

STRONG COMMUNITIES FOR BETTER HEALTH



Coalition for
Personalised
Care

TACKLING HEALTH INEQUALITIES AND BOOSTING PERSONALISED CARE

The path to a healthier, more inclusive nation lies in its communities. It's time to think differently, to reshape our country by harnessing the strengths of our local people, to redefine health and tackle health inequalities.

To do this we need your support and that of government. Currently the power does not lie with communities. We urge the next government to make the changes described below. If they were applied consistently across the NHS and local authorities, they would change relationships between communities and the statutory sector and create better health for people through participation and power sharing.

THE CHANGES WE ASK YOU TO SUPPORT

So that strong communities can flourish, and people have purpose and control over their lives in their communities, we ask your support for the following:

Place-based budgeting

Place-based budgeting would give local authorities and other agencies in England the powers and duty to identify local public service spending. It would also support them to collaborate and pool budgets to better meet the needs of local populations, and to set out Local Public Service Plans.

A new public sector community impact duty.

All public services, departments and agencies need to identify, understand and engage proactively with communities affected by decisions. This duty is designed to normalise participation, deliberation and strengths- led approaches.

Community development initiatives at local level

Local community development should be led by passionate individuals with genuine connections to the community. It should be guided by integrated strategy and funded through local community organisations which serve the spectrum of independent local groups. We need to support community-led development initiatives in each Primary Care Network (PCN) and neighbourhood level, closely linked to local authority work. Guidance on implementation is [here](#).

Funding models

A citizens' precept is top slice of the health budget, a percentage (suggestions range from 0.1-1%) of funds being used which are earmarked for community initiatives. These could include a community investment fund; base budgets or tapping into existing funding streams like [Additional Roles Reimbursement Scheme](#) to fund community development workers. Other options include bringing together various sources of funding through structures like Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs) to support community initiatives.

Build evidence

There is [strong evidence](#) for the benefits of community strengthening and personalised care, but support for further evidence is needed. Evidence should focus on the most effective methods of community strengthening, including cost-saving and long-term return on investment.

Measure what matters

Integrated Care Boards and the structures below them should be accountable through relevant measures that reflect the evidence-base of community strengthening. The best candidate is probably measuring social capital, which is linked to health gain, health protection and with improving the social determinants. It is already measured by some councils. Explore this [simple tool for measuring social capital](#).

Build relationships

Time needs to be prioritised to allow NHS and local authority leaders to meet local communities, understand their needs and the work that is being done to engage with them.

Another key action is sharing anonymised NHS and local authority planning and needs assessment data with communities. Communities can offer insights for planners.

REASONS TO BE HOPEFUL

While there are [increasing levels of inequality](#) and [poverty](#); loss of funding for our voluntary and community sector; and not enough state accountability, transparency and support for civil society, there are some signs of renewal. These include:

- A growing interest in developing deeper and richer forms of democracy
- A growing number of NHS organisations and parts of local and national government are involving citizens in their planning and decision-making processes.
- An increase in trade union membership
- Successful use of [deliberative systems](#) over contentious national issues across the world
- A developing body of [theory and practice](#) on [participatory and deliberative action](#).

In the NHS:

- [NHS ICB Guidance](#) is clear about the need for participation, community development and shared decision-making
- The pandemic showed the power of communities and spontaneous community action in delivering health policy
- There has been a shift to and increase in social prescribing in the NHS. This includes the role of voluntary sector services and a recognition of the therapeutic impact of community strengths.

Support our movement to strengthen communities and help tackle health inequalities.

SUPPORTED BY



[The Coalition for Personalised Care](#)



[The Health Creation Alliance](#)



[Community Catalysts](#)

[Somerset Council, Community Enterprise and Workforce](#)



[Southwark Pensioners' Action Group](#)



[Personalised Care Institute](#)

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