

Harnessing the positive effect of COVID-19 for sustained community action

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The following text is an amended transcript of the presentation given by Sue Denman at the Rural Health and Care Wales Conference on 11 November 2020.



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In my presentation I am going to briefly cover the notion of wellbeing and the challenges facing rural communities in keeping well. Then I will consider the effect of COVID-19 on communities and community organisations, and the impact on joint working. Finally, I will give an overview of the Together for Change Programme, bearing in mind that we are at an early stage of defining our workplan. In all this I will draw on the example of Solva, which is the community I volunteer in – and know best – and Pembrokeshire, which is the location of this new and exciting Programme.

Wellbeing

I am talking to an audience comprised mainly of health and care professionals who, I know, are only too aware of the complexity surrounding the concept of wellness and wellbeing. It is defined by the New Economics Foundation as

'How people feel, how they function on both a personal and social level and how they evaluate their lives as a whole'

The term can be used in relation to individuals, families, groups and communities – and it is determined by the complex interplay between personal, social and external factors. People's financial circumstances, quality of housing and transport, educational opportunities and access to services, as well as the environment, are all important. Of

crucial importance in this mix is the notion of ‘community’ – the connectedness between people, their sense of belonging and how they look out for each other. The connectedness between people is now known to be key to feelings of wellbeing – reducing isolation and loneliness which, if they persistent, can adversely affect physical health.

To quote the Social Care Future movement in the UK,

‘don’t we all want to live in a place we call home with the things and people we love, in communities where we look out for one another, doing the things that matter to us?’

Rural Communities

The challenges facing rural communities have simply intensified over the past ten years. We don’t have the same legal protections that Scotland has, and have had to fight to save our schools. Our public transport system is lacking, and it is difficult to recruit GPs. Young people leave because of a lack of jobs and affordable housing. Our population has a higher than usual proportion of older people – a fact which is often viewed negatively, and is couched in ageist and negative language by many.

On the positive side, great swathes of the countryside are of outstanding natural beauty; neighbourliness is strong and, in many places, enhanced by organised community action run by volunteers who want to make their communities a great place to live.

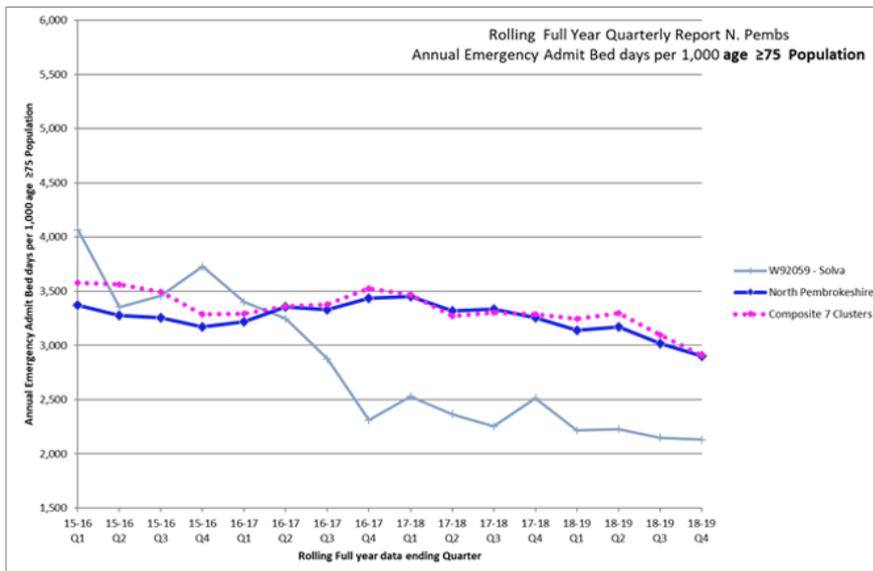


With the exception of the last but one, these photos were taken before the pandemic and illustrate the broad social model of health that we are applying to development in Solva. From the top left-hand corner, going anticlockwise:

The hard-hatted group includes volunteers from Solva Community Land Trust who are visiting an eco-housing development near Cardigan to get ideas for the affordable, rental homes that will be built in our village. The next photo shows the local campaign group and supporters from Solva who wanted to buy Trecadwgan Farm, a tenant farm being sold off by Pembrokeshire Council. They wanted to create a community farm for small enterprises and for growing food for local consumption. Sadly, they did not secure the farm but the group hope to continue without a physical home. The third photo is from Solva Care – a local volunteer keeping a member of the community company. We call this ‘making connections between people’ or ‘befriending’. The next two photographs were taken at our many social events, which are so important to members of our community who live alone and don’t get out much; we are pleased that these events have started again, albeit with the numbers attending controlled because of the virus. The last photograph shows our volunteers at the Solva Care AGM. They are the bedrock of Solva Care. They are deployed and supported by our part-time paid coordinator, Lena. All get a lot out of volunteering. As you can see, they are mostly women and are of retirement age. The number of men involved is increasing, but younger adults are harder to recruit.

Solva is viewed by many as a thriving community and we put our success down to an active, elected Community Council, from which many good project ideas flow. For a small community of some 800 people, we have considerable assets. In addition to the willingness to volunteer (currently 38 volunteers in Solva Care alone), we have a community hall, a recently refurbished football club, playing field, shop, church and a GP surgery with pharmacy. Not all rural communities have assets such as these and, if they are too dispersed, they face challenges in getting organised in the same way. And many communities are totally dependent on the merry-go-round of applying for grants to generate income, which is nerve-wracking and absorbs a lot of energy.

There is a growing body of evidence that community action is making a massive difference to people’s lives – something that is very visible to us volunteers. Evaluations of Solva Care undertaken by external organisations show that we have a positive impact on self-reported wellbeing, and that the great majority appreciate and value Solva Care. Demonstrating success in the metrics defined by the public sector is more challenging. On the question of whether we are reducing hospital admissions, we know from experience that we are – and we often help people to come home in a timely way too.



Some early research by the NHS on hospital admissions points in the same direction. The impact of care in communities is recorded as the rate of emergency-admissions bed days per 1000 population (by GP practice) of those aged 75 and over. The rate for Solva has halved in the last three years and is the lowest in north Pembrokeshire, in Pembrokeshire as a whole and the sixth lowest in the Health Board area.

These data need updating, and we cannot, on the basis of them, say conclusively that these promising trends are due to Solva Care alone. We need to do some further investigation on what lies behind them. Hopefully, we can continue this research once the pressures due to the pandemic ease.

COVID-19

I would like to turn to COVID-19 now. Since the outbreak of the pandemic, there have been many surveys undertaken to see the effect on communities. Our own enquiries in June have shown just how resourceful and effective communities have been, getting community action under way or adapting and changing to meet their needs. There are some thousand community groups in Pembrokeshire alone, and those numbers increased by a further hundred at the start of the pandemic. Networks have sprung up such as the Pembrokeshire Community Support Network and the Pembrokeshire Resilience Network, bringing communities together to share ideas and offer mutual support. Community spirit has been very strong.

Centralised initiatives designed to support were launched quickly and with minimal bureaucracy by public-sector and third-sector organisations cooperating with each other. The Pembrokeshire Community Hub is one good example, and another is the project designed to address the digital exclusion which has compounded inequalities in the UK. In all this, technologies have been used creatively to reduce the need for human contact.

On the other hand, the pandemic has highlighted weaknesses in our systems and the areas in urgent need of investment. The public sector has been underfunded and is under increasing pressure. Our food supply chains are too long and dominated by the big supermarkets, with not enough being made of the land and local produce around us. Lots of rethinking and change are needed.

As the months have worn on since March fatigue has set in for community groups, and fears have grown about managing to sustain efforts as many volunteers have had to return to work. We all live in communities and have first-hand experience of the good and the bad effects of the pandemic. Fears about the future, loss of income and what a return to normality might look like – involving being confined to home for long periods of time – have all impacted on mental health and especially on young people. Our civil servants and health and social-care professionals have coped admirably, but such unprecedented pressure must take its toll.

The Together for Change Programme has grown out of the pandemic and an increased recognition across all sectors that community groups, in all their guises, play a crucial role in wellbeing and in rebuilding our lives following the pandemic. We need to keep our existing groups going – and the new ones, too, that want to continue. The pandemic has also highlighted the urgency of putting into practice the way in which communities should be factored into decision making, achieving a better balance in power structures and a move from centralisation to a more local approach. I think that this was happening to some degree already, but there is now a sense of urgency for change.

Three key Programme themes have been identified jointly by community groups, third-sector intermediary organisations and public-sector leaders, as follows:

1. A joint vision and strategy that reflects a social and 'green' model of health and wellbeing, and that delivers on the Well-being of Future Generations Act. Our starting point has been the drafting of a broad set of principles on what we are trying to achieve and how, and what the commitment of partners should be.
2. Robust evidence to underpin decision making – this means collating and using existing evidence, and undertaking timely research and evaluation. Mapping community assets across Pembrokeshire, looking at sustainable funding models for community groups, taking a look at social return for investment, and causal mapping are four ideas likely to gain traction.
3. Action for communities and by communities. Here we have started, along with the PAVS Community Connectors, to look at how we can share best practice and get the adaptable Solva Care Toolkit out to other communities. This project extends to Ceredigion with the Cardi Care project. We are also looking at working with PLANED on engaging with Town and Community Councils to strengthen local democratic processes and engagement, and on getting young voices heard.

Together for Change is, and will be, a strategic resource. It is not about yet another extra layer in structure. We are locking into existing statutory committees and boards to add value and to close the gap between policy statements and delivery around services and community action.

The Programme is being coordinated by three third-sector organisations: Solva Care, which is a grassroots community-based charity; and PAVS and PLANED, which are much larger and more experienced third-sector organisations. We bring complementary strengths to the table, and I would like to acknowledge the hard work of Sue Leonard and Iwan Thomas in getting us this far. Our success will be determined by how well we work with the public and private sectors, and I would also like to take this opportunity to thank Steve Moore, Maria Battle, Elaine Lorton, Jonathan Griffiths, Chris Harrison, Tegryn Jones and Peter Davies for their enthusiasm and support. Please contact us if you would like to hear more or get involved.