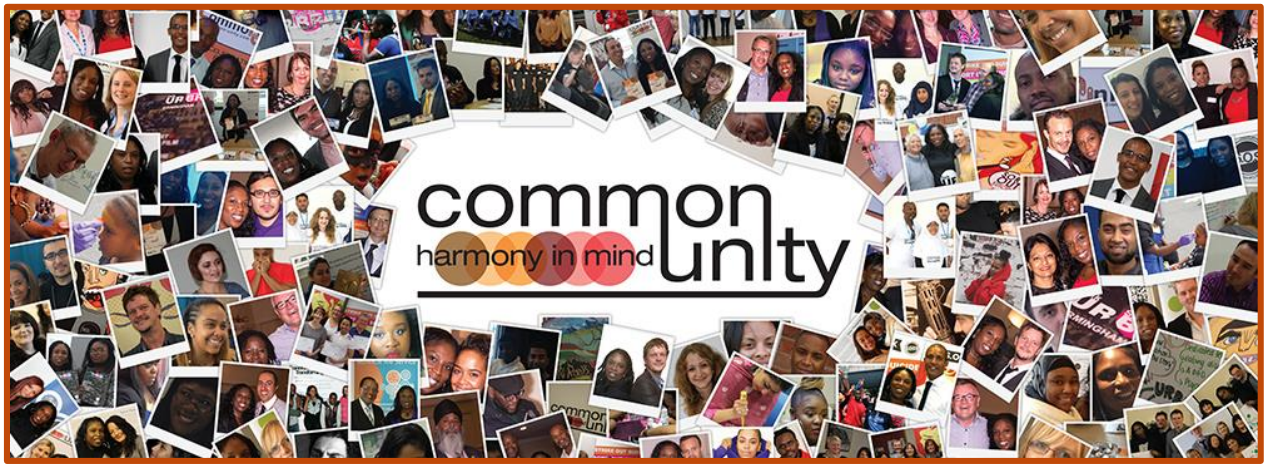
OUR FUTURE VISION

A BRIEF VISION DOCUMENT FOR IMPROVED COMMUNITY ENGAGEMENT AND INTELLIGENT SOLUTIONS.

COMMON UNITY

September 2015



1. BACKGROUND TO COMMON UNITY

1.1 A brief history of Common Unity

Common Unity is a Health and Social Care organisation specialising in working on mental health and well-being with 'invisible' communities.

It was established in 2009 by community activists from BME communities who were also mental health professionals, and who had grown up in the inner city areas of the West Midlands.

Common Unity have more than 25 years' experience working within health and social care. They are well-respected with established roots in the community having a history of delivering a range of ground-breaking programmes that engage seldom heard sectors of society.

These programmes have included the wellbeing youth inclusion programme URBRUM, the Birmingham Barbershop Project and the management of the Community Cohesion Portfolio across the city of Birmingham.

1.2 How we work

Common Unity believes that if you want to relate across communities, then you have to start to work more effectively with communities from where they are at.

During its six years of delivering innovative services in Birmingham, we have recognised that only through meaningful grassroots dialogue where the agenda is equally owned can the real issues for communities be recognised and prioritised accordingly.

The top down approach of seeing challenges and difficulties being homogeneously relevant to all sectors of our community with the same solutions being deemed applicable is a mistaken one. Yet, at the same time there are many opportunities for different communities to incorporate assets that work within other communities.

To ensure that this richly diverse city achieves all it is capable of achieving, there is a need for decision makers to be in a position where their decisions are based on real local intelligence including real local solutions. Common Unity have a clear and vital specialist conduit role in ensuring this happens.

1.3 Our Associates

No single organisation can be all things for all people. Common Unity is no exception to this rule. We recognise that to achieve the greatest impact and the highest level of knowledge in respect of our communities to best inform decision makers, partnership is key to success.

Just as our city is diverse in nature, we recognise that our approach needs to be diverse incorporating the best specialist associates to achieve the best results.

To date, Common Unity have worked with a range of local specialist associate agencies to ensure success in design and delivery has been optimised. These agencies, known as Grassroots Associates, have helped us realise much of the visioning behind this paper and implementation against this vision equally requires the continuation of this partnership arrangement into the future.

2. RATIONALE FOR OUR VISION

2.1 Horizon Scanning:

In 2008, a key evidenced based review document produced by The Office of Science on behalf of Her Majesty's Government known as the Foresight Project clearly outlined key concerns that where on the horizon in respect of population mental health and well-being. This document was called *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century* and although it makes the strong caveat that it does not represent the opinions of present or future governments, it does provide a clear evidence base as to what approaches are effective in the promotion of mental health and wellbeing across society. This document was also the precursor to the *Five Ways To Well-Being Campaign* work which we are all familiar with today.

However, the Foresight Report for Mental Capital goes much further than just campaigns, in seeing positive mental health as a key asset and resource for population wellbeing and the long-term social and economic prosperity of society.

It highlights the fact that mental health promotion and prevention should have a pivotal role to play in enhancing the capacity of individuals and communities to respond to, and positively shape, the future direction of their lives and those of their families and communities. Such an approach therefore, would have a clear role to play in a range of key future health challenges including increased globalisation, urbanisation, epidemiological and demographic shifts, and changing family and work structures.

As part of its conclusion, this report highlights the overarching impact of the promotion of positive mental health and well-being in stating that through effective implementation, we will see improved outcomes *not only for the general population but also for people with mental health problems. The existence of review-level evidence of the effectiveness of mental health promotion interventions further strengthens the case for action*

Furthermore, this paper recognised the fact that promoting mental health and wellbeing were the responsibility of all sectors across society from the family member to the Government and that a pathogenic only approach, meaning an approach that is typically clinical in nature and only deals with the illness at the point of onset has limitations where wider society is concerned.

RESPONSIBILITY FOR PROMOTING MENTAL HEALTH EXTENDS ACROSS ALL DISCIPLINES AND GOVERNMENT DEPARTMENTS AND ENCOMPASSES A CONCERN WITH SOCIAL VALUES, CULTURE, ECONOMIC AND SOCIAL POLICIES. THE EVIDENCE REVIEWED IN THIS PAPER SUGGESTS THAT POLICIES FOCUSED ON CURING OR PREVENTING MENTAL ILLNESS WILL NOT NECESSARILY DELIVER ON IMPROVED MENTAL HEALTH AT A POPULATION LEVEL.

2.2 The Public Health Stance

The Public Health Paper known commonly as The Marmot Review, (Fair Society Healthy Lives 2010) clearly demonstrates key aspects of the conclusions outlined by The Foresight Project with the recognition that there is clear value in investing our energies upstream through communities and across life stages to:

- strengthen the role and impact of ill-health prevention,
- ensure a healthy standard of living for all
  and
- create and develop healthy and sustainable places and communities

2.3 Health Service Thinking

In respect of future health care service provision, this move towards a widening approach to the issues of poor health has been further demonstrated recently in respect of the Five Year Forward View for The NHS (2014) by recognising that a key direction towards a proactive approach to health and wellbeing requires *a radical upgrade in prevention and public health*.

2.4 Identity

Future Identities Changing identities in the UK: the next 10 years (2013), also produced as part of The Foresight Project, outlines a further key issue on the horizon in respect of well-being, this being the challenge of identity and the ramifications of a society that does not recognise the ever shifting pattern of this phenomenon.

They identified that over the next decade, identities in the UK are likely to undergo important changes, and will be increasingly dynamic or volatile. Simple categorisations based on traditional notions of identities are likely to become less meaningful. This will affect society and influence the way that people live their lives. In future, the UK needs to be considered as much a part of the virtual world as a real place. Increasingly, its citizens will be globally networked, hyper-connected individuals, and this has substantial implications for what is meant by communities and by social integration.

3. THE CURRENT LOCAL LANDSCAPE

Under the Coalition Government, the last 5 years have witnessed sweeping changes across the Health and Social Care Landscape nationally - such changes have been brought about through a range of factors including an ever ageing population, the changing burden of disease, the rise in public expectation and alongside this, unprecedented funding pressures and significant redesign in respect of structure, governance and overall responsibility.

Birmingham's population in 2011 was 1.073 million. It is a young population with 66% being under 44 years old. The 20-29 age group represents around 19% of the total population. The population over 65 years old represents about 13% (136,617) of the population. Birmingham is the most ethnically diverse city in the United Kingdom. People of White, Asian and Black ethnicity represent 68%, 20%, and 7%, respectively. Pakistani is the most represented Asian ethnicity.

With this ever diversifying population comes a health and social care landscape that is not fixed, and as the population base ever diversifies it makes sense that with it, the expectations and the needs of the population will also not be fixed. A diverse city requires a diversity in approaches to best meet needs and ensure that the city has the greatest opportunity to flourish.

4. OUR OVER-ARCHING VISION

Category	Challenge
Demographic and social	▪ Planning to meet the needs of an ageing population with an ageing workforce ▪ Managing changing demand resulting from an increasing prevalence of complex long-term conditions and co-morbidities ▪ Managing changing public expectations about care they receive
Health and social care system design	▪ Achieving better integration between health, social care and support organisations ▪ Shifting the focus of the system towards prevention and well-being ▪ Delivering the personalisation agenda and providing person-centred care within financial constraints
Quality and productivity	▪ Ensuring the system delivers high-quality services within financial constraints ▪ Developing effective measures for quality of care and productivity and ensuring high-quality data is collected ▪ Preparing for changes resulting from innovation and technology
Financial and economic	▪ Planning service delivery given the uncertainty about level of funding in the future and how this will affect future demand for and supply of care services ▪ Uncertainty about how investment in life science, health and care will support the UK economy

There are key challenges for Health and Social Care in Birmingham, these challenges were outlined at a National Level (above) in 2013 by the Centre for Workforce Intelligence.

Whilst progress has been made in secondary prevention and improving life expectancy, health inequalities persist, and effective approaches to primary prevention and tackling the determinants of health are lacking. A major blocker within these Key challenges as we see it in Birmingham is in respect of ensuring the delivery of truly excellent provision based on a well understood knowledge of communities at a greater extent that the current pathogenic approach allows.

Through such knowledge gained we can start to shift the focus towards prevention and well-being that will help to address a number of demographic and financial big picture challenges including avoiding the development or deterioration of long-term conditions, expensive treatment and care options. This will decrease demand and free up resources for those who really need them.

But, to have greater knowledge to best advice a preventative approach, we need to consider a further issue that currently baffles us – and that challenge is coming to grips with *identity* at both a shared and individual level.

For health and social care services to be truly excellent and fit for purpose across communities we need to understand our communities' identities; **not at a single point in time, but on an ongoing basis.** Without a clear understanding of who we are as Birmingham citizens', we cannot have a clear understanding of what services need to look like to be truly excellent.

Current understanding of communities is limited to service-user groups, organised "stakeholder engagement events" and poorly conceived, inaccessible surveys that give no room for real dialogue, engagement and ownership across communities.

In addition, when we engage on the subject of health, we do this from a Eurocentric viewpoint where the subject of health is discussed in terms of illness – a pathogenic approach. Thus the current start point is the "Problem of Disease" not the "Potential for Health."

So we are asking the wrong questions, with a wrong approach of the wrong (or at very best not enough of the right) people. We are not intelligent about our communities and with that, we are not intelligent about how our communities perceive health and opportunities for maintaining it and their role in potentially helping it happen.

The questions we need to ask, at the very least, and do not ask enough are as follows -

QUESTION 1: WHO ARE OUR COMMUNITIES?

QUESTION 2: HOW DO OUR COMMUNITIES VIEW THE CITY THEY LIVE IN?

QUESTION 3: WHAT NEEDS ARE THERE THAT ARE SPECIFIC TO PARTICULAR COMMUNITIES?

QUESTION 4: WHAT NEEDS ARE THERE THAT ARE APPLICABLE TO ALL COMMUNITIES?

QUESTION 5: WHERE LIES THE DIFFERENCE AND WHERE LIES SIMILARITIES ACROSS OUR COMMUNITIES?

QUESTION 6: WHAT HELP DO OUR COMMUNITIES NEED AND HOW WOULD THEY LIKE TO RECEIVE THAT HELP?

QUESTION 7: WHAT ASSETS DO COMMUNITIES BRING AND HOW CAN WE BUILD ON THESE ASSETS OR LEARN FROM THE BENEFITS FOUND IN COMMUNITIES THAT HOLD THESE ASSETS?

Through appropriate grassroots intelligence gathering that embraces the multifaceted nature of people's identities, future person centred service development and implementation will best support different groups, or individuals, at different times and places as needed. In addition, it will ensure a rich platform of community identity allowing for the development of shared community action and opportunities for assets development both within and across communities.

IT IS ONLY THROUGH INTELLIGENCE THAT WE CAN HAVE INTELLIGENT SOLUTIONS TO COMPLEX CHALLENGES.

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