An introduction

RDC Guiding Principles (May 2021)

- Utilise the collective resources across all sectors to address health and wellbeing inequalities
- Tackle the root causes through prevention and better use of community assets
- Secure a greater understanding of key determinants of health/wellbeing outcomes for the people of Redditch
- Nurture a culture which facilitates escalation at 'place' level when things aren't working

RDC Governance

- RDC Plenary Group (leaders from local organisations/groups to inform strategy and identify individuals to inform priority focussed work) – level 1 membership
- RDC Core Group (RDC Programme Management Office) – level 2 membership
- RDC Task and Finish Groups (in line with RDC Priorities) – level 3 membership
- RDC Partnership Groups (ongoing engagement which needs to be built and sustained) – level 3 plus membership

RDC Priorities

Initial priorities based upon population health data and agreed May 2021 (public health informed discussions and a review/alignment of strategic priorities at an individual organisational level):

- Mental Health and Wellbeing
- Frailty
- Obesity

Agreed throughout 2022:

- Increasing Cancer Screening Uptake
- Optimising Fuller (initial focus – Integrated Community Neighbourhood Teams)

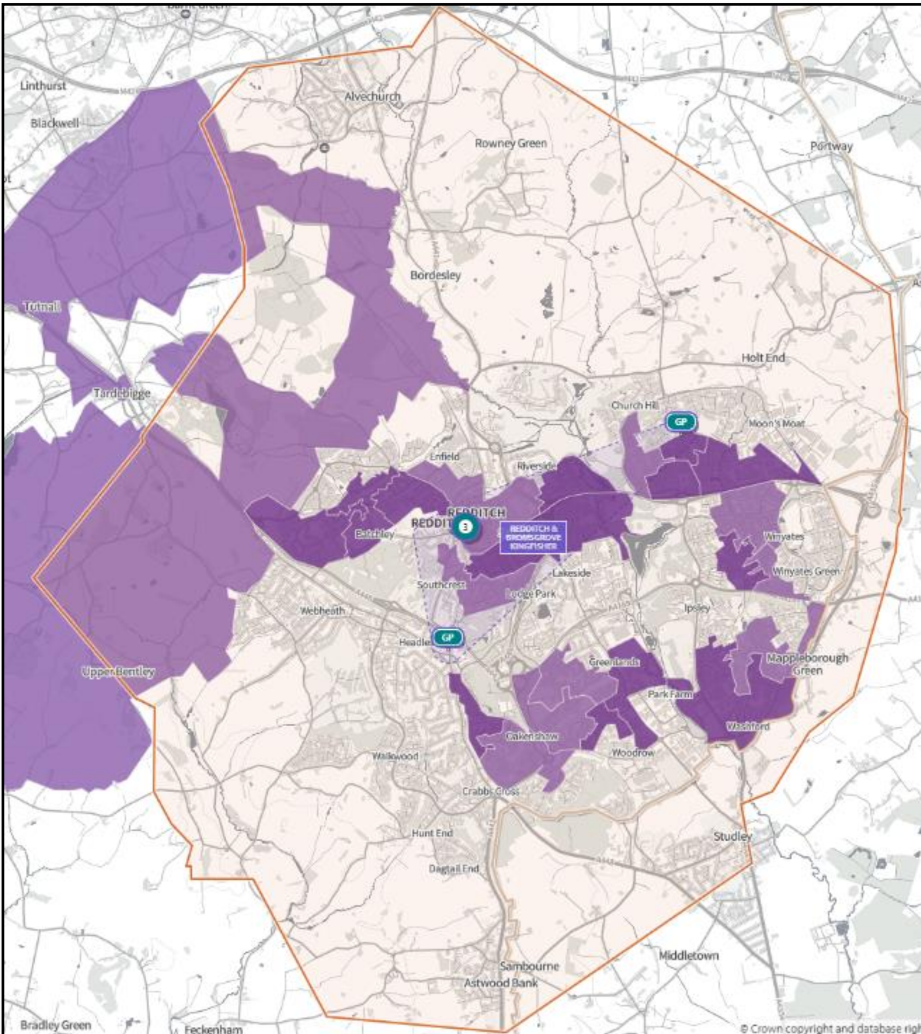
RDC Plenary Membership

Subject to ongoing review and refinement:
Redditch Borough Council – Worcestershire County Council – Here2Help – Worcestershire Children's First – Kingfisher PCN – Nightingales PCN – Bromsgrove and Redditch Network – HWHCT – Worcestershire Acute Hospitals Trust – Public Health – Worcestershire Association of Carers – HWICB – Sandycroft – Age UK – The Old Needleworks – VCS Strategic Lead

Geographical Coverage

Kingfisher PCN

59,682 registered patients



Proportion living in most deprived 20% areas nationally: 29.2% rank = 1 (where 1 =most deprived, 16 = least deprived)

Orange shading shows combined contractual boundaries of the PCN's constituent practices

Data

Population mid-2015: 766,436

English Indices of Deprivation 2019:

www.gov.uk/.../indices-of-deprivation-2019

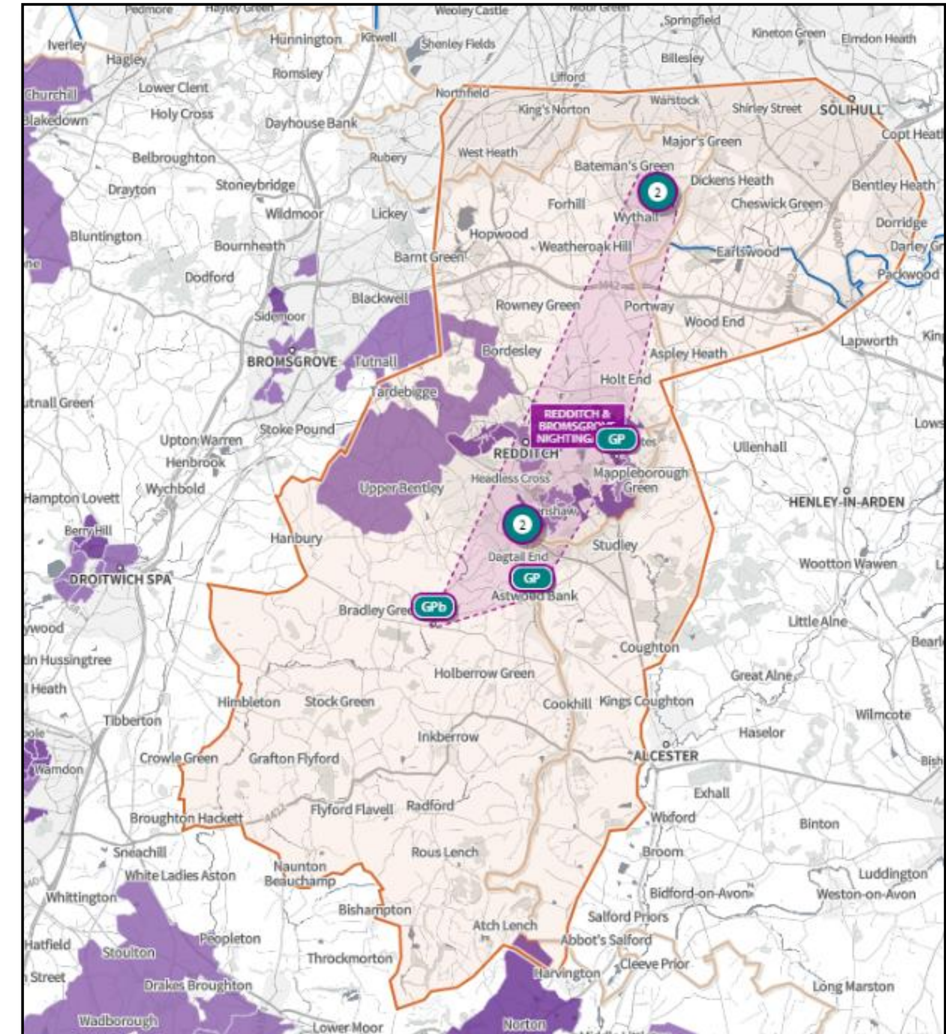
The colours represent the quintiles:

33.26 to 92.73: 55 areas

21.56 to 33.25: 75 areas

Nightingales PCN

42,155 registered patients



Proportion living in most deprived 20% areas nationally: 14.7% rank = 5 (where 1 = most deprived, 16 = least deprived)

Being Well Funding (and other resources)

RDC Programme Management Team

- Hosted by Worcestershire Association of Carers (WAC)
- Dedicated resource to service the RDC Programme of Work (includes all priority focus areas)
- Dedicated resource to engage with local assets, build and sustain relationships with local partners
- WAC provides Social Prescribers
- Overarching leadership and delivery via PCNs, RBC, BARN, H2H

Functions recruited/in progress (approach mirrors the team established in Gwent to deliver similar project)

- RDC Programme Lead (3 x days/week over 3 years)
- RDC Community Connector (for Social Prescribing) (WTE PCN funded - substantive)
- RDC Communication and Engagement Officer (initially 12 months – recruitment underway)

1. *Building resilient and thriving communities.*
2. *Easy access to Being Well support, advice and help.*
3. *Connecting People with Being Well support and help.*
4. *Working together better to make the best of what we have.*

A focus on local assets

- In line with RDC guiding principles, assets have been mapped across the 3 initial RDC priorities
- Initial focus by Programme Team to engage with local assets (level 3 Programme Members)
- Empowering conversations in relation to promoting local assets via Here2Help Community Services Directory and/or Redditch Knowledge Bank

Being Well in Redditch

- Underpins RDC principles and the optimisation of resources:
  - Building a responsible, informed community via the optimisation of (i) Community Hubs – ensuring that those areas with the highest footfall have the same information details in relation to local assets via digital platform; (ii) Social Prescribers and other link workers accessing a consistent range of local options via H2H CDS and Knowledge Bank
- Engaging the community when foundations are in place – promoting and tailoring access to local assets

Asset Mapping exercise across the 3 Core RDC Priorities

- RDC Programme Management Team carried out extensive and proactive engagement with recognised assets across Redditch.
- Various engagement methods offered across identified hubs, services and roles including face-to-face, web-based form and telephone.
- 178 responses received to date.
- Now entering passive phase of mapping where further engagement is required but at a less extensive level (this will be ongoing).
- The process directly informs H2H CSD – empowering assets to input their information.
- Assets become 'RDC programme members' with plans to sustain engagement via Partnership Groups.

What have we done so far? (1)

Mental Health and Wellbeing

- Developed RDC MH & Wellbeing Partnership Group
- Initial Action Plan developed by members including:
  - Identify people with lived experience
    - Issues with the current system
    - Issues with accessing services
    - Case study analysis and correlation with asset mapping – are our preventative assets/solutions being optimised?
    - Identify opportunities to raise awareness of local assets across partners (and communities).
  - Engage and consult with local Redditch residents/communities
    - listening events and engaging hard to reach communities
  - Social prescribing operating model adapted – direct referral for counselling via Sandycroft and Needleworks plus range of assets available via Social Prescribing.

What have we done so far? (2)

Frailty

- Developed RDC Frailty Partnership Group
- Initial Action Plan developed by members including:
  - Identify people with lived experience
    - Issues with the current system
    - Issues with accessing services
    - Case study analysis and correlation with asset mapping – are our preventative assets/solutions being optimised?
    - Identify opportunities to raise awareness of local assets across partners (and communities).
  - Link in with the ICB level RESPECT programme to secure best outcomes for our community.
  - Link with the ICB in terms of Frailty Strategy development.
- Optimise local assets including:
  - Living well for longer – resistance band programme – LA trained
  - Strong and steady classes

Obesity

- Developed an RDC Obesity Partnership Group
- Initial Action Plan developed by members including:
  - Identify people with lived experience
  - Engage bariatric team and GPs to support the identification of people with lived experience.
  - Assign assets in Redditch against patient journey in order to recognise/optimise opportunities and current provisions.
  - Engage local communities via identified groups and focus on hard to reach communities via key assets.
  - Link with ICB in terms of strategy development
- Optimise local assets including:
  - LA group sessions (working in partnership with Rubicon Leisure
  - Council run development services (exercise on referral/live well, be well)
  - Strong and steady classes
  - Eating disorder team

What have we done so far? (3)

Increasing Cancer Screening Uptake

- T&F Group established from across partners (nominated by RDC Plenary members to consider recommendations presented by Public Health in relation to the potential to increase cancer screening uptake in hard to reach communities).
- Action plan agreed including the following key areas:
  - Identify people with 'lived experience' to influence others to make the right choices (to support myth busting and present positive reflections in relation to cancer screening/prevention)
  - Engage Polish and Asian communities – via existing workforce/assets (Polish and Asian speaking members of PCN teams) and ABCD BAME community connector
  - Checking translation/approaches to communication and tailoring accordingly
  - 'Dear Mummy' letter – targeting for creche/nurseries
  - Kingfisher Centre – exploring the 'health shop' concept (will support the whole RDC programme)
  - PCN Care Coordinator led 'cancer screening service' introduced – generic email address for support.

Optimising Fuller
(Initial focus on Integrated Community Neighbourhood Team)

- Agreed in September 2022.
- Initial scoping of existing Neighbourhood Team (HWHCT community services and Social Care) has been carried out at a PCN level.
- Discussion in relation to developing the necessary leadership model to support the development of the Integrated Community Neighbourhood Team has been commenced.
- Potential approach to engage frontline WHCT and Social Care staff is under consideration – initial scoping tool has been developed but awaiting further discussion with HWHCT and Social Care Leads prior to further progress.

Outcomes to date

Effective levels of engagement and commitment RDC programme

Fragile nature of local preventative assets is being exposed which will impact elsewhere across the system if not addressed

400+ assets directly contacted now aware of purpose of RDC with sustained engagement via RDC Partnership Groups

Focus on hard to reach Asian and Polish communities with targeted work to increase cancer screening

Significant increased awareness of accessible assets/resources for Social Prescribers and Community Link Workers

Successful introduction of ABCD approach across Redditch – learning from positive community engagement methodology

Increase in asset inclusion on H2H Community Services Directory and Redditch Knowledge Bank

Ambitions for 2023/24 and associated challenges (1)

- Via RDC Mental Health and Wellbeing Partnership, **optimise funding repatriation opportunities** presenting via VCSE Alliance/ICB – strengthening the local offer;
  - Engage partners via the partnership to decide what will work best for the Redditch population.
  - Build upon the temporary solutions currently in place with The Sandycroft Centre and Old Needleworks where patients are successfully accessing timely counselling on 1:1 and group basis as well as peer support groups – reducing social isolation and anxiety.

- Introduce a **Health and Wellbeing Hub** (hub and spoke model) within Redditch Town Centre location (main hub) – engaging the community via empowering information & local services;
  - Short term focus – promotion/engagement opportunity
  - Long term focus – provide group activities.
  - Furnish all RDC **Community Hubs** (spokes) with consistent Being Well information via H2H CDS & Redditch Knowledge Bank.
  - **Co-locate Social Prescribers** and introduce open referrals.

Key challenges

- 'Joining up' opportunities – we want RDC to be recognised and supported by the ICB as local Redditch delivery platform to respond to strategic opportunities when they arise
- Financial support in relation to building and sustaining Community Hubs

Ambitions for 2023/24 and associated challenges (2)

- Strengthen **Level 3 Plus** membership via Partnership Groups for ongoing engagement.
- Continually review **local assets** – focus on sustainability and resilience (escalating to place where services are unsustainable /fragile).
- Introduce **Level 4 membership** (community membership) with development of community-based partnership groups identifying and introducing **health champions** etc.
- **Optimise ABCD** approach with a focus on training professionals in ABCD methodology.
- Co-production of potential local solutions for consideration at place where gaps and opportunities are identified which will **enhance the prevention agenda** and minimize impact elsewhere in the system.

- **Measure success/impact** across each part of the RDC programme.
- Find tangible ways of measuring impact of RDC programme.
- Introduction of **PAM** for Social Prescribers (and other relevant parts of the RDC programme) as a simple measure of success.
- Introduction of **Cancer Dashboard** will support analysis of the impact of RDC Priority 4 – Increase Cancer Screening Uptake.

Key challenges

- We need to sustain and build countywide initiatives (ABCD, H2H etc.)
- Capacity to support each level of RDC
- Data analyst capacity to understand RDC priorities, provide expertise and support in relation to measuring impact

Ambitions for 2023/24 (3)

Directly informing local solutions for Redditch people when funding opportunities arise

Recognised 'coordinating platform' for Redditch

'Joining up' and keeping partners informed re Business Leaders | Community Wellbeing Trust | Towns Board | Young Peoples Forum