Devon Communities Together

helping communities help themselves

Gaining Insight – the work of the Devon Public Health Outreach Team

Activities and Impact Report of a project summarising the tasks, achievements, and impact of an 'insights gathering project' of health inequalities in the communities of rural Devon and the work of the Devon Public Health Community Outreach Team. The Devon Communities Together work on this was grant-funded in June 2022 by Devon Public Health. The project ended 31 March 2023.

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1. National Context

"For too long people in rural and coastal areas have experienced poorer access to health and social care services than their counterparts in cities and towns. For many the prospects of a healthy life are also worse, somewhat at odds with the perceived benefits of living the idyllic rural life. Almost one fifth of the population of England live in rural or coastal areas and they deserve better health and social care outcomes than is currently the case."

'Levelling-up' is not just about the north-south divide or socio-economic inequalities; the urban-rural divide must be tackled as well. Numerous reports in recent years have emphasised the growing unmet health and care needs of the rural population. The average age is already higher than in urban communities and this will increase significantly over the coming decades."

APPG Rural Health & Care Inquiry Report (February 2022)

2. Summary of Devon Public Health Community Outreach Team Achievements and Impact 2020 – 2022

(ref Tina Henry, Deputy Director Health Devon County Council - presentation to Outreach Team March 2023)

Achievements & Impact 1

- Part of a £28m pandemic response programme
- Designed and developed a significant public health programme in accordance with national guidance which matched local need
- Developed and were part of change programme with a focus on health inequalities
- Delivered a significant testing programme serving a population of over 860,000
- Facilitated the delivery of a testing and vaccination outreach programme with a focus on addressing health inequalities (examples)

Achievements & Impact 2

- Worked in a constantly evolving team of 20, responding to increases in demand and need
- Worked in a large team constantly learning, adapting and improving the delivery of the testing and outreach programme
- Working with a range of stakeholders at all levels
- Working in and with communities with a relentless focus on health inequalities addressing both access to services and outcomes

3. Evolution of the Devon Public Health Community Outreach Team

The Devon Public Health Community Outreach Team (COT) evolved from a team of over 40 Test and Trace Officers, working in Devon during the Covid 19 pandemic in 2020/21 to trace by phone those who had tested positive for Coronavirus, giving them information on self-isolation and sources of support.

In spring 2022, approximately half the Team was retained to aid NHS Vaccination teams in mobile vans and pop-up vaccination clinics around the county. These 'popped-up' in geographic areas and for health inequality groups where statistics showed vaccination take up was low. The venues for the pop-up clinics were often community centres, church halls and other community venues in Devon towns and Exeter city neighbourhoods which were already used by the communities and staffed by voluntary and community sector groups.

Test and Trace Team Activities

- Worked at fixed sites in Exeter, Tiverton and Barnstaple
- 6 mobile vans
- August 2021 the team started supporting outreach vaccination
- Small grants supported a number of rough sleeper support programmes to act fast, develop solutions to support 'Everyone In' and there is a legacy and continued joint working in this area. Inclusion Health work is now continuing at pace an the team played a huge part in this.
- Vaccination outreach continues to reach unvaccinated individuals with a programme that includes much wider holistic support
- 49,279 vaccines delivered at 463 outreach clinics
- 30% of vaccines are still (March 2023) first and second dose

Case Study: Outreach vaccination

Impact

- People with limited means / time could access vaccines without the need to pay for travel to Barnstaple
- The clinic is located opposite a café that runs projects and provides support to homeless and people with complex lives. As a result, a lot of vulnerable people were engaged with over time and got access to vaccines and other services that the team wrapped around the clinics.

- 49,279 vaccines at 463 outreach clinics
- ~30% vaccines given are still first and second dose

4. Devon Communities Together Commission Brief

As the long queues for vaccination began to diminish, the COT took the opportunity to discuss with the individuals attending clinic - and the community 'hosts' of the clinics – re the particular needs of the communities in their area and the gaps and barriers they encounter as individuals in accessing quality health services in their area.

It was decided in June 2022 by Devon Public Health to commission Devon Communities Together (DCT) to collate the information and community stories arising from these discussions.

a) Key Objectives (from the Brief)

- Increasing insight & understanding that the ability to access health & care services is not just dependent on the location of health services and that public transport, digital connectivity and the availability of local services also determine the efficacy of accessible care.
- To feed into a commissioning framework that fosters adaption and innovation in the delivery of services that are suited to the specific needs of rural communities.
- Development of resilient and healthy communities.
- Development of a set of cross-sector partnership-based solutions for levelling-up the health prospects of those living in rural communities.

b) Activities and Resources (from the Brief)

Activities
a) Dedicated DCT Community Insight Development Officer & upskilling & shared learning
b) Identifying community assets that enable/promote healthy communities
c) Linking community insights into Public Health commissioning (Healthy Lifestyles tender)
d) Test & Learn activities & Design evaluation framework
Resources
Project Manager 0.5 fte; Project Officer 0.4 fte & Marketing Officer 0.1fte

5. Evaluation Framework

DCT devised a Logic Model Evaluation Framework to tease out in more detail the key objectives of the Brief.

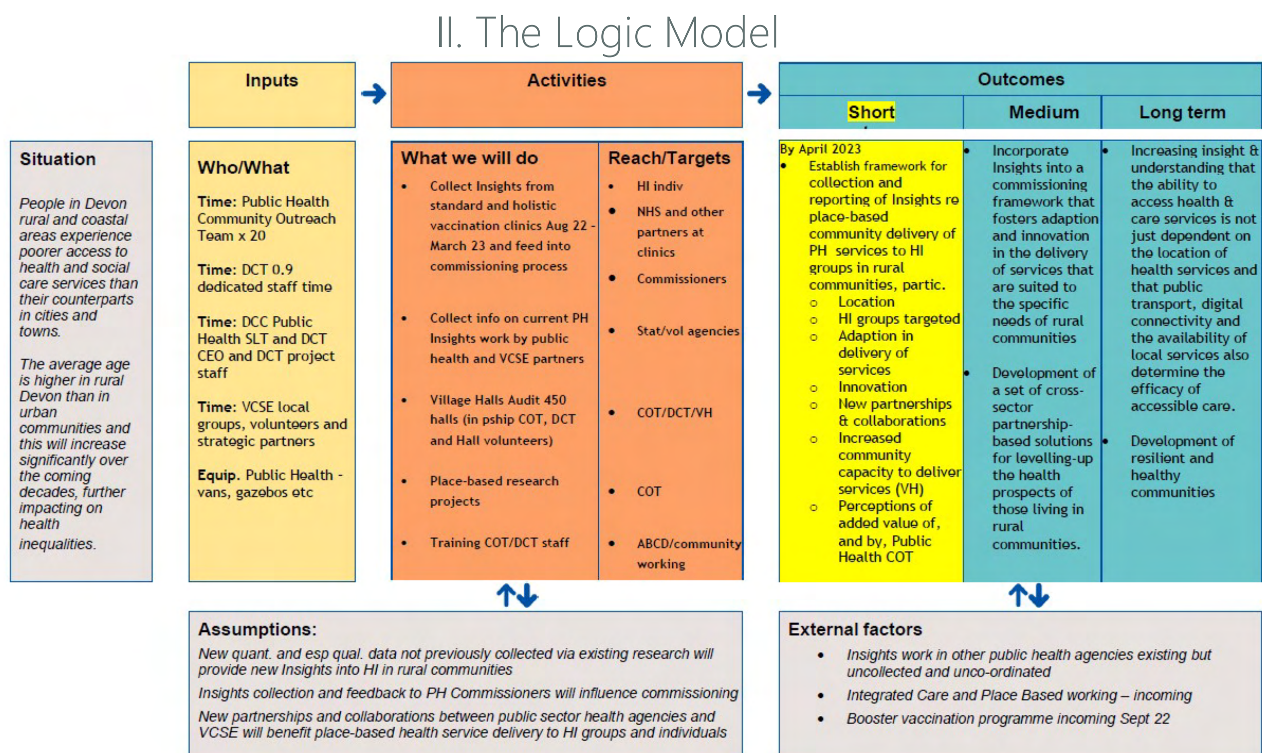

Fig 1. Logic Model Evaluation Framework

Over the 9 months of the Insight commission's duration, the process of gathering insights has evolved, rather than being constrained by the Brief. Key to the process has been the feedback loops established in the team processes. For example, the whole Team met on Teams once a week for 2 hours, with an

expectation that each member of the Team would feedback their progress verbally as well as keeping a tracker sheet recording their progress in working with their designated communities and/or health inequalities groups. This sharing and feedback process was enhanced by Team Days on a monthly basis where new approaches – such as the Health Wheel adaptation used in the Bridging Hotel in Exeter with refugees – were shared, questions asked and incorporated into the community development toolbox used by Team Officers. In this frequency of Team interactions, a trust base and a willingness to support one another fostered group cohesion and individual learning.

The members of the Team were all new to community development approaches, coming into the original Test and Trace Team from a wide variety of backgrounds. This diversity may account for the Team's willingness to listen to communities, groups and individuals, building on the work the community groups were doing already, i.e. rather than coming in with pre-conceived ideas of 'solutions' to bringing in health services to the community. The diverse nature of the Team and the culture of meeting, sharing and giving feedback may also partly account for their willingness quickly to accept the DCT Officers as partners in a collaborative process.

6. Activities

a) Identifying Issues, Gaps and Barriers to Accessing Health Services

Method: Individual Conversations and Stories Collection at Vaccination Clinics, County Show and Area Shows and Farmers' Market at Blackmore Gate – July 22 – Sept 22

DCT prepared a survey questionnaire to prompt conversations between the Public Health Community Outreach Team Officers and the people that attended the pop-up Vaccination Clinics around the county. The survey was designed to collect information quickly e.g., whilst people waited in the vaccination queue. Sometimes the initial quick conversation, aided by the survey sheet, sparked a deeper conversation with individuals at the clinic, giving rise to stories and quotes.

Other Officers of the Outreach Team surveyed attenders at North Devon Show, Chagford Show, Holsworthy Show, Dunster Show and Blackmore Gate Farmers Market.

64 responses were collected by DCT onto a spreadsheet (appendix 1). The survey questions sometimes got into the way of the conversations and so were not used, used only to get 'permission' for the conversation - or dropped midway through in favour of more open discussion to follow the responder's lead.

From 64 conversations at the venues above the following Issues, Barriers and Gaps were identified – see Fig 2.

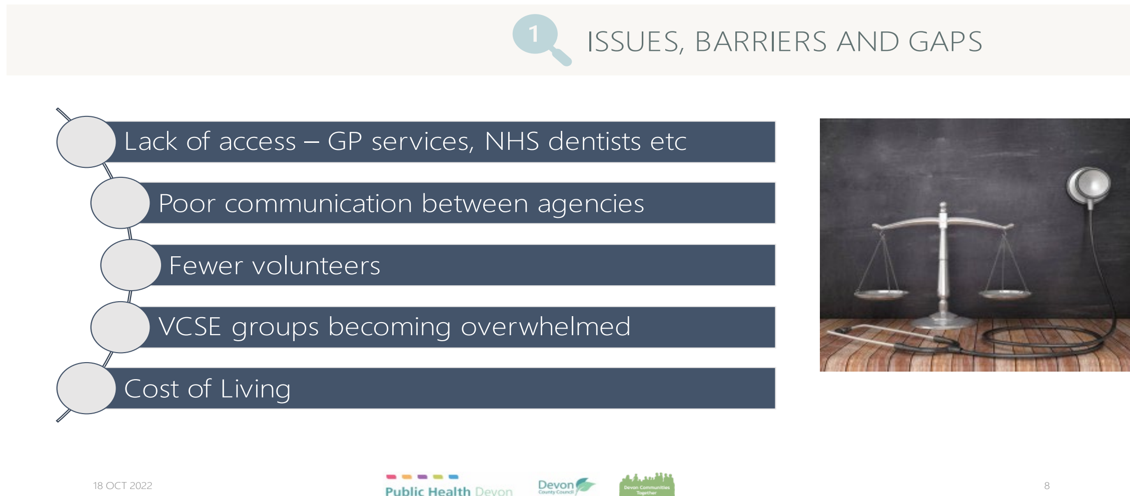

Fig 2. Issues, Gaps and Barriers from individual consultations

b) Identifying Potential Solutions

Those who engaged in conversations were also asked for (or offered spontaneously) some solutions to better enable access to health services. The solution most often mentioned was that health services in Devon need to be more local. For example, many responders spoke of the impossibility of reaching health services that had become centralised since the pandemic and that were not accessible by public transport and how, especially in rural areas, there should be local health services, particularly re preventative health and promoting wellbeing e.g. blood pressure and diabetes checks, ability see a community nurse or using good Wi-Fi link in a confidential space in a local 'health hub' to consult GP or specialist services.

Fig 3. Potential Solutions – from Individual consultations

Other responders concentrated their discussions with the Community Outreach Team on their mental health needs following the pandemic amongst issues arising from the impending winter fuel crisis and the rising costs of energy and food.

Long waiting lists for health services and lack of NHS dentists were background issues that coloured discussions in all venues. Responders complained of not being able to see a GP in under 2-3 weeks and that the waiting lists for NHS specialists were, in not just some, but many cases, over 2 years.

Responders who were also members of community groups spoke of the difficulties of high demand from local people that they were struggling to fulfil, and of issues finding funding and volunteers. They reported difficulties in getting to speak to the correct person in the correct Public Health team in order to get support in local areas of high need such as Townstall estate in Dartmouth. They also found the lack of partnership working with them as local experts to be very frustrating and spoke of how difficult they found the lack of co-ordination and collaboration between Public Health services.

“ *Hard to reach? We're not hard to reach (as a community group). We've been here for 12 years. You're the ones that are hard to reach*!”
Dartmouth Community Chest

7. Outreach Work

a) Place-based Listening

The Community Outreach Team identified some key locations for more intensive 'place-based' community engagement and support, based on health deprivation statistics and concentrations of people from the 5 Inclusion Health Groups in Devon of:

- Homeless and rough sleepers
- People with drug and alcohol misuse issues
- Gypsies, Roma and travelling communities
- Refugees and migrants
- Vulnerable rural communities

The place-based communities for focus were:

- Ilfracombe – homeless and rough sleepers
- South Molton – children and young families
- Tiverton – people with complex lives especially mental ill health and drug and alcohol misuse
- Exmouth – homeless and mental ill health
- Axminster – people with complex lives or otherwise vulnerable
- Dartmouth (Townstall) – economically deprived
- Newton Abbot (Buckland Estate) – economically deprived
- Haldon Ridge – Gipsy, Roma and travelling communities
- Blackmoor Gate – farmers and agricultural workers
- Tavistock – economically deprived, particular focus on food insecurity
- Exeter Bridging Hotel – refugees.

The approach taken by the Community Outreach Team to working with communities was essentially one of Asset Based Community Development (ABCD), building on the community's own vision for alleviating health inequality and what it was *already* doing, rather than predetermining what was needed from statistical data evidence. Each Community Outreach Officer evolved their own methodology according to the culture, systems and norms of the key community groups in the location. The processes they used evolved but can be summarised as:

1. **Deep Listening** – attending meetings, building connections and making themselves known in key community areas and to key community groups
2. **Understanding** – of the community's health needs and aspirations and what they were already doing
3. **Asking** – what can Public Health do to help make an impact on health inequalities in this area?
4. **Brokering** – health services to come into the area to meet the needs of the most vulnerable
5. **Escalating** – needs to Commissioners of health services in the area

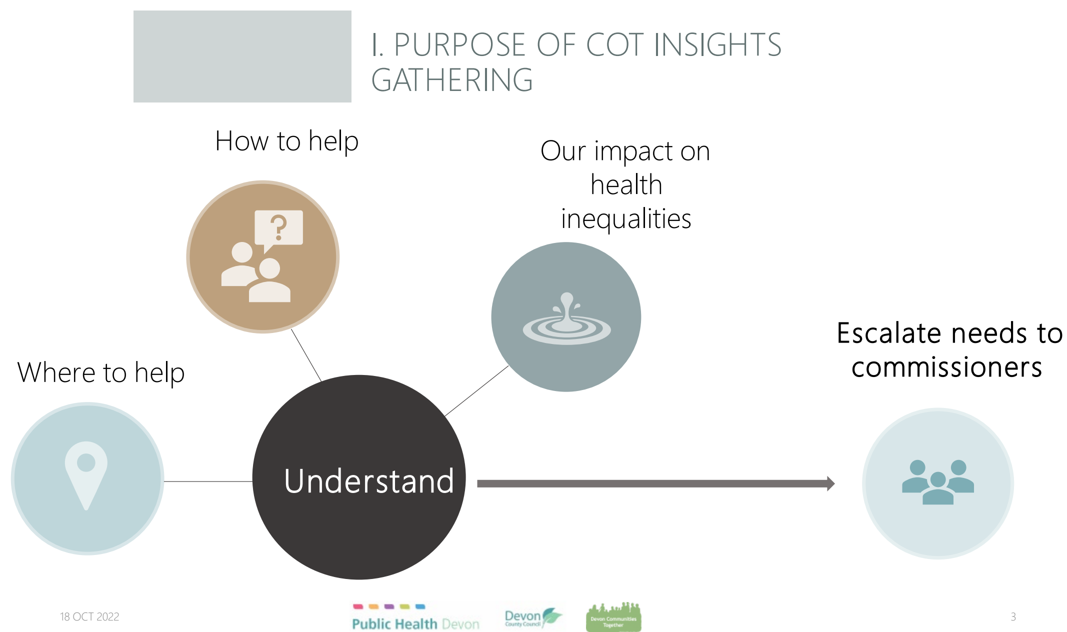

Fig 4. Community Outreach Team Process

b) Gathering Insights

Devon Communities Together (DCT) designed 'Work Tracker' sheets so that each Community Outreach Team Officer could journal their work with the community – the contacts, outcomes of meetings, community requests for help etc. The data from these worksheets was then brought together by DCT into a spreadsheet, pulling together the main issues, stories and other information on barriers to accessing health services in the locality. These worksheets would later be complemented by videos from key community representatives and health professionals and brought together in summary into 2 page Snapshots of

- Health needs
- Community vision
- Work of the COT with the community
- Recommendations to Commissioners for service interventions.

8. Training

Devon Public Health Community Outreach Team had a monthly team day meeting at which training in Public Health topics was delivered, as well as being an opportunity for the Team to share progress and learning re their community outreach role and the work re the vaccination clinics and with community groups. DCT Officers assigned to the project (Hannah Reynolds and Charlotte Maciszonek) attended all of the Team Days, participating and contributing as

members of the Team, offering when requested a VCSE perspective on the discussions. The following DCT training workshops were made available to (and in some cases attended by) Community Outreach Team members via the Devon Community Learning Academy

- Asset Based Community Development
- Wellbeing (various topics)
- Governance and Legal Structures of Community Groups
- Funding Community Projects.

In addition, DCT delivered bespoke half day/full day and training sessions with backup resources and templates to the Community Outreach Team members on the following:

- Writing Successful Funding Applications
- Community Asset Mapping
- Designing of Insight Snapshots
- Taking Effective Video Footage
- Interviewing Techniques

9. Presentations and Video Materials

Knowing that the Community Outreach Team would not continue past March 2023, it was decided that the outcomes and learnings of the work over the past 12 months would be captured and presented through the two-page Insight Snapshots being undertaken by the DCT Officers with support from the DCT Marketing Team, supported by video footage of interviews with:

- Head of Devon Public Health Community Outreach Team (Martin Barnard)
- Community Outreach Team Leads
- Community hub partner VCSE organisations
- Commissioner
- CEO of DCT (Nora Corkery)

The video interviews were undertaken by DCT and the Community Outreach Officers themselves under the guidance of DCT. DCT edited the footage together to a 9-minute video and this has been shown to, and discussed with, the new Devon County Council Chief Executive Officer, Donna Manson, Public Health Chief Officer Steve Brown, Deputy Chief Officer Tina Henry and Public Health Commissioners, VCSE organisations involved in the Community Hubs, NHS Leads and other Service Leads.

10. 2-page Insight Snapshots

DCT Officers led on this piece of work to collate information, prepare text and design 2-page Insight Snapshots on the Community Outreach Work in locations. The 2-page Insight Snapshots summarised the extensive work undertaken by the Community Outreach Team to get 'under the skin' of the statistical data on health inequalities to see things through the perspectives of the place-based community groups and the Inclusion Health Groups with whom they work.

Insight Snapshots, co-produced with the community hubs, were prepared for the following locations and groups, to give a representative spread of Issues, Vision and Recommendations for Commissioners across Devon and the range of Inclusion Health Groups:

- Ilfracombe – homeless and rough sleepers
- South Molton – children and young families
- Tiverton – people with complex lives especially mental ill health and drug and alcohol misuse
- Axminster – people with complex lives or otherwise vulnerable
- Newton Abbot (Buckland Estate) – economically deprived
- Haldon Ridge – Gipsy, Roma and travelling communities
- Exeter Bridging Hotel – refugees

An Insight Snapshot was also prepared with Dartmouth (Townstall) – economically deprived – but this was not signed off, finally, by the community hub organisation who favoured compiling their own snapshot.

The Insight Snapshots are at Appendix 6.

11. Conclusions, Impacts and Recommendations

The work with these place-based communities and Inclusion Health Groups by the Community Outreach Team bears out the findings and echoes the conclusions of previous reports on health inequalities, e.g. the DCT Health Inequalities Report 2022.
Through face-to-face surveys, questionnaires and the work in communities the Community Outreach Team has been able to get under the skin of previous studies and give agency and the weight of practical experience on the ground to the difficulties in achieving better health outcomes in Devon's rural communities and Inclusion Health Groups. The recommendations:

- **Lack of effective, affordable transport.** Including how health services have become increasingly remote from rural communities, concentrating on centres of population and requiring clients and patients to come to the service rather than taking the service to the person.

  Recommendation for action – create mobile health services, operating in local health hubs.

- **Digital exclusion.** Although online health services resolve transport and travel time issues for many, there are pockets of Devon where digital connectivity is poor, unaffordable or in situations people lack the digital skills to access these services online.

  Recommendation for action – continue with programmes of digital skills training; offer remote services as one of the options for accessing health services, not the only option.

- **Lack of trust.** By Inclusion Health Groups e.g. people experiencing homelessness, or Gipsy, Roma and travelling communities who have experienced negative attitudes and responses in communities and from health professionals.

  Recommendations for action – work with the VCSE groups which are already working with these Inclusion Health Groups. Build a relationship with place-based communities by listening to their vision, understanding and supporting their work. Importantly make them trusted partners in deciding commissioning decisions re health services rather than merely the recipient or delivery agency of services.

- **Health Services in the wrong place.** The Community Outreach Team found that health services – e.g., vaccination or holistic clinics are often offered in spaces which are not used by the target group.

Recommendations for action – work with the VCSE groups which are already working with Inclusion Health Groups. Take time to find out where services will be best placed, working in partnership with key community groups in the local area.

- **Helping is not empowering.** During Covid 19 the local mutual support groups stepped up to offer crisis intervention help on a volunteer basis over a short period of time especially to vulnerable people from health inequality groups. With lack of funding in local authorities, NHS and VCSE and demand on services increasing this model is no longer appropriate. More needs to be offered as preventative models – both through working directly with individuals and also through offering capacity building and specialist training for VCSE groups as well as small scale community grants for training in key skills such as fundraising, governance and project management.

Recommendations for action – move to a preventative model of service delivery, providing training and support to VCSE groups to access training such as HOPE (mental health), CONNECT 5 (Ways to Wellbeing) and Making Every Contact Count workforce training as well as training in self-awareness and empowerment techniques to help individuals from Inclusion Health Groups to make steps to take more control over their own health. The Community Outreach Team has already successfully begun this process in several of the locations in which they have been working (Buckland, Dartmouth, Tavistock). Many community groups did not know that free access to training is available for voluntary or volunteer led groups through services commissioned already, so promotion of this.

- **Short term interventions.** In all the locations where the Community Outreach Team worked, there was widespread anxiety among community groups that this would be 'yet another public service coming in with lots of promises, setting up things and then dropping them when their funding gets pulled – and then we have to pick up the pieces' (volunteer-led community group).

In the 6 to 9 months that the Community Outreach Officers were working with local community groups a key service they were able to provide was practical help brokering contacts to key individuals in public services where VCSE groups had been struggling to find a route through the labyrinth of health service departments and systems.

Recommendations for action – there is a need for key individuals directly employed by Devon Public Health having a recognised role in brokering contacts between VCSE groups and Public Health Services. The Community Outreach Team found that, even though they were directly employed by Public Health they too found it very difficult to find the correct person in the correct public service. But when they were successful, e.g., bringing a Commissioner in to a meeting in Buckland re Children's Services, this was extremely effective in developing mutual understanding between the community and Public Health - which hopefully will result in more effective commissioning decision.

- **Need for system changes in Public Health Services.** In locations and instances where the Community Outreach Team were able to work alongside a community hub group of 'trusted faces in trusted spaces' to bring in other Public Health services alongside vaccination clinics, the multiplier health benefit to individuals was marked. People from Inclusion Health Groups were able at the same visit to access vaccination, oral health, sexual health, housing and drug and alcohol advice and support. In Ilfracombe the Team also secured a commitment from the busy GP to come into Belle's Place once a month with a community nurse to pick up on health issues quickly. However, the Team Officers all had great difficulty in bringing consistently other services to the holistic clinic venues. Despite the willingness of individuals from community facing public health and other related teams to attend and try something new, they were often trying to fit in attendance at a holistic clinic in addition to their already heavy workload and work programmes. Sometimes, when services did make a commitment, they had to break that commitment at short notice because another business as usual meeting elsewhere took priority. It became clear many services are not set up to be able to flex and respond at a community level outside of their service specifications. This led to disappointment and a lack of trust from the individuals who had been informed that e.g., 'if you come to

the clinic on xxx date you will be able to see someone from oral health'. It also led to anger from the community groups who felt that the trust built between them, and their clients, was being eroded. The impact of these uncertainties on whether services will be able to turn up consistently has been that some community hubs, without this commitment, are unwilling to take on the organisation of holistic type clinics, which the Team had hoped would be a lasting legacy of their work – for example see Axminster Insight Snapshot. The learning is that the team tried to develop a model of working in community hubs that the wider system is not, in many places, currently set up for.

Recommendations for action – Public Health services need to have Outreach policies governing their work so that a certain percentage of their programming is for work directly in community-based locations. This could be part of a general approach by Devon's public and other essential services towards more localised health hubs with support from GPs, Public Health teams and incorporating local government advice services e.g., housing, with other essentials such as banking and post office. These might have the great potential also as social enterprises offering trading services such as cafes (social interaction) and co-working hubs.

CLOSURE COMMENTS – DEVON PUBLIC HEALTH Facebook PAGE & EMAILS

Date	Comments	Made by (name & organisation)
14/3/2023	**Facebook** Absolutely tragic they're not staying. First time our community has been able to connect with public health and it worked so well. Great team of lovely people who will be missed in our town. Look forward to seeing how public health stay connected to the people they're paid to serve. 😔	Dawn Shepherd Dartmouth Community Chest
14/3/2023	**Facebook** I agree. It's been refreshing to have actual access to public health and I feel they've really understood the issues our communities are trying to deal with. It's vital that we are able to maintain and grow our access directly into DCC.	Pam Barrett Be Buckfastleigh

14/3/2023	**Facebook** This team have been vital in assisting voluntary organisations, who have been limping through this Public Health Crisis - from the beginning. To be listened to, and actually heard has been so refreshing for the so many volunteers who have filled gaps in services - which have been unable to maintain their own basic responsibilities. I shall personally miss this team and the approachability they brought to Public Health. I shan't follow DCC personally but I'm grateful for all that this team have brought to our organisation during this really c****** time. I wish everyone on the team all of our very best of luck in their next chapters and sincerely thank them for all of their help and support.	Gerrie Messer Kingsbridge Foodbank Coordinator
7/2/23	email '…Thank you so much for your feedback Karen. It is such a great shame the service is being disbanded. I've forwarded this email to people higher up within One Northern Devon. Hopefully more funding will be found from somewhere to keep you/the service going in South Molton.'	Jess Twydall Community Development Worker , One South Molton.
6/3/23	email '... I am sorry to hear that your current role is finishing but do hope you stay in touch and pop by occasionally 😊 Thank you for all your help and advice over the last few months it has been very valuable and appreciated.'	Verity Hanson Skate Molton CIC South Molton
16/3	email '...I am truly gutted to hear that your role is coming to an end, as I feel that we have only just really had the opportunity to connect, on a professional as well as a personal level. As far as thank you's go, you really don't owe me one. The benefits were mutual...'	Linda Mitchell Children and Family Worker South Molton Methodist Church
8/3/23	email '..., It was great to get to know you and the amazing work you and your team have been doing, it is a shame that it is coming to an	Paul Vivian Wellbeing Project Coordinator

	end so soon after we have been able to look at ideas for supporting each other in what we do. I really valued my visit to the Outreach team day, thank you so much for asking me to come along.'	Counsellor/Psychotherapist MBACP (Accred) Young Devon
1/23	email Oh … sorry I read 'whilst I remain in post' to mean you were remaining in post … now realise I read it wrong. Really sorry to hear that … it's our loss.	Andrea Beacham Partnerships & GP Liaison Lead One Northern Devon Programme Manager
20/3/23	Email 'Thank you so much for all your support and hard work in South Molton….'	Katie Blackmore Social Connector South Molton Medical Centre /One South Molton

12. Partnership Working

As Devon Public Health already had an existing project grant running with Devon Communities Together, the most expedient way of commissioning this Insights work was to extend the existing contract. At a review meeting on 27.3.2023, Devon Public Health and DCT contract managers reviewed the benefits and challenges of the partnership working on this project. Key questions addressed were:

- Which works best when commissioning – to go to the VCSE organisations that already have a relationship with the commissioning agency, so capacity to undertake the work is already known – or go to the market?
- How can commissioning be done in a way that builds partnership rather than being just a contractual relationship?

A key benefit of working in partnership on this commission was that the Brief and Specification drawn up for the commission were flexible, based on experimentation and learning the best way to collect the Insights, rather than predetermining what (and how many) those outputs should be. Instead Devon Public Health co-created the outputs within the broad work areas of the Specification as the commission progressed. Other benefits were:

- the building of one team of people
- developing mutual understanding of our different organisational cultures
- value of the skills and perspectives from outside Devon Public Health
- building the capacity of DCT through investment in DCT's staff rather than draining skills by Devon Public Health employing staff
- a non-hierarchical way of working – builds a sense of team and inclusion, valuing of each member of the team's contribution not dependent on the nature of the contract/commission e.g. DCT officers invited to all Team events and Awaydays members of the team, DCT had permissions for the Public Health Sharepoint, used Devon Public Health IT kit, had DCC ID badges to get into DCC venues for meetings etc
- Benefits of co-creation of areas of work, rather than pre-determining what outputs should be.

All agreed there was a clear need for system change in the way in which procurement of services are carried out. There was a clear recommendation from both Devon Public Health and Devon Communities Together for a move towards partnership working with VCSE organisations with recognition of the unique skills and contributions of each partner and the benefits of co-creation of outcomes.

Devon Communities Together
April 2023