**Population Health Case Studies - 5**

**Community Power in Blackburn with Darwen**

**What was the issue we were trying to resolve/why was it needed?**

The project aimed to support individuals and communities who felt powerless due to various challenges such as shame, stigma, trauma, poverty, illiteracy, unemployment, and poor health. The community faced high rates of BMI, childhood obesity, complex long-term conditions, multiple comorbidities, depression, epilepsy, heart failure, and other health issues. The goal was to empower them by investing in their lived experiences, community knowledge, and creativity, ultimately leading to long-term positive impacts and system change.

**Who was it aimed at?**

The project was aimed at individuals and communities in one of the priority wards in Blackburn with Darwen, including primarily white British residents, refugees, and asylum seekers. The focus was on those facing challenges such as high unemployment, poor mental health, low levels of education, poverty, and various health issues.

**Summary of the project**

* **Objective:** Empower individuals and communities facing challenges such as shame, stigma, trauma, poverty, illiteracy, unemployment, and poor health.
* **Target Community:** Priority wards in Blackburn with Darwen, including primarily white British residents, refugees, and asylum seekers.
* **Challenges Addressed:** High rates of BMI, childhood obesity, complex long-term conditions, multiple comorbidities, depression, epilepsy, heart failure, emergency admissions for injuries, osteoarthritis, respiratory issues, asthma, COPD, dementia, and stroke.
* **Approach:**
  + Establish quarterly catch-ups to share challenges and solutions.
  + Support individuals in finding power in their lived experiences, community knowledge, creativity, and coping strategies.
  + Invest in community members to create long-term positive impacts and system change.
  + Tailor approaches to meet individuals where they are, build confidence, and support their interests.
  + Facilitate Co-production of health and well-being projects and celebrate successes.
* **Activities:**
  + Community engagement through litter picking, cycling projects, gardening, and health help.
  + Health and well-being initiatives such as cycling sessions, resistance band exercises, blood pressure checks, and carbohydrate bingo.
  + Establish satellite patient participation groups and health and well-being groups with an obesity focus.
* **Challenges:**
  + Complexity of individual cases, long-term commitment, emotional toll, and cultural barriers.
* **Successes:**
  + Co-production between services and community, appetite for learning, and community members attending strategy meetings.

**Who was involved – partnership approach for example?**

The partnership approach involved various stakeholders:

* **Community Members:** Individuals from the priority wards actively participated in activities such as litter picking, cycling, gardening, and health initiatives.
* **Local Services:** Collaboration with the health and well-being team in Blackburn with Darwen, including cycling sessions and resistance band exercises.
* **GP Practices:** Establishment of satellite patient participation groups to ensure community voices are heard.
* **Nearby Projects:** Engagement with the 180 project, which supports people who misuse substances.
* **Faith Sector:** Exploration of faith mapping to understand and support faith communities across the borough.
* **VCFSE Organizations:** Broader offer from VCFSE organizations to support community needs and networking.

**Full names of people who supported with the project?**

**Colleagues:**

**Sarah Johns** – HealthWatch

**Rev Kev Colyer** – St James church, Ash Grove Darwen

**Sandra Kearney** – St James church, Ash Grove Darwen

**Anthony Carr** – BWD Active Community Lead

**Charlotte Pickles** – Public Health

**Linda Birtwell** – BWD Healthy Weight Lead

**Caroline Sagar** – CEO 180 Project

**Josh Dalton** – Coach 180 Project

**Mathew Rowe** – BWD Wellbeing Team Lead

**Zoe Fitzpatrick** – Darwen Family Hub

**Daleen Ten Cate** – DARE

**Holly Morgan** - ARC

**Community members:**

Lea, Christine, Kerry, Mitch, Lisa J

**When did it start/finish (is it ongoing)?**

The work is ongoing, with various activities and initiatives currently underway and planned for the future.

**What area was/is it delivered in?**

The project is being delivered in one of the priority wards in Blackburn with Darwen.

**How did the team go about delivering it?**

The team delivered the project by:

* Establishing quarterly catch-ups with interested individuals to share challenges and solutions.
* Supporting individuals in the community by meeting them where they are, building their confidence, and tailoring the approach to their needs and interests.
* Facilitating activities such as litter picking, cycling projects, gardening, and health-related initiatives like blood pressure checks and exercise sessions.
* Engaging the community in co-production of health and well-being projects and establishing them as community experts.
* Using familiar faces and consistent encouragement to build trust and support.
* Incorporating health aspects gradually and in a fun way, such as carbohydrate bingo and seated exercises during bingo sessions.
* Setting up satellite patient participation groups to give the community a voice in their GP practice.

These efforts were aimed at empowering the community and addressing their specific needs and challenges.

**What were the main outcomes/impacts for people?**

* Increased engagement and leadership roles within the community, such as leading litter picking and cycling projects, fundraising, and peer support groups.
* Improved mental health and well-being through participation in various activities and accepting health help.
* Enhanced skills and confidence, such as learning to read, developing garden spaces, and receiving training to continue health-related activities.
* Greater involvement in co-production of health and well-being projects, establishing themselves as community experts.
* Positive feedback and influence on GP practices through satellite patient participation groups.
* Increased physical activity and health awareness through cycling sessions, resistance band exercises, and blood pressure checks.

These outcomes contributed to empowering individuals and fostering a sense of community and support.

**Are there any comments/statements from people it helped?**

The project does not include specific comments or statement from individuals, but the project helped several individuals in the community by:

* Providing leadership opportunities in community activities such as litter picking, cycling projects, and fundraising.
* Improving mental health and well-being through engagement in various activities and accepting health help.
* Enhancing skills and confidence, including learning to read and developing garden spaces.
* Facilitating co-production of health and well-being projects, establishing community members as experts.
* Increasing physical activity and health awareness through cycling sessions, resistance band exercises, and blood pressure checks.

These efforts contributed to empowering individuals and fostering a sense of community and support.