



Resources guide: Community-centred approaches

Purpose: Evidence and guidance to support the scaling of community-centred approaches and system working as part of action to reduce health disparities, promote health, prevent major conditions and level-up communities.

Content:

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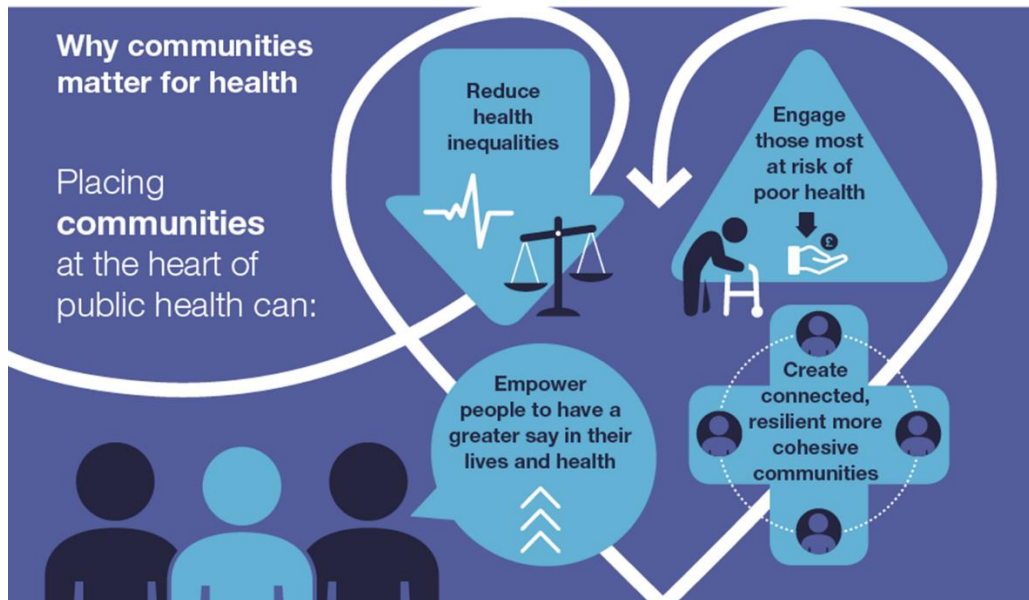
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Why do communities matter for health?

Community life, social connections and having a voice in local decisions are all factors that contribute to improving health and reducing health inequalities. Levels of trust, community belonging, and cohesion also contribute to community resilience and population health. These community-level determinants build control and resilience that can help buffer against illness and influence health-related behaviour.

Involving and empowering local communities, particularly disadvantaged groups, is central to action to improve health and reduce health inequalities. Participatory approaches can directly address marginalisation and powerlessness that underpin inequities.

Blog, infographics and slides: [Health matters: community-centred approaches for health and wellbeing](#)



See also: Evidence guide on [Psychosocial pathways and health outcomes](#)

Key point: To increase understanding of, and attention to, the contribution of community level determinants within the causal pathway to health outcomes

What are community-centred approaches?

Community-centred approaches enhance individual and community capabilities, create healthier places and reduce health inequalities. Community-centred approaches are not just community-based, but about mobilising assets within communities, promoting equity, and increasing people's control over their health and lives.

Community-centred approaches involve:

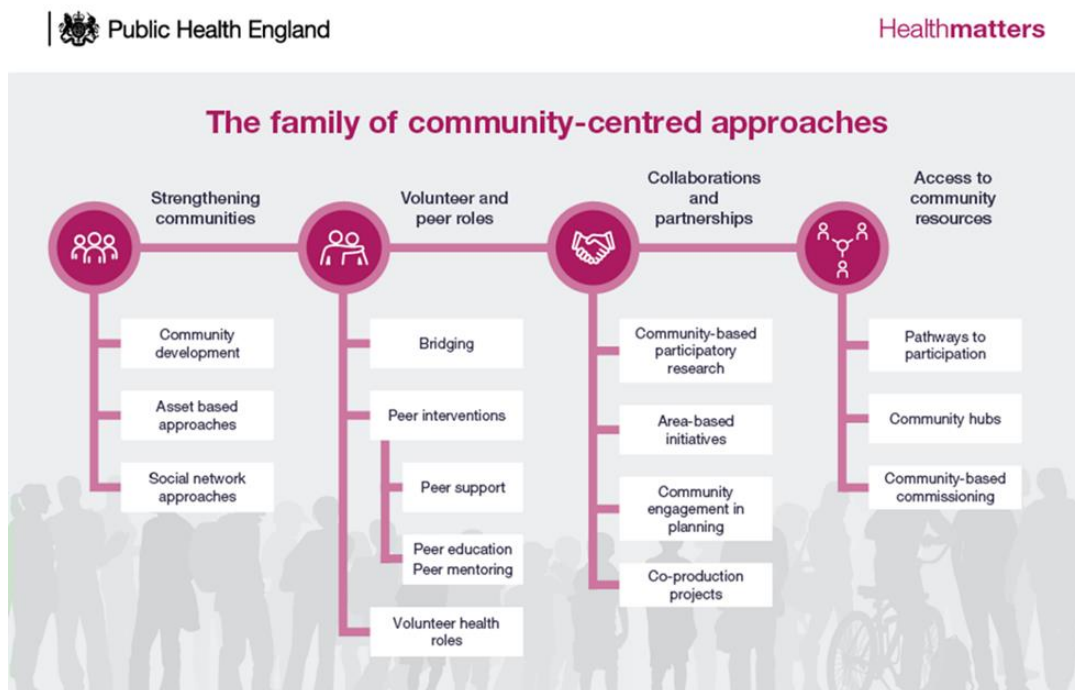
- Using non-clinical methods
- Using participatory approaches, such as community members actively involved in design, delivery and evaluation
- Reducing barriers to engagement
- Utilising and building on local community assets
- Collaborating with those most at risk of poor health
- Changing the conditions that drive poor health
- Addressing community-level factors such as social networks, social capital and empowerment
- Increasing people's control over their health



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Key point: To use the above principles to guide delivery of community-centred practice.

The 'family of community-centred approaches' shows the range of practical and evidence-based approaches that can be scaled in local neighbourhoods:



PHE guidance: evidence and family of approaches: [Guide to Community-Centred Approaches for Health & Wellbeing](#).

Journal article: evidence-based framework - <https://doi.org/10.1093/heapro/dax083>

Journal article: Putting the public back into public health - <https://doi.org/10.1093/pubmed/fdy041>

NICE guidance on Community Engagement provides recommendations for public health, health and social care <https://pathways.nice.org.uk/pathways/community-engagement>.

NICE Quality Standards for commissioning <https://www.nice.org.uk/guidance/qs148>, and importantly, standards for promoting health and preventing premature mortality amongst Black, Asian and minority ethnic communities. <https://www.nice.org.uk/guidance/qs167>

Key point: The family of community-centred approaches has been utilised by local areas to audit current availability and access of approaches across different neighbourhoods/communities and help plan future commissioning.



Are there examples from practice?

There is a collection of over 50 local community-centred practice examples that provides learning from local implementation (now on the UKHSA library) - <https://bit.ly/2xVaBDY>

This uses a tested methodology, and the template can be downloaded.

Journal article: learning from practice examples <https://doi.org/10.1093/pubmed/fdac065>

Key point: *To continue to grow the evidence from practice by collecting, reviewing and sharing local examples (template and collection on the UKHSA library)*

How can approaches be systematised to have greater impact?

To have impact on widening health disparities, further action can be taken to put communities at the heart of our services through whole system working. Building trust and relationships between services and communities is an important part of a whole system approach.

Research by PHE identified the elements of a community-centred public health system. This can be achieved by:

1. Scaling community-centred approaches in our neighbourhoods
2. Involving communities in decision-making and being guided by community voice
3. Strengthening our workforce and VCSE to reach those most in need
4. Sustaining outcomes through long-term actions and measuring what matters to communities

Briefing on framework: [Community-centred public health: taking a whole system approach](#)

PHE Blog - <https://bit.ly/3b88Qah>

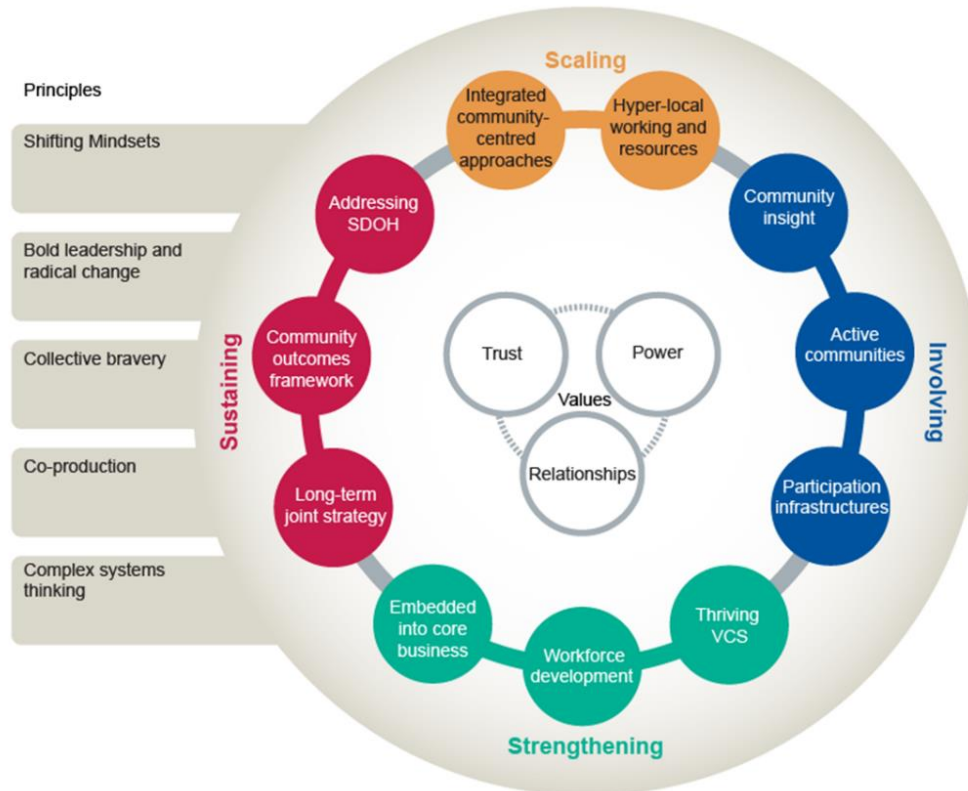
Journal article - <https://bit.ly/2Rwemwo>

Slide-deck - <https://bit.ly/3VJiLHU>

Key point: *The framework can be used to strengthen ALL public health action to reduce health inequalities through taking a whole system approach*



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Examples and tools to support systems working:

Whole system practice-examples - <https://bit.ly/3ZlfdkA>

Test and learn: Role of LAs and community businesses - <https://bit.ly/3Gd4Eop>

Place based approaches to reducing health Inequalities: Framework and Maturity Matrices - <https://bit.ly/3CIUUXX>



Tool B Maturity Matrix.pdf

Tool B:

HEAT guidance – community-centred approaches in update 2021 - <https://bit.ly/3QifJZR>

NHSE Statutory guidance on working with people and communities - <https://bit.ly/3GmwUFI>

Key point: The different frameworks and tools are complementary and intended to stimulate thinking



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What is the role of the VCSE sector?

The VCSE sector is well-placed to provide leadership and delivery of community-centred approaches and systems.

DHSC, NHSE, and UKHSA work with the Voluntary, Community and Social Enterprise sector via the Health and Wellbeing Alliance. See <https://www.england.nhs.uk/hwalliance/> and <https://www.gov.uk/government/news/charities-unite-to-tackle-health-inequalities>

PHE and OHID has worked with Alliance members over the years to strengthen community-centred ways of working in public health. For example:

NAVCA: <https://files.constantcontact.com/ca3da02a001/f2f5fe9f-9a61-4f93-911b-bb556b270ec1.pdf>

NCVO: Voluntary sector case studies <https://ukhsalibrary.koha-ptfs.co.uk/practice-examples/caba/wsa/ncvo/>

Locality: <https://locality.org.uk/reports/community-anchors-and-the-wider-determinants-of-health>

Locality <https://locality.org.uk/reports/creating-health-and-wealth-by-stealth>

Key point: *The HWB Alliance is an important national resource for progressing community-centred approaches for health and wellbeing within national delivery and policy.*

What are the implications for workforce development?

The [Public Health Skills and Knowledge framework](#) includes several elements relevant to community-centred approaches:

Health Promotion:

A2.1 Influence and strengthen community action by empowering communities through evidence based approaches

A2.3 Initiate and/or support action to create environments that facilitate and enable health and wellbeing for [individuals, groups and] communities

A2.6 Facilitate change in [organisations,] communities [and/or individuals]

Service re-design:

B 5.3 Engage stakeholders (including service users) in service design and development, to deliver accessible and equitable person-centred services

Policy:



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B1.3 Develop and implement action plans, with, and for specific groups and communities, to deliver outcomes identified in strategies and policies

Collaboration:

B2.5 Connect communities, groups and individuals to local resources and services that support their health and wellbeing

Commissioning:

B3.3 Commission and/ or provide services and interventions in ways that involve end users and support community interests to achieve equitable person-centred delivery

Democracy:

B4.4 Help [individuals and] communities to have more control over the decisions that affect them and promote health equity, equality and justice.

A job role on working with communities has been mapped against the PHSKF. This could be used to embed public health knowledge and skills into a range of community roles as well as embed community-centred knowledge and skills into public health roles –



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The [Public Health Specialty training curricula 2022](#) includes the following relevant learning outcomes:

Health Intelligence

1.7/ 1.8 Health needs assessment

Policy and strategy development and implementation

3.4 Engagement and co-production with the public

Strategic leadership and collaborative working for health

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Health improvement, determinants of health, and health communication

5a Theory and practice of community development

5.3 Influence community actions and services, by working with and empowering communities using participatory, engagement or asset-based approaches

Health protection

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Health and Care Public Health



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7.4 Advocate proposals for improving health or care outcomes working with diverse audiences

Professional personal and ethical development

9.8 Demonstrate cultural competence and is able to work effectively in cross-cultural situations both internally and externally to the organisation.

There is an Apprenticeship Standard for community health and wellbeing workers that can be used by employers to build local capacity -

<https://www.instituteforapprenticeships.org/apprenticeship-standards/community-health-and-wellbeing-worker/>

Other frameworks that include working with communities:

<https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework>

<https://www.skillsforhealth.org.uk/info-hub/person-centred-approaches-2017/>

eLearning

Bite-sized learning for health practitioners on community-centred practice at All Our Health

<https://www.gov.uk/government/publications/community-centred-practice-applying-all-our-health>

E-Learning for Health also has more in-depth (Masters-level) learning for public health practitioners/ specialists on healthy communities and community-centred approaches -

<https://www.e-lfh.org.uk/programmes/community-centred-approaches-to-health-improvement/>

Article: Building Community Capacity: What can health visitors do? -

<https://doi.org/10.12968/johv.2016.4.3.138>

Key point: *There are no relevant standards within the PH practitioner curriculum, despite roles often having a community-facing element. Building workforce knowledge and skills in community-centred approaches is an*

What was learnt from the COVID-19 pandemic?

The COVID-19 pandemic demonstrated the important role that communities play in health and the need to listen, involve and empower communities. This has been identified as a strength of the response that needs to be built on as part of a community-centred legacy.

Blog on the role of communities in COVID response - <https://bit.ly/2PUuszH>

Journal article: Strengthening and sustaining community resilience in the context of COVID -

<https://bit.ly/3xSlvrX>

Journal article: Community resilience and social capital - <https://doi.org/10.21203/rs.3.rs-1521540/v1>



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The government's 2022 Resilience Framework includes strengthening community resilience and working with communities and VCSE in emergencies.

<https://www.gov.uk/government/publications/the-uk-government-resilience-framework>

Community champions

Community champions are a community-centred approach that involve community members as volunteers in public health and healthcare. This approach was used extensively in the COVID-19 pandemic, supported by DLUHC funding.

A review of the evidence on community champions approaches can be found at <https://www.gov.uk/government/publications/community-champion-approaches-rapid-scoping-review-of-evidence>

Programme guidance and resources to support those designing and implementing community champions programmes in local areas is available here:

<https://www.gov.uk/government/publications/community-champions-programme-guidance-and-resources>

Watch a video from practice at <https://www.youtube.com/watch?v=vWgEeLnHWN4&t=4s>

Further examples of community champion local practice are available on the LGA public health learning exchange: <https://khub.net/web/public-health-learning-exchange>

OHID has utilised R&D CAF funds to commission a scoping of local community champions schemes: learning and current status. This is being carried out by the Kings Fund with York University and will report in 2023.

Key point: *The pandemic left a legacy of community-centred public health on which to build momentum for community-centred approaches and systems.*

Acknowledgements: Jude Stansfield and Professor Jane South

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