WORKING WITH COMMUNITIES TO REDUCE HEALTH INEQUALITIES

Interim findings from the UK Research and Innovation Mobilising Community Assets to Tackle Health Inequalities Research Programme

Mobilising Community Assets to Tackle Health Inequalities is a UK Research and Innovation (UKRI) funded programme, led by the Arts and Humanities Research Council (AHRC), with support from the Biotechnology and Biological Sciences Research Council (BBSRC), Economic and Social Research Council (ESRC), Natural Environment Research Council (NERC) and Medical Research Council (MRC).

The programme is funded across three phases from 2021 to 2027. It is led by AHRC's Programme Director for Health Inequalities, Professor Helen Chatterjee, and coordinated by the Culture-Nature-Health Research Group at University College London, in partnership with the National Centre for Creative Health (Grant Ref: AH/W006405/1; PI: HJ Chatterjee).

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For more information, visit the website:
https://www.ucl.ac.uk/biosciences/culture-nature-health-research

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Cover image: Remembrance Field of Forget-Me-Nots at Grove Park. Good Grief Weston (Weston-super-Mare Community Network)
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SECTION 1 – EXECUTIVE SUMMARY

The Mobilising Community Assets to Tackle Health Inequalities research programme investigates how community assets such as museums, libraries, creative and community organisations, parks and waterways can be strategically integrated into healthcare systems to reduce health inequalities.

The programme brings together different academic disciplines, as well as partners from across health and social care, local authorities, community groups, people with lived experience, charities and policymakers.

Funded projects are producing evidence about the causes of inequalities, and how community assets can help to address them. They are exploring new collaborative models and ways of working through which community assets can be integrated into health systems and scaled up to address inequalities, as well as investigating the barriers and enablers of this kind of approach.

The £30m programme runs over 3 phases from 2021-2027. This report summarises the work and findings in Phase 1 and Phase 2.

> ***The evidence is clear – intellectual stimulation, a sense of purpose, engagement in your community and a fulfilling social life are as important as diet, exercise and medical care when it comes to living a long and healthy life. Yet often public health interventions neglect this reality.***
>
> ***These projects seek to improve the length and quality of our lives by making use of the rich cultural, artistic, natural and social resources that already exist within our communities. In this way, we can shape a healthier, happier United Kingdom.***
>
> – Helen Chatterjee, Professor of Human & Ecological Health, UCL and AHRC Programme Director for Health Inequalities.

> ***We know that joining up care leads to better outcomes for people. When local partners – the NHS, councils, the voluntary sector and others work together, they can create better services based on local need and what matters to people. Harnessing community assets, finding the opportunities for connection, activity and purpose can support people to achieve good health and wellbeing outcomes.***
>
> – James Sanderson, Director of Community Health and Personalised Care at NHS England.

What have we learnt so far?

Projects funded in Phase 1 and Phase 2 of the programme have generated important outputs and research findings in their target communities. Key findings from across the programme so far are:

- Community-based approaches offer targeted solutions to reaching those most in need, living in the poorest areas.
- Asset mapping is required to identify strengths and gaps, and to ensure that offers are relevant to the needs of the local community.
- Local people need to be involved in decision-making processes.
- It needs to be made easier for decision-makers (commissioners, referrers, funders, and health and community professionals) to tackle inequalities and identify the most vulnerable members of society.
- Optimal funding/commissioning models are location-specific, but co-location of services and collaboration across organisations and programmes is more effective and offers the most cost-effective solution to tackling inequalities.
- Time and flexibility are vital to the development of trusting relationships and new ways of working, necessary for successful cross-sector partnerships.

SECTION 2 – HOW CAN MOBILISING COMMUNITY ASSETS HELP TO REDUCE HEALTH INEQUALITIES?

Health inequalities are avoidable differences in health outcomes between different population groups. As well as being unfair, they cost systems money and impact national productivity.

Only a small percentage of health outcomes are a direct result of clinical care. A much larger percentage is made up of the conditions in which people live, grow, work and age – the social determinants of health. These can include education and skills, income, employment and working conditions, the built and natural environment, housing, access to services including legal services, and power and discrimination. This means that tackling health inequalities requires a cross-sector and cross-societal approach, which improves the conditions in which people live, addresses the causes of ill-health, and supports people to live healthier lives.

Community assets are defined in this programme as organisations, individuals, networks and places which are used to support community interests. Examples include:

Cultural, community and natural assets play an important role in addressing the social determinants of health and supporting people to live well [1]. Community engagement supports health and wellbeing, and can provide people with a sense of belonging and pride in the place that they live. During the pandemic, community-based organisations responded quickly and flexibly, with an understanding of local need, to provide activities which reduced isolation and loneliness and supported mental health and wellbeing [2].

Many community organisations have built up strong relationships with their communities over time, and have a good understanding of local need, particularly in areas affected by deprivation, or in communities that are marginalised or excluded. However, such organisations can face challenges such as small-scale, short-term funding, which impacts their sustainability, and can hamper the spread and scale of their work.

To overcome this, the Mobilising Community Assets research programme investigates how equitable and sustainable community ecosystems can be developed, through which community assets can be integrated into and supported by systems to address health inequalities.

This research is particularly timely. The COVID-19 pandemic highlighted the extent of health inequalities in the UK, and the number of people living in poverty which is increasing each year and will further worsen health inequalities. A new approach is necessary, and the research programme will help us to understand what this could look like in practice. Incorporating natural assets into our approach to health and wellbeing can support a ‘planetary health’ approach which recognises that the health of the environment and the health of the population are interconnected [3]. Establishing equitable and sustainable community ecosystems at local level can therefore also help to build resilient systems for the future.

SECTION 2 – HOW CAN MOBILISING COMMUNITY ASSETS HELP TO REDUCE HEALTH INEQUALITIES?

The current policy context

Health and social care systems are under increasing pressure. The number of people living with long-term health conditions is rising, the population is ageing and health inequalities are widening. Recent developments in policy have recognised the link between the conditions in which people live and their health, and the role that community assets can play in keeping people well and reducing inequalities, thereby reducing these pressures.

The Government's interim major conditions strategy, for example, acknowledges the need to focus on prevention, personalised care and reducing inequalities in addressing the rising prevalence of health conditions affecting the largest number of people [4]. The Chief Medical Officer's report for 2023 addresses inequalities in healthy ageing, advocating for approaches that support people to live well in their communities for longer [5].

Integrated Care Systems (ICS) were introduced in England in 2022, with their devolved equivalents already in place across Scotland, Wales and Northern Ireland. The aim of integrated care is to join-up local partners to organise health and care services and improve health outcomes. ICSs have a duty to address health inequalities and offer an opportunity for more strategic partnerships between systems and community assets [6].

Within the NHS, Social Prescribing can connect people to activities, groups, and services in their community to meet the non-clinical needs that affect their health and wellbeing. The NHS Long-Term Plan commits to the expansion of social prescribing and the Government has provided funding through the establishment of the National Academy for Social Prescribing, and a Green Social Prescribing pilot which linked people to nature-based activities to improve mental health and wellbeing [7]. The NHS's Core20PLUS5 provides a framework to reduce inequalities, focusing on the most deprived 20% of the population, populations most likely to face inequalities, and clinical priority areas [8].

The benefits of creativity and culture for health and wellbeing have been recognised by the Department for Culture, Media and Sport. The Creative Industries Sector Vision commits to enhancing direct links between the creative industries and the health service, citing the Mobilising Community Assets Programme as an important strand of this work [9]. Arm's Length Bodies have developed strategies to maximise the potential of creative, community and natural assets to improve health and wellbeing (Arts Council England's Creative Health and Wellbeing Plan [10], Historic England's Wellbeing and Heritage Strategy [11], Natural England's research into the links between exposure to Nature and Health and Wellbeing [12]). The Creative Health Review, published by the All-Party Parliamentary Group on Arts, Health and Wellbeing and National Centre for Creative Health, draws on examples from the Mobilising Community Assets programme to make recommendations for a cross-governmental strategy to maximise the benefits of creative health [13].

The Levelling Up agenda recognises the link between health and national productivity and sets targets to narrow the gap in healthy life expectancy and wellbeing levels between the most and least deprived areas of the country. Further opportunities for devolution will facilitate place-based approaches addressing health inequalities, incorporating local assets and aligned to regional priorities. Working locally to tackle issues such as achieving net zero, and delivery of public services has been recognised as an important route to meeting national targets [14].

The Mobilising Community Assets programme aims to identify the conditions required to develop local public health ecosystems, with community assets at the heart, which can support system-level population health targets and be scaled up to address national policy priorities.

SECTION 3 – FINDINGS FROM PHASE 1 AND 2

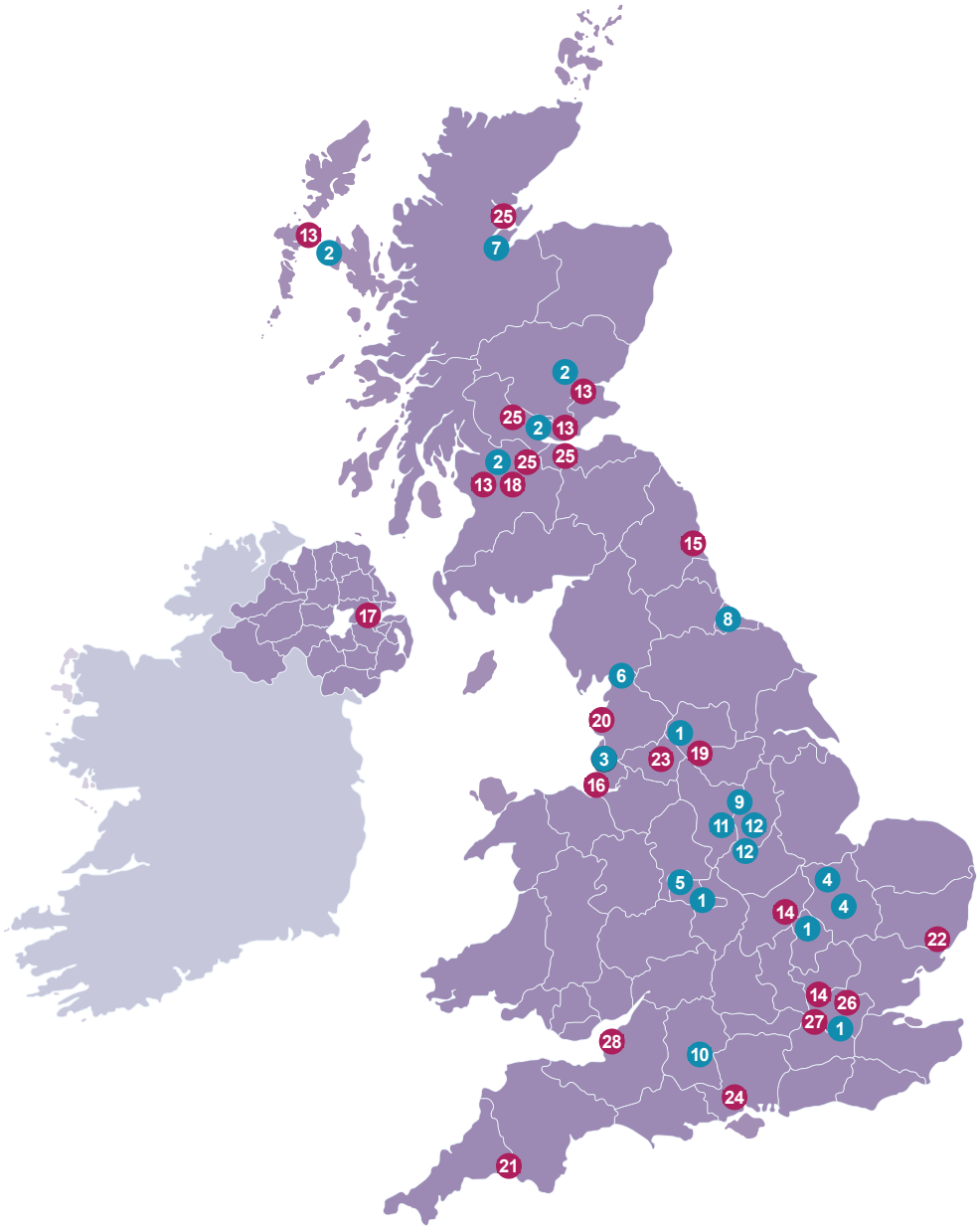
Phase 1 and Phase 2 Overview

Phase 1 projects began their work in January 2022. **Twelve pilot projects** from across the UK were funded to investigate how cultural, natural and community assets can be used to improve mental and physical health outcomes in communities affected by inequalities, and how these small, local initiatives could be scaled up to address health inequalities.

Phase 2 projects ran throughout 2023. In this phase, **16 projects** were funded to build cross-sectoral consortia to address health inequalities. Projects researched the establishment of consortia incorporating academic, health, local authority, community and lived experience partners across a range of settings, working in some of the poorest areas of the UK.

Phase 1:

1. ARCHES - Arts and Culture in Health Ecosystems (Leeds Beckett University) - Halifax; Bedford; Southwark; and Birmingham
2. Art at the Start - Phase 1 (University of Dundee) - Dundee; Glasgow; North Uist; Fife
3. Art for the Blues (Edge Hill University) - Greater Manchester; Lancashire and South Cumbria; Cheshire and Merseyside
4. Branching Out (University College London) - Cambridgeshire; Peterborough
5. Connecting Roots (Royal College of Art) - Walsall
6. Phoenix Takes Flight (Lancaster University) - Lancashire and South Cumbria
7. Prescribe Heritage Highland (University of the Highlands and Islands) - Scottish Highlands
8. Rooted in Nature (Newcastle University) - Middlesbrough
9. Scaling Up Inspiring Ashfield (Nottingham Trent University) - Nottinghamshire
10. Scaling Up Human Henge (Bournemouth University) - Wiltshire
11. Social Prescribing for All (University of Derby) - Derby
12. Wild Swimming and Blue Spaces (University of Nottingham) - Nottinghamshire; Leicestershire



SECTION 3 – FINDINGS FROM PHASE 1 AND 2

Phase 2:

13. Art at the Start - Phase 2 (University of Dundee) - Dundee; Glasgow; North Uist; Fife

14. Building a Well Communities Research Consortium to address health disparities through Integrated Care Systems (City, University of London) - East London; Northamptonshire

15. Building and evidencing community asset partnerships in housing and health to address health disparities in North-East and North Cumbria (Northumbria University) - North East and North Cumbria

16. Building REsearch by Communities to address Inequities Through Expression (ReCITE) Consortium (Liverpool School of Tropical Medicine) - Merseyside

17. Challenging Health Outcomes and Integrating Care Environments (CHOICE): a community consortium to tackle health disparities for people living with mental illness (Ulster University) Northern Ireland

18. Common Health Catalyst: developing a community research consortium to address health disparities (Glasgow Caledonian University) - Lanarkshire

19. Creating Change: a collaborative action inquiry approach for integrating creativity and community assets into integrated care system responses to health disparities (University of Huddersfield) - West Yorkshire

20. Community Solutions for Health Equity (Fylde Coast Research Collaboration) (University of Liverpool) - Fylde Coast (Blackpool)

21. Devon Community Assets Research Collaborative (CAN-DO): developing, understanding and linking within integrated care systems (University of Plymouth) - Devon

22. INtersectional Network Of community and stakeholder Voices, And research to Tackle (in)Equities (INNOVATE) in mental health and wellbeing (University of Essex) - Essex

23. Organisations of Hope: building a creative consortium for health equity in Greater Manchester (University of Manchester) - Greater Manchester

24. Pathways to health through cultures of neighbourhoods (University of Southampton) - Southampton

25. REALITIES in Health Disparities: researching evidence-based alternatives in living, imaginative, traumatised, integrated, embodied systems (University of Edinburgh) - North Lanarkshire; Clackmannanshire; Easter Ross

26. Tackling health disparities through social innovation: a multistakeholder coalition for inclusive health in Brent (University College London) - Brent, London

27. The Living Roots Project: building a community asset and research consortium in Ealing, west London to address health equity (Institute of Development Studies) - Ealing

28. Weston-super-Mare consortium: harnessing community assets to tackle inequities and reduce social isolation in end-of-life care and bereavement (University of Bristol) Weston-super-Mare

SECTION 3 – FINDINGS FROM PHASE 1 AND 2

Across both phases inequalities were examined in relation to:

Neighbourhoods experiencing high levels of deprivation

Rural populations

Coastal settings

Urban populations

Racial and ethnic inequalities

Communities less likely to access healthcare services

Initiatives to address health inequalities were developed working with:

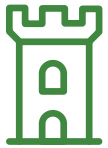
- Infants and their carers
- Children and young people
- People experiencing poor mental health or severe mental illness
- Older adults
- People living with dementia
- People experiencing loneliness and isolation
- End of life care and bereavement support
- People with experience of the criminal justice system
- People with experience of homelessness
- People experiencing unemployment

SECTION 3 – FINDINGS FROM PHASE 1 AND 2

Community assets mobilised as part of the research included:

Art galleries

Museums



Heritage sites and ancient landscapes

Blue spaces

Green spaces

Community centres

Anchor organisations

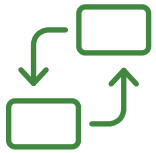
Community allotments

Schools

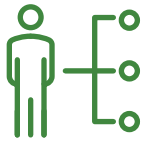
SECTION 3 – FINDINGS FROM PHASE 1 AND 2

Achievements include:

Establishment of new referral routes and Social Prescribing pathways linking people experiencing inequalities to community activities and assets

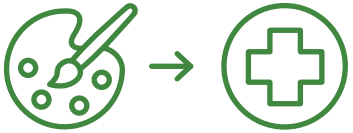


Production of Theory of Change models, guidance, knowledge exchange mechanisms and recommendations for cross-sector working



Identification of new links and development of new relationships between researchers, community assets, service providers and systems

Creation of cross-sectoral networks, consortia and place-based partnerships with the specific aim of addressing inequalities



Embedding creative approaches into existing care pathways

Asset mapping and social network analysis identifying local provision and gaps

Development of new approaches to incorporating lived experience voices into research and service design

Influencing local policy and strategy and instigating systems change

Creative and community-centred research approaches were also developed and employed by the research teams to generate evidence. These included community-based participatory research and action research approaches, photo-elicitation, legislative theatre, oral history, creative workshops and evaluation, ethnography, storytelling, walking interviews as well as surveys and focus groups.

Additionally, the UCL-based Mobilising Community Assets programme team carried out site visits, focus groups and collected data from across all projects to analyse the successes, barriers and enablers of this sort of work experienced across the programme as a whole.

SECTION 3 – FINDINGS FROM PHASE 1 AND 2

Phase 1 and 2 at a Glance

721 organisations were involved in cross-sectoral partnerships

Research and higher education

NHS / Health

Local Authority

Cultural sector

VCSE and other community assets

Schools

National organisations

16,000+

people have engaged with the programme through

460 events which included:

- Community-based activities
- Workshops
- Training sessions
- Focus groups
- Public engagement activities
- Conferences and presentations

128 new posts were created

This includes academic posts, community researchers and creative facilitators.

An additional

£5.8m

of funding was leveraged. Additionally, two projects were involved in successful National Institute for Health and Care Research (NIHR) Health Determinants Research Collaborative bids worth **£5m** each.

85

journal papers, conference papers, posters and project reports and **8** policy briefings have been published by funded projects. A range of creative outputs have also been produced so far.

SECTION 3 – FINDINGS FROM PHASE 1 AND 2

Key Themes

Bringing together the insights from Phase 1 and Phase 2, and drawing on the research of the UCL Mobilising Community Assets Programme Team, some key themes were identified.

These include barriers and enablers to this approach to tackling health inequalities, and areas where further work is required to establish equitable and sustainable community ecosystems, fully embedded in health systems [15,16].

Understanding drivers of inequalities

The drivers of inequalities addressed across the two phases were very strongly linked to the socioeconomic context and deprivation, and the broader structural and systemic issues underlying this.

> ***You don't start with what's problematic with their individual behaviour, but understanding what is it about where they live, the socioeconomic context in which they exist that then informs the types of health issues that they experience***
>
> – Focus Group Participant

Cross-sectoral collaboration, partnership working and integration with health systems

Cross-sectoral collaboration has been key to successful delivery. However, relationship building takes time and effort. Different ways of working, organisational cultures, timescales and expectations can be challenging. For smaller community groups, capacity and resource for relationship building can be limited, and there can be issues with the balance of power.

The strength of community-based organisations often lies in their agility and flexibility to respond to local need, allowing for innovation. Layers of bureaucracy within larger organisations such as health trusts and universities can stifle this. However, when flexibility is built in (through reliable contracts, equal partnerships and sufficient funding and staffing), community organisations are enabled to do what they know best, with positive outcomes.

Integrated care, with a focus on preventing ill-health and addressing the social determinants of health, is widely seen as the right way forward. Integrated Care Systems and their devolved equivalents offer the opportunity for community assets to be more fully embedded into systems. However, community-based organisations must be able to keep their independence and flexible approach.

The research programme has served as a catalyst to address some of the challenges of cross-sectoral working. Where barriers have been overcome, the development of a shared language and understanding became a success factor, and projects were able to join up fragmented systems.

> ***If we really understand the power of relationships and investing in networks and creating those amazing foundations to grow together, which ultimately I think is sustainability in the end, because you can then sustain if you've got everyone pulling all that we have configured in the right way. If we don't prioritise and therefore invest in the relationships and that time it makes it really, really challenging***
>
> – Focus Group Participant

SECTION 3 – FINDINGS FROM PHASE 1 AND 2

Co-production and incorporating lived experience

Authentic co-production was found to be essential for addressing the issues faced by communities experiencing the worst inequalities, and perceived as more effective than external agencies coming in to 'fix' an issue, often lacking understanding of community context.

Some projects reported a lack of recognition of the approach from statutory partners, particularly when working with healthcare sectors, which could make it difficult to get system-level representation 'in the room'. Many funded projects employed creative approaches to express and amplify lived experience voices. This not only empowered people with lived experience but also levelled hierarchies and encouraged decision-makers to 'think outside the box', with a new understanding of how people experience local services.

Where systems-based partners were part of workshops and events co-produced with community members, a shared understanding was established, facilitating stronger partnerships and more equitable collaborative working.

> ***Ensure the community services are perceived as certainly co-produced with the community and undertaken for the community, rather than there being external agencies providing services to fix the community***
>
> – Focus Group Participant

Funding and Resource

Short-term funding impacts the sustainability and scalability of community-based initiatives, with capacity necessarily diverted from implementation to identifying further sources of income. There can also be challenges in gathering data on impact, required to secure future funds. In some cases, when further funding is unavailable, ending an effective programme can result in more harm than good for participants and inhibits the collection of evidence of impact over the long-term. Limited project-based funding pots can lead to competition rather than collaboration between smaller community-based organisations.

Sustainable funding models can facilitate the establishment of long-term partnerships and trusting relationships between cross-sectoral partnerships, and free up capacity in community organisations to focus on delivery.

> ***Those short-term contracts and projects for the organisations, for the researchers, it just creates the cycle of chasing the money. And the impact that that has as well.***
>
> – Focus Group Participant

SECTION 3 – FINDINGS FROM PHASE 1 AND 2

Generating evidence

Using creative methods as part of the research process was found to be a good way to engage and empower community members, to communicate and express complex ideas, and to present these ideas back to a wider audience, including policymakers.

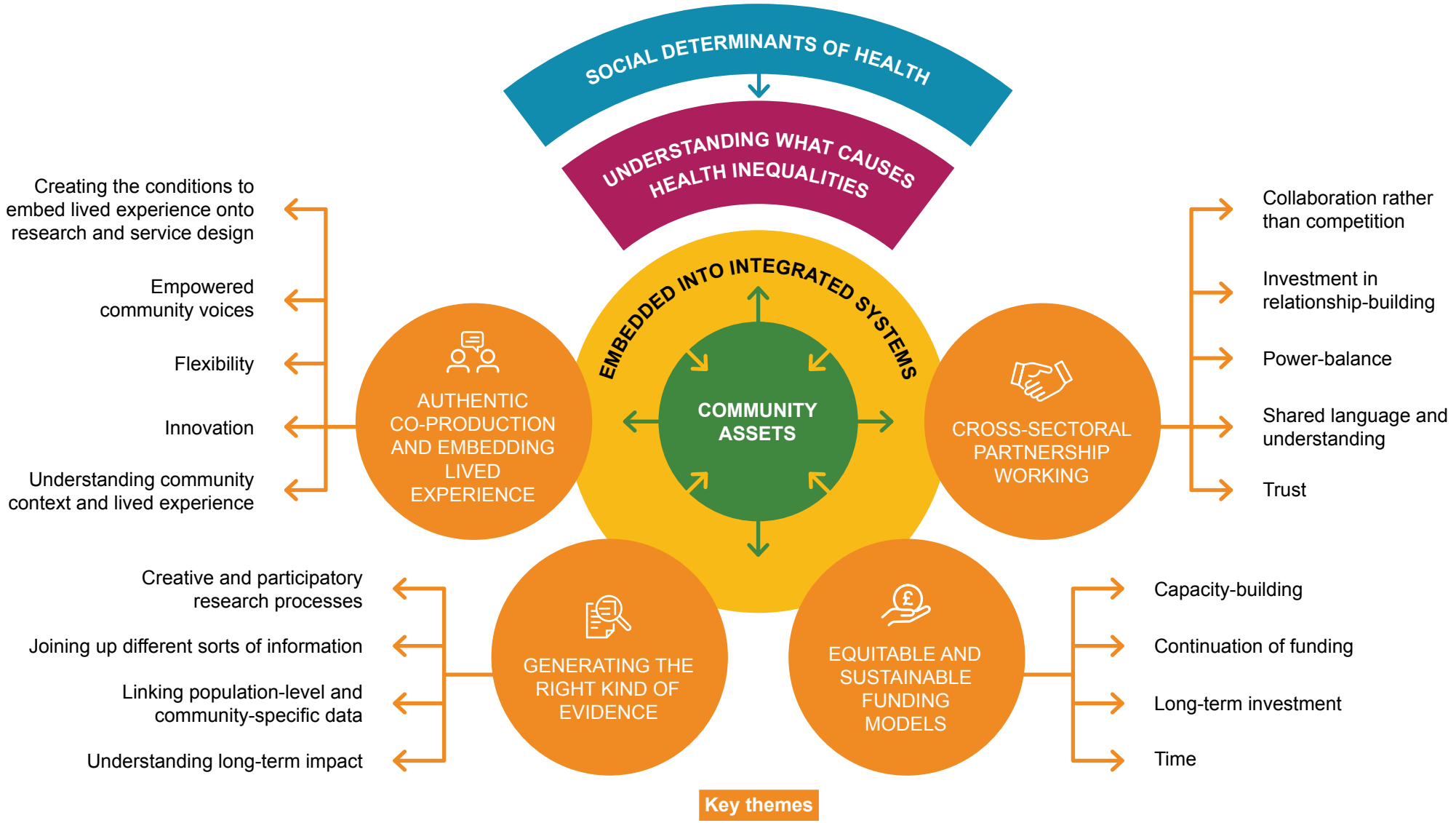
Challenges were experienced in identifying what sort of evidence systems require to support community-based programmes, and how this can be reconciled with the rich information generated through qualitative and participatory research methods. A disconnect was noted between the population-level data gathered by systems in relation to inequalities, and the more specific information required to understand the experiences of those communities most in need.

Co-producing research and working with people with lived experience to set research priorities and co-design interventions resulted in initiatives which best met the needs of the target audience, and empowered community members. This required time and flexibility within the research team. Funding and administrative structures which support this way of working could facilitate more effective co-designed research in future.

> ***Do they want qualitative data, or do they want surveys and statistics? And I think it's often the policymakers who want the statistics because they want to be able to make decisions knowing that it's based on evidence***
>
> – Focus Group Participant

SECTION 3 – FINDINGS FROM PHASE 1 AND 2

Key themes from Phase 1 and 2



SECTION 4 - ENSURING LIVED EXPERIENCE IS FULLY REPRESENTED IN OUR RESEARCH

A key theme identified in the research to date has been the value of fully incorporating lived experience across all stages of the process from research design to service delivery.

Projects from across Phase 1 and 2 have identified meaningful lived experience engagement as vital to understanding the causes and impact of health inequalities, and in the co-design of effective solutions. They have employed a range of approaches to ensure voices of lived experience are fully embedded in their work, and central to developing new ways of mobilising community assets.

Projects have also identified challenges to engagement and developed innovative solutions to make the process easier and rewarding for people experiencing the worst inequalities, in turn ensuring a wider range of opinions and experiences can be represented. This can include practical considerations such as time, location, transport and payment for participation, as well as the establishment of trusted relationships, the creation of a safe-space in which people can freely express their experiences and opinions, and the provision of safeguarding and emotional support for those who choose to do so. Feedback of project outputs, and a tangible impact from the process were considered important for sustained engagement.

Through the process, research projects have identified organisational and structural barriers to meaningful engagement, particularly in relation to time, resource and flexibility, and made recommendations for new ways of working.

The Mobilising Community Assets Lived Experience Producer provides support to funded projects, as well as exploring different approaches to participation in research and service design, and sharing what is working well across the programme.

It is also essential that lived experience is fully incorporated into our programme-level work. A Lived Experience Advisory Group has been established for this purpose, and will bring on board representatives from projects funded across the remaining programme period.

We worked closely with the Arts and Humanities Research Council (AHRC) to establish a lived experience review panel for funding applications, giving this perspective equal weight to academic peer review.

> ***Participating in the reviewing process and funding panel for The Mobilising Community Assets to Tackle Health Inequalities project was such a stepping stone in my own development and confidence, but also in re-building my trust in the research ecosystem. Having engaged in research as a participant numerous times, it was exciting to be in the panel and I felt such a shift in my own agency in being able to contribute to and influence decisions made regarding research funding for this project.***
>
> ***Having an equal panel of academics and lived experience advisors felt such a progressive step in developing more equitable approaches to research funding. Whilst this more collaborative approach to decision-making occasionally sparked tension around methodological appropriateness, remuneration, impact, scalability or justification of health inequity itself, it also highlighted the value that those with lived experience bring as shared decision-makers in health research. I hope this sharing and shifting of power in research funding will permeate down the research cycle and ensure that the process of doing research and the impacts of research outcomes have much more positive impacts on those who are most adversely affected by health inequalities themselves.***
>
> – Lived Experience Advisory Group member

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Phase 1 Funded Projects

Arts and Culture in Health Ecosystems (ARCHES) - Professor Mark Gamsu, Leeds Beckett University

- Bedford; Birmingham; Halifax; Southwark

This project used community-based participatory research to work with four community anchor organisations, in areas of high levels of multiple deprivation, focussing on their role and activities in tackling health inequalities by developing relationships with people through access to the environment and creative activity. It also explored how the wider public health system supported this activity and the potential for scaling up these approaches at place level. Case studies produced in each site will support the work of anchor organisations and recommendations have been developed to enable community anchor organisations to flourish as part of place-based plans.

Arts for the Blues: towards integrating the use of the arts in healthcare and cultural settings to tackle depression and improve wellbeing in the North West - Professor Vicky Karkou, Edge Hill University

- Greater Manchester; Lancashire and South Cumbria; Cheshire and Merseyside

Arts for the Blues is a creative arts-based group intervention for depression, low mood and anxiety, designed to meet the needs of primary mental health service patients, offering an alternative to current provision in NHS Talking Therapies services. This project investigated how the intervention could be scaled up for integration across health and cultural organisations in the North West of England. Drawing on the findings of a series of cross-sectoral focus groups and stakeholder events, principles and recommendations for a scaling up strategy were developed, and a toolkit for organisations wishing to implement the model was produced. The project has also led to the further roll-out of Arts for the Blues in mental health services.

Arts for the Blues workshop at Edge Hill University.

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Branching Out: tackling mental health disparities in schools with community artscapers - Professor Nicola Walshe, University College London

- Cambridgeshire and Peterborough

Branching Out explores arts-based nature activities in schools to support children's mental health and wellbeing. Working with schools in areas of inequality and high deprivation, the research investigated how established arts-in-nature practices can be expanded from smaller-scale school-based approaches to whole communities, using volunteers (Community Artscapers) to add capacity. A pilot model was co-produced by local cross-sectoral stakeholders and found to be acceptable, with positive impacts on mental health and wellbeing for both the children and adults involved. Furthermore, the process has stimulated dialogue amongst multi-agency stakeholders about alternative approaches to supporting the mental health and wellbeing of children and young people.

Phoenix Takes Flight (PTF): exploring usability and scalability challenges with community-based health support via Social Prescribing - Dr Mahsa Honary, Lancaster University

- Lancashire and South Cumbria

Drawing on a network of community partners, Phoenix Takes Flight explored how community-based organisations delivering Social Prescribing initiatives can expand and grow within integrated care systems. The project culminated in a two-day Citizen's Jury event, which brought together service users, community service providers, Social Prescribing link workers, NHS staff, and policymakers to collaboratively explore barriers, challenges and opportunities for scaling Social Prescribing pathways.

Connecting Roots: co-creating a Green Social Prescribing network in Walsall for health and wellbeing - Dr Qian Sun, Royal College of Art

- Walsall

Connecting Roots supports local VCSE organisations to work collaboratively with each other and with other organisations in the health system so that nature-based activities and Green Social Prescribing can benefit more people. The project developed a design-led community engagement approach, including a series of creative workshops, which supported community members and local organisations to envision Social Prescribing in the area. This resulted in the development of a system vision and policy recommendations, the establishment of a Green Social Prescribing network in Walsall, as well as methods and processes to scale VCSEs in Green Social Prescribing through design that can be widely adopted.

Prescribe Heritage Highland: scaling up non-pharmaceutical interventions in remote and rural areas - Dr Sara Bradley, University of the Highlands and Islands

- Scottish Highlands

Prescribe Heritage Highland looked at the role heritage and culture can play in supporting Social Prescribing. The research examined the key conditions and mechanisms necessary for scaling up non-pharmaceutical cultural and natural heritage interventions in a rural context. Working with local partners from the heritage and cultural sectors, culture and nature-based interventions were offered through museums and archive centres across the Highland region. Referral and delivery processes were explored from multiple perspectives including service commissioners, third-sector providers, participants and referrers.

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Rooted in nature: scaling up a programme of nature-based activities for a diverse group of young people in Middlesbrough - Dr Catherine El Zerbi, Newcastle University

- Middlesbrough

This co-produced interdisciplinary project investigated how nature-based activities can improve the health and wellbeing of young people and address inequalities. Working with local community partners, it aimed to increase connections between health and nature-based organisations and professionals, and understand how using a Social Prescribing model can increase the sustainability of community activity. The project used creative methods such as photo-elicitation, walking interviews and dilemmas cafés with young people involved in the programme and local stakeholders to explore the barriers and opportunities for scaling up nature-based health programmes. A survey and mapping exercise also mapped local provision and networks.

Scaling Up Inspiring Ashfield: extending place-based Social Prescribing support across mid-Nottinghamshire - Professor Clifford Stevenson, Nottingham Trent University

- Nottinghamshire

Inspiring Ashfield supported place-based Social Prescribing by developing a programme of bespoke community-based activities to which link workers could refer clients. Scaling up Inspiring Ashfield sought to identify how the Inspiring Ashfield programme had overcome barriers to implementation, in the context of COVID-19 and the cost of living crisis, and to explore models through which this approach could be scaled up in neighbouring districts, to meet the needs of local residents experiencing loneliness, anxiety, depression and financial stress. Survey data provided information on local need and service engagement. Through a series of workshops and events, delivery models for Social Prescribing were co-produced with community infrastructure organisations, recognising their key role in community leadership.

Scaling Up Human Henge: using prehistoric cultural heritage sites to enhance mental health and wellbeing in marginalised communities - Professor Timothy Darvill, Bournemouth University

- Wiltshire

Building on previous work which brought together archaeology and creativity through immersive experiences of historic landscapes to enhance mental health and wellbeing, Scaling up Human Henge co-created and piloted innovative approaches to Social Prescribing through a Cultural Heritage Therapy Programme, with the aim of refining best practice, and developing guidelines to inform future programmes.

Social Prescribing for All (SP4ALL): increasing diversity in cultural and natural Social Prescribing programmes through shared training - Professor David Sheffield, University of Derby

- Derby

SP4ALL aimed to ensure more inclusivity in Social Prescribing by piloting a training model facilitating skills sharing and knowledge exchange between experienced practitioners and trainees from ethnic minority communities. The project explored barriers to increasing ethnic diversity in local and national Social Prescribing practice and policy, and developed new training opportunities. The research will inform guidelines for training models that can support the delivery of culturally diverse community programmes to improve psychological and social wellbeing in participants.

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Wild Swimming and Blue Spaces: mobilising interdisciplinary knowledge and partnerships to combat health disparities at scale - Professor Svenja Adolphs, University of Nottingham

- Nottinghamshire and Leicestershire

This interdisciplinary project identified an opportunity to leverage the use of blue spaces as community assets to tackle health inequalities. Through surveys and interviews, researchers developed an understanding of the information requirements of prospective wild swimmers and co-created an evidence base and sample content to encourage new participants. The project also explored the mechanisms through which policymakers and relevant stakeholders can scale up the implementation of wild swimming as a health and wellbeing intervention. Combining research related to the histories, literatures, health benefits and safety aspects, as well as water quality of blue spaces, outputs included a range of insight reports, artworks and the findings have been embedded into the work of project partners.

Wild Swimming and Blue Spaces Artwork © Carol Adlam

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Art at the Start © David P Scott

Funded in Phase 1 and 2

Art at the Start: creative community intervention for perinatal and infant mental health - Dr Josephine Ross, University of Dundee

- Scotland

In Phase 1, Art at the Start embedded arts therapists across art galleries in Scotland offering targeted interventions for vulnerable families, in addition to broader outreach to traditionally under-served groups, successfully scaling up the programme and evidencing the impact on infants and their families. In Phase 2 the project formed an interdisciplinary consortia to explore further how the approach could be embedded as a referral route for perinatal mental health provision. The project mapped existing art-based interventions for early years relationships across the UK and investigated availability and accessibility in order to inform future service development.

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Phase 2 Funded Projects

Building a Well Communities Research Consortium to address health disparities through integrated care systems – Professor Angela Harden, City, University of London

- North East London/Northamptonshire

The aim of this programme was to build an interdisciplinary and cross-sectoral Well Communities Research consortium working collaboratively and inclusively to research and develop ways to scale up, embed and spread community and asset-based approaches within ICSs within and outside London. Working in ethnically diverse pockets of deprivation, the project used creative research approaches, asset mapping, world café style events and stakeholder workshops to develop a blueprint for change, which has influenced the way partner systems work in relation to health inequalities.

CHOICE - Challenging Health Outcomes and Integrating Care Environments: a community consortium to tackle health disparities for people living with mental illness - Professor Gerard Leavey, Ulster University

- Northern Ireland

Working with Experts by Experience (EbE), CHOICE used community-based participatory research and arts-based approaches to highlight the experience of people living with severe mental illness (SMI), and the relationship between exclusion and health. A coalition was formed with cross-sectoral partners and agencies across Northern Ireland to co-design solutions to health and social inequalities associated with SMI, to reduce stigma, and to support people to access community assets. A series of photovoice workshops were held with EbE, culminating in an exhibition through which participant voices and experiences were made visible. The findings of the project informed a Theory of Change in which the challenges of exclusion and health inequalities could be tackled through multiple perspectives.

Building and evidencing community asset partnerships in housing and health to address health disparities in north-east Cumbria - Professor Monique Lhussier, Northumbria University

- North East and North Cumbria

This project brought together a range of services, academics and people who have been homeless to work together to improve the health and wellbeing of all community members. Innovative research approaches ensured Experts by Experience (EbE) were equal partners in the project. Approaches included an innovation budget through which EbE could design a project to improve service delivery, and providing access to an accredited research skills training module. Through a series of cross-sectoral stakeholder workshops, which created connections and developed networks, a shared understanding was formed across service providers, researchers and EbE, and a digital map of homelessness services was produced.

CommonHealth Catalyst: developing a community research consortium to address health disparities - Professor Michael Roy, Glasgow Caledonian University

- Lanarkshire

CommonHealth Catalyst aimed to develop a community research consortium to address health disparities, focussed on Lanarkshire. The project took an interdisciplinary approach, with lived experience at the centre. It brought together epidemiology and oral histories to understand inequalities in the area, and incorporated asset mapping and programme budgeting to identify potential mechanisms to support Lanarkshire's ICS to address localised health inequalities more effectively.

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Community Solutions for Health Equity (Fylde Coast Research Collaboration) - Dr Barbara Mezes, University of Liverpool

This project aimed to better understand drivers of ill-health and health disparities in Fylde Coast and in other coastal communities by mapping local services, building capacity in communities, and establishing co-production groups to actively engage key stakeholders in planning their integrated place-based care model for future research in the area. Social Network Analysis generated information on community providers, made available to Social Prescribing link workers and the ICS, and workshops provided insights for co-production models in health and social care research and service design. Links were made to the local Health Determinants Research Collaborative and Applied Research Collaboration. A knowledge exchange event identified where the findings and ideas generated could be transferred to other coastal areas, with relationships formed for future research.

Devon Community Assets Research Collaborative (CAN-DO): developing, understanding and linking within integrated care systems - Professor Richard Byng, University of Plymouth

- Devon

CAN-DO brought together community assets, health and social care providers, people with lived experience, commissioners, academics and public health experts to explore how community assets can be valued, mapped and linked as important parts of the integrated care system, to address and reduce health disparities. Through a series of workshops and events, the project scoped community assets across urban, coastal and rural settings, with a focus on amplifying youth voices. This helped to establish new relationships, and a theory of change and model for developing a research-into-practice consortium was produced.

Creating Change: a collaborative action inquiry approach for integrating creativity and community assets into integrated care system responses to health disparities - Professor Barry Percy-Smith, University of Huddersfield

- West Yorkshire

Creating Change worked with local stakeholders and people with lived experience to co-develop a programme theory for the integration of creativity and community assets into responses to health disparities, and to bring about the systems change needed to integrate community-based creative assets into local commissioning and delivery systems. The project used a co-productive, community-based action research approach to generate in-depth learning about the challenges and potential of sustaining creative health provision. Outputs included a health system map, logic model and blueprint for the development of a creative health infrastructure. The project has attracted investment from the University of Huddersfield for the development of a Creative Health Innovation Hub to support learning, development and training.

INtersectional Network Of community and stakeholder Voices, And research to Tackle (in)Equities (INNOVATE) in mental health and wellbeing - Professor Anuj Kapilashrami, University of Essex

- Mid and South Essex

INNOVATE established an interdisciplinary multistakeholder consortium to identify new ways to consider health inequalities in mental health. Through a series of creative workshops and knowledge sharing events, the project explored lived experience of mental health conditions, access to services and the social determinants of health. It brought together stakeholders to explore assets and gaps in local provision, as well as the barriers and opportunities for meaningful cross-sector collaboration to address inequalities. Outputs included interactive asset maps, heat maps visually representing mental health scores and deprivation factors across Essex, and a lived experience testimony map.

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Organisations of Hope: building a creative consortium for health equity in Greater Manchester - Dr Simon Parry, The University of Manchester

- Greater Manchester

Organisations of Hope brought together a creative health coalition of communities and organisations seeking to address health inequities across Greater Manchester. The coalition worked together to identify and map creative health assets in the city region, drawing on the perspectives of practitioners, policy-makers and communities. Using both desk-based and participatory asset mapping approaches, the project explored assets, activities, and gaps in provision. Through a series of workshops and convened conversations it investigated how such resources could contribute to reducing health inequalities and how these assets can become more integrated with the Integrated Care System in a sustainable way. The findings from the project have informed a Greater Manchester action plan for creative health, and creative health strategy working groups within the combined authority.

REALITIES in Health Disparities: researching evidence-based alternatives in living, imaginative, traumatised, integrated, embodied systems - Dr Marisa de Andrade, University of Edinburgh

- North Lanarkshire; Clackmannanshire; Easter Ross

REALITIES uses a human systems approach to re-imagine and build systems that create health and wellbeing. Working in three local asset hubs, the project co-produced a systems-level model with community members, policymakers, practitioners and researchers, bringing together different types of knowledge and evidence to understand the complexities of health inequalities. REALITIES linked personal experiences with local and national statistics, using creative, participatory processes, led by communities experiencing trauma, displacement, homelessness, poor mental health, addiction, social injustice and poverty. Cross-partner collaborations have been formed, with a move towards creative and relational ways of understanding systems.

Pathways to health through cultures of neighbourhoods - Professor Joanna Sofaer, University of Southampton

- Southampton

Pathways brings together a trans-disciplinary team of academics, civic leaders, health professionals, charities and cultural and creative partners to co-create and design pathways to health, learning from young people (age 11-16). The project aimed to understand what culture means to young people, how they use place-based cultural assets, and how they feel about the places where they live. These insights were used to re-imagine cultural provision within an integrated care system, to reduce future health challenges and to empower young people to shape their own pathways to health. The research and knowledge exchange architecture established during the project is now being utilised by decision-makers in the city, and a Young Researcher Training Programme has been developed, providing young people with skills and a qualification in research processes

ReCITE: Building REsearch by Communities to address Inequities Through Expression Consortium - Professor Miriam Taegtmeyer, Liverpool School of Tropical Medicine

- Merseyside

ReCITE explored how storytelling can be better integrated into community and health systems to address gaps in care and promote health equity, building on a community-led model previously used to address inequities in vaccine uptake. Working in Primary Care Networks (PCNs) in areas of high deprivation, the project addressed low uptake and engagement with breast cancer screening services by co-developing poems, videos, photos and artwork for use in a roadshow that engaged women, family and friends in community settings. The project combined GP practice data with qualitative data from community-based participatory research and creative workshops. ReCITE raised awareness and uptake of breast screening services, also establishing a multi-disciplinary consortium, a co-produced Theory of Change and a suite of tools and training resources related to the approach.

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Tackling health disparities through social innovation: a multistakeholder coalition for inclusive health in Brent, London - Dr Maria Kett, University College London

- Brent

Working in collaboration with Brent Council and Brent Health Matters, this project aimed to understand how community assets and community participation can be leveraged to address systemic health inequalities. The project trained community researchers to engage with local residents, exploring the challenges they face in accessing health services, as well as mapping existing assets. Through the project, new partnerships have been formed between researchers and local community organisations and institutions.

Weston-super-Mare consortium: harnessing community assets to tackle inequities and reduce social isolation in end-of-life care and bereavement - Dr Lucy Ellen Selman, University of Bristol

- Weston-super-Mare

The Weston-super-Mare community network brought together over 100 members, including people with lived experience, health and social care providers, people providing community assets (including arts and culture initiatives) academics and public health experts to generate knowledge, commitment, capacity and outputs to begin to tackle inequity in end-of-life care and bereavement support and mitigate social isolation and loneliness. The project looked at how creative approaches can inform and support the local community, and which methodologies and datasets can be used to understand inequities, producing an online directory of services and map of the local ecosystem. The project also included the co-production of activities for Good Grief, Weston – a festival about death, dying, grief and loss that took place over eight days, across the town and region.

The Living Roots Project: building a community asset and research consortium in Ealing, west London to address health equity - Dr Megan Schmidt-Sane, Institute of Development Studies

- Ealing

The Living Roots Project used participatory and creative health processes to build shared understandings and a framework to understand the key problems related to health inequity. The multi-sectoral consortium took steps towards a community asset and research partnership that centres the lived experience of individuals. Using qualitative, arts-based methods and capacity-building approaches, the project piloted initiatives designed to improve community engagement in health equity work, for example training and supporting peer and youth social action researchers to explore and understand local resident views on health equity. A Theory of Change was co-produced during the project, and stronger relationships have been established across sectors, with an increased awareness of the need for community participation in decision-making.

Weston Hospicecare Memorial Daisies at Grove Park (Weston-super-Mare Community Network) © Mark Gray

SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Selected Outputs from Phase 1 and Phase 2

Mobilising Community Assets Programme Team

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SECTION 5 – PROJECT INFORMATION AND OUTPUTS

Arts for the Blues

Arts for the Blues Toolkit and Additional Resources available from: https://artsfortheblues.com/toolkit/

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Building and evidencing community asset partnerships in housing and health to address health disparities in north-east Cumbria

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SECTION 5 – PROJECT INFORMATION AND OUTPUTS

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CHOICE

CHOICE film (2023) - A short documentary charting the promotion of positive mental health in the community by the Bamford Centre. Available from: https://vimeo.com/853346211/6353d5fbba

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SECTION 5 – PROJECT INFORMATION AND OUTPUTS

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Devon Community Assets Research Collaborative (CAN-DO)

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SECTION 5 – PROJECT INFORMATION AND OUTPUTS

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Phoenix Takes Flight

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