiarising yourself with the Social Return on Investment Network who have produced a film that explains what it is. The SROI Network also provides training and services that can support health and care commissioners to improve the skills and knowledge that will help to progress the case for investment in asset based self-management projects.

## 6.4 Think about sustainability

Statutory agencies have 'funded' some voluntary sector organisations for many years and the relationships between the two types of organisation often depend on those funding arrangements. As with the dependency of residents, the same can be true of some voluntary sector agencies. The VCS are small organisations often having to account for every minute of their time in cost and outcomes so when you ask your VCS organisations to come to the table and expect them to do it for free, beware that this might not be possible. At the same time, it is reasonable to expect those working in this field to share their learning with you in order to commission the right services for the right people in the right places at the right time. If you can be open to the learning and create the right time and space with your partners to think about *possibilities* in the future, you will have a greater chance of sustaining the models that you commission.

Do consider sustainability at the start of your project – it will mean thinking differently, involving new partners such as charities, liveries and other bodies where resources are limited, so that your initiatives have a lasting life beyond the directly funded period.

## 6.5 Targeting sensitively

In some community environments targeting specific groups does not present any problems, as seen in Tower Hamlets with the South Asian communities. For Redbridge they maintained an acute awareness that their target population might feel averse to share stories and engage with 'authority', so form filling, data collection etc. were minimal in the initial stages.

Redbridge successfully delivered a flexible programme that enabled them to deliver core messages in a range of settings to suit community groups. This responsive approach enabled them to offer one to one or market stall type sessions that met the needs of community groups and reduced the perception of blame and stigma.

You should consider how you plan to target specific groups and the impact on those groups as part of your project planning, and be sure to work with the advocacy groups in your area who may have more knowledge of how your programme ideas might be received.

## 6.6 Make sure the right people and organisations are involved

Tower Hamlets reported delays in engaging the Maternity Service Provider and Teams. They also reported delays in setting up the Steering Group with the Commissioners, which delayed buy in, and referrals to the project.

Redbridge TB Partnership has representation from different stakeholders: issues or concerns raised by local communities are fed into the Partnership resulting in some positive outcomes like:

1) GPs being offered online course on TB designed by TB Alert and will be offered TB training at a Protected Learning Event by Redbridge CCG;

2) TB leaflets distributed by Public Health at all GP surgeries, dentists and pharmacies;

3) Protocol on treating TB patients with no recourse to public funds is being developed by Housing, Public Health and the voluntary sector.

Securing your partners must be addressed at the inception stage of your project. Having the right people involved in your project is critical and you need to map 'who' needs to be involved very early on. It is helpful to go wide with your mapping at this stage as you may uncover assets within your community which will add value to the process in a way that you might not have imagined at the start (you may also want to attend the masterclass on harnessing the assets in your community)

You should also consider using video and telephone conferencing if meeting in person is a constraint.

## Watch some films…

Rotherham CCG won an NHS England Award Excellence in Participation for their Social Prescribing project, the film can be seen here.

North West London PCT delivered the White City Community Health Champions programme in 2011: this film shows active participants talking about their grassroots experience of becoming a Champion in a deprived area.

## 7. Equality and diversity

Before commissioning a programme of work, you will need to consider and include the equalities and health inequalities needs of your borough or area. How do you know who is effected by social isolation or loneliness? You may have to work with your VCS organisations and Healthwatch first to identify which groups are most affected by either, or both.

Much has been written about barriers to participation, particularly among groups known not to engage in traditional methods. BMC Health Services Research conducted a qualitative study with the VCS to explore the notion of Hard to Reach. They found:

*"the 'hard to reach' may include drug users, people living with HIV, people from sexual minority communities, asylum seekers, refugees, people from black and ethnic minority communities, and homeless people although defining the notion of the 'hard to reach' is not straight forward. It may be that certain groups resist engaging in treatment services and are deemed hard to reach by a particular service or from a societal stance. There are a number of potential barriers for people who may try and access services, including people having bad experiences in the past; location and opening times of services and how services are funded and managed"*

By working with your local voluntary and community sector partners, you can strengthen your knowledge and practice on how to engage those groups who appear to be 'hard to reach' or those who you 'aspire to engage'. If you don't know of any training in this area you may want to contact your regional Council of Voluntary and Community Organisations for signposting.

There are many publications and training courses about accessing seldom heard groups. As a method of engagement and recruitment we recommend that you consider 'snowballing' as a recruitment methodology in this type of programme and to make sure you consider a range of appropriate engagement methods available to you or the providers you commission and work in partnership with.

You will also need to ensure that there are steps in place to meet additional needs – such as communication and access for individuals. Healthcare Standards are being introduced in Wales to ensure that the communication needs of hearing and visually impaired patients and the public needs are met by health and care services. There are also discussions taking place for such standards in England.

The EDS is an NHS England tool first developed by the Department of Health in 2011. In November 2013, a refreshed and streamlined 'EDS2' was formally launched.

The EDS2 is an assessment framework which allows NHS commissioning and provider organisations to:

- Understand their performance against equality and diversity standards
- Collect robust evidence and good practice examples to inform service and workforce developments
- Support the development of accessible and equitable services, which promote higher levels of patient experience
- Develop patient and public and staff engagement mechanisms, and utilise the patient voice in service improvements
- Supports the reduction of health inequalities and positive outcomes for protected groups
- Demonstrates compliance and mainstreaming around the Equality Act 2010

## 7.1 The four Goals of the EDS

## 7.2 The nine steps used to implement the EDS are:

1. Governance and partnership working
2. Identify local interests
3. Assemble evidence
4. Agree roles with the local authority
5. Analyse performance
6. Agree grades jointly
7. Prepare equality objectives
8. Integrate equality objectives in mainstream business planning
9. Public grades and equality objectives

## 8. Working with the voluntary sector and volunteers

NAVCA – National Council for Voluntary and Community Action

The national umbrella organisation for almost 200,000 support and development organisations in the UK. Provides clear policy guidance to its members and useful resources for commissioners, including:

Social Value Act

Voice and Influence

Working with communities

NAVCA follows health and public policy agendas and can provide a useful temperature check on how new policies impact on the sector and areas of concern they pursue with Central government.

## A tip to remember…

**Successful partnerships involve all members of a group being equal –**

**value the contribution and views of your voluntary sector partners**

## 8.1 Local Healthwatch

Every local borough (or rural area) has a local Healthwatch organisation. The role of Local Healthwatch is to be the consumer champion for patients – seeking patient experience and opportunities for patient involvement. Healthwatch was established in 2013 (taking on the role of the former Local Involvement Networks).

Many Local Healthwatch organisations hold positions on Health and Well Being Boards, CCG Committees and Quality Review Groups. Your local Healthwatch is a statutory independent organisation that reports to Healthwatch England the national body that provides guidance and national influence for the local Healthwatch groups.

Local Healthwatch organisations are contracted by the local authority.

## 8.2 Working with Volunteers

The Institute for Volunteering Research provides national evidence, research, guidance and statistics on volunteers. There are useful resources to support commissioners, including barriers to volunteering and volunteer management.

Most local boroughs and areas will have a Volunteer Centre. Generally, these organisations will provide best practice advice, volunteer recruitment and management for local authorities.

## 8.3 Commissioning the Voluntary Sector

To commission the voluntary sector successfully, you should have some understanding of the Voluntary and Community Sector structures and best practice principles for working with them.

The National Council of Voluntary Organisations provides useful guides for community organisations on Commissioning. Their guide to Commissioning and Procurement can be read here.

It also produces a Guide to Commissioning for Maximum Value, which brings together an outline of Social Return on Investment (SROI) and the Social Value Act.

The Nuffield Trust has produced a report on the Role of the Voluntary Sector in providing Commissioning Support. The Report identifies the opportunities and challenges in commissioning the voluntary sector and gives useful advice for CCGs, CSUs and NHSE on how the VCS role can be better defined.

The Kings Fund has a Commissioning Reading Room – packed full of reading resources and links to useful information for commissioners

## Watch the film…

The Centre for Social Justice discusses the Voluntary Sector in its Breakthrough Britain 2015 programme.

The Rainbow Haven in Manchester has produced a video of service providers and service users talking about 'What happens when voluntary groups are listened to'

The Voluntary Sector role in Commissioning is explained by a service provider to a service user from the Refugee Council

You can read more about successful partnership working with the voluntary sector in the Kings Fund Publication 'Working Together to deliver the Mandate', 2013

## 9. Further reading and resources

The campaign to end loneliness has a research section on its website which is regularly updated http://www.campaigntoendloneliness.org/loneliness-research/

You can find a range of articles here if you are interested in understanding the psychological impact of loneliness: http://psychology.about.com/od/psychotherapy/a/loneliness.htm

IRISS offer 'Insights" (written pieces) on a range of social care issues: you will find one on social isolation and loneliness here: http://www.iriss.org.uk/resources/preventing-loneliness-and-social-isolation-older-people

AgeUK produced an overview of the evidence on loneliness which you can find here - http://www.ageuk.org.uk/brandpartnerglobal/oxfordshirevpp/documents/loneliness%20the%20state%20we%20are%20in%20-%20report%202013.pdf

The Social Care Institute for Excellence produced a briefing note evaluating the impact of navigator style interventions - http://www.scie.org.uk/publications/briefings/briefing39/

Article in The Guardian, July 2014 Loneliness: the silent plague that is hurting young people most

Article: From Barrier to Bridges: involving a broader range of volunteers, Volunteering England.

The Lonely Society Report by the Mental Health Foundation explores isolation

Helping People to help themselves – The Health Foundation

Motivation and Confidence, what does it take to change behaviour, The Kings Fund

The crucial role of volunteers in supporting compassionate, high-quality patient care

A Glass Half Full: How an asset approach can improve community health and well-being, Foot and Hopkins, 2010, IDeA.

http://www.idea.gov.uk/idk/core/page.do?pageId=1836439

Fit as a Fiddle – Engaging Faith and BME Communities in activities for Well Being – Age UK

Patients in Control: Why people with long term conditions must be empowered, Institute for Public Policy Research, 2014.

| Who are they? | Examples of what they do |
|---|---|
| **Health trainers** | Health trainers help people to develop healthier behaviour and lifestyles in their own local communities. They offer practical support to change their behaviour to achieve their own choices and goals. The exact role will depend upon the needs of the community in which they work, but typically would involve encouraging people to:<br>• stop smoking<br>• participate in increased physical activity<br>• eat more healthily<br>• drink sensibly<br>• practice safe sex<br><br>'Meet the Life Changers' in this video and watch more here http://healthtrainersengland.com |
| **Care Coordinators** | Try to prevent hospital admissions, allow patients to continue to live independently in their own homes and improve the wellbeing of patients and their families. **Services include:**<br>• Visiting patients' homes on behalf of the GP practice to holistically assess their needs<br>• Providing quick access to minor adaptations such as grab rails, external hand rails, flooring and key-safes that reduce falls and increase safety |

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|---|---|
| **Community Navigators** | Community Navigators are local volunteers or members of organisations who help older people find their way to activities or services which they would enjoy or find useful.<br><br>Making the most of local activities and services is a good way to keep fit, active and independent, but not everyone knows what is available. People with health or other difficulties may need a bit of help but can really benefit from activities and services available to everyone. |
| **Community Champions** | Community Champions build on the skills and knowledge of local communities. They bring local people and services together to improve health and wellbeing and to reduce inequalities. |
| **Community Coordinators** | Community Coordinators build relationships at the individual, family and community levels. They aim to support people to stay strong, build personal, local and community solutions and nurture more welcoming, inclusive and mutually supportive communities. Community Coordination can become the new 'front end' of services, and offers the opportunity to simplify (and better connect) the system for local people. |