



## Hastings Community Network - 25<sup>th</sup> January 2019

### Social Prescribing – connecting to the right support across Hastings and St Leonards

*One of eight Locality Networks supporting community resilience across East Sussex*



*“I’m amazed at all the great organisations trying to help the local community. Some very uplifting projects happening and some passionate people are doing a great job”*

*“These events are a great way to build up links and partnership working relationships - overall a brilliant way to meet other services”*



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## Acknowledgements

We would like to thank Teresa the Locality Link Worker for Hastings, the staff and volunteers of Hastings Voluntary Action, HCN Executive Committee member Andrew (who suggested the event), East Sussex College Hastings and our speakers and contributors Neil, Carla, Jennifer and Richard. Above all we wanted to thank the over 80 delegates who proved once again that networking matters and networking works!

## Introduction Social Prescribing – “Joining the dots” for wellbeing and health

With a vibrant voluntary sector and a range of community groups providing support health and active participation for local people the theme of social prescribing was an obvious choice to bring local organisations together for a themed locality networking event. Hastings has a long history of initiatives which linked local people with services. These range from the Bridge-Builder Mental Health Support Service to the Royal Society of Public Health award winning Community Well-being Service which almost 20 years ago did some ground breaking work helping local GPs offer social, rather than medical solutions.

This report draws together the themes questions and comments which came out of the big conversation in which over 80 people from across different sectors, backgrounds and experience held at the event. We centred on some central questions:-

- How can we help people connect with resources in the community?
- How can ensure that those who need it get the right information and support?
- How can the health impacts of this approached be captured?

The networks take an “asset based” approach which recognises, and builds on, the strengths of individuals, communities, local organisations and groups. This event highlighted there was a real willingness to work in a “joined up” way and a passion about improving the local area which echoed feedback from the January 2018 Hastings and Rother, “Connecting Across the Referral Divide”, Conference which is available on the HVA website.

We hope that you find this report useful and informative.

Steve Manwaring – Director Hastings Voluntary Action

## Overview of the Day

*“Networking is great, good opportunity to put a face to a name and ask lots about what services do”*

Hastings Community Network (HCN) is one of eight Locality Networks supporting community resilience across East Sussex. These networks share a common purpose.

**To share information and resources, build relationships and collaboration, provide opportunities for mutual support and learning and strengthen community based services.**

The January 2019 HCN brought together over 80 representatives from across the community, voluntary and statutory sectors to share experiences and explore how social prescribing can be embedded to meet the needs of the local community.

The event was oversubscribed, with 100 + participants wishing to attend. A waiting list was put in place to ensure as many people as possible were accommodated on the day. A list of the 56 organisations that were represented, or expressed an interest, is included as appendix 1.



Together participants explored how, through strong connections and local knowledge, we can build on Hastings and St Leonards strengths and learn from past initiatives. Ensuring that the development of a countywide Social Prescribing Pathway takes this into account and listens to the voices of local practitioners and community members was central to these discussions.

Significant time was set aside for networking, enabling the sharing of local knowledge and opportunities to make connections. Evaluation forms (57 completed on the day) identified a minimum of 190 new connections had been made.

**Themes for Table top discussions were:**

### **Discussion One:**

- What is your understanding of Social Prescribing?

- What do you think the benefits might be in Hastings and St Leonards?

### Discussion Two:

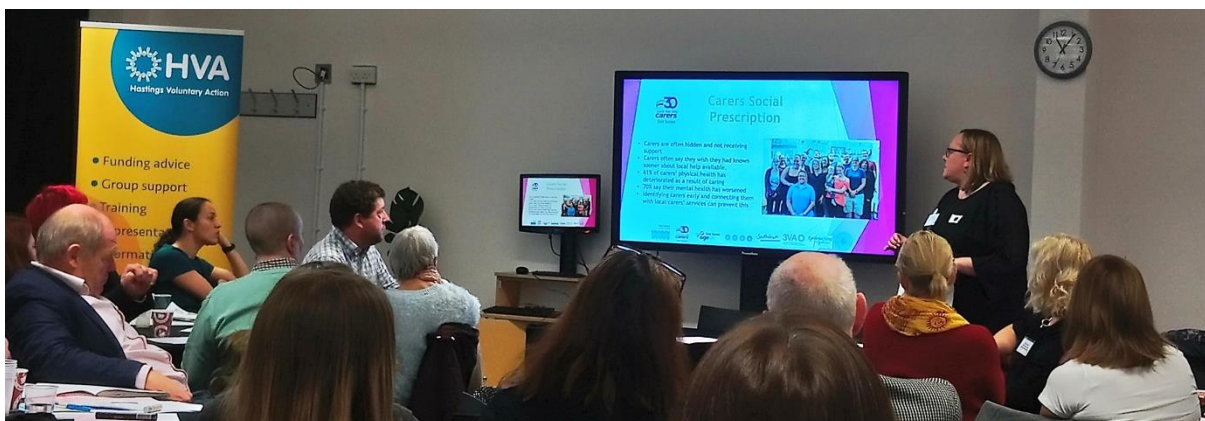
- What strengths/assets do we have in Hastings and St Leonards that will support this way of working (specific examples when possible)
- What can we contribute to this way of working in Hastings and St Leonards (Specific examples when possible)

A record of what was shared during these discussions is included as appendix 2. This information, along with what was included on evaluation forms, has been used to identify key themes later in this report.

Short presentations were shared by Neil Blanchard (CEO Southdown Housing Association), Carla Hawkins (Southdown Mental Health Recovery Services) Jennifer Twist (Care for the Carers) and Richard Watson (Health Inequalities Programme Manager NHS Hastings and Rother CCG/ NHS Eastbourne, Hailsham and Seaford CCG.)



Presentations covered the planned development of a countywide Social Prescribing Pathway, examples of Social Prescribing practice in Hastings and St Leonards and the local NHS perspective. This stimulated discussion which, in turn, highlighted key themes to take forward. The presentation pack can be viewed on the HVA website HCN page and was shared with all participants and those that expressed an interest in attending.





Evaluations of the event were overwhelmingly positive highlighting the value of opportunities to network, meet new people, make connections and reflect on community strengths. For example:

*“A very useful event, bringing together key services to discuss and share information”*

*“Really enjoyed the opportunity to Network and meet new people”*

*“Fantastic – a good chance to network and exchange ideas”*

Participants also valued the opportunity to learn more about Social Prescribing, its future development across the county and be part of contributing to the debate in a meaningful way. For example:

*“Well organised, vibrant event with real engagement from participants”*

*“It was good opportunity to understand issues as well as reflect on the strengths of the local community”*

*“(I gained) a wider knowledge of what’s going on locally to highlight and facilitate social prescribing”*

*“Really well organised, great attendance, great speakers and good debates round table”*

There was a real commitment to continued involvement in this agenda to ensure that Social Prescribing makes a real difference to service delivery and community experience in Hastings and St Leonards. There was a wish to build on the energy and enthusiasm of the day and the understanding that had been gained of how many people were already involved in this work. For example:

*“...there are loads of groups buying into the Social Prescribing concept. It is a brilliant idea. Need to really get GPs on board”.*

*“(I have) a wider knowledge of what’s going on locally to highlight and facilitate social prescribing”*

*“Keep...everyone informed of progress and how it will evolve with the whole of Hastings, Rother and East St Leonards”*

*“(we need)...another workshop in 6/12 perhaps to see what more has happened or should happen (and) ongoing process”*

## Key Themes

Table top discussions and evaluation forms identified a number of key themes highlighted below.

### 1. Working together and sharing information for the benefit of Hastings and St Leonards is a priority for all

It was highlighted in the room that there is a real wish to work together in Hastings and St Leonards, share knowledge and skills while reflecting on learning and achievements. There are established networks and forums and this approach is valued amongst service providers. There is a real motivation to ensure that local people get the best possible support to meet their needs and not let competition between providers get in the way of this being achieved. There is a history of volunteering and it was identified in the room for many people the town's volunteers are seen as its greatest asset and one that should be recognised and valued.

### 2. To ensure Social Prescribing works in Hastings and St Leonards local assets, strengths, passion and community culture need to be recognised and valued

A strong theme, that underpinned the event, was that Hastings and St Leonards is a very special place. It is creative, eccentric and bohemian, with a strong community culture, pride in its local community and an 'anything goes' attitude. It has a history of innovation and a strong community and voluntary sector, many community venues and local services. Its location with countryside and the sea on its doorstep is an enormous benefit with a wide range of outdoor activities and environmental projects on offer. These local assets are invaluable to social prescribing in this locality.

The wide range of projects, groups, services and activities in Hastings and St Leonards can at times make it difficult for practitioners and community members to navigate them and find the right match to meet their needs. This can also lead to duplication of services, competition for limited resources or gaps in provision being missed.

This event highlighted the high number of local services that are 'buying in' to social prescribing. It was identified however, that to maintain momentum and make the best use of local skills, knowledge and experience there is a need for really good communication about Social Prescribing on the ground and strategically moving forward. This will enable local providers to respond to, and influence, the development of the new Social Prescribing Pathway.

On a practical level, for Social Prescribing to work for many people in Hastings and St Leonards, the following were identified as essential:

- A ‘warm handover’ through referral – possibly a peer support initiative to help people that may find it hard to take the first step to take up the Social Prescribing opportunities on offer.
  - Easy and reliable access to social prescribing – available throughout Hastings and St Leonards. In the Community as well as in GP surgeries and through Self-referral.
  - All, including Social Prescribers, need to make good use of online directories such as ESCIS and 1Space to try and address this issue. Local services and groups can keep their own information up to date and ‘searchable’ and can use these directories to encourage self-help and support people to find the right match for them close to home.
  - Local GPs and wider health practitioners need to be engaged in the process
3. Reward, recognition or recompense of providers of social prescribing activities must be explored to enable the sustainability of local Community and Voluntary Sector (CVS) and Social Enterprise.

There are already challenges around sustainability of projects in Hastings and St Leonards which can lead to competition for limited resources. Ensuring that good ideas and valuable projects last was an important theme of the event. With Social Prescribing reliant on the Voluntary and Community Sector and Social Enterprise to deliver the services and support being ‘prescribed’ a system needs to be in place to ensure that resources follow the client/person and reach the activity provider. Without this Social Prescribing will put additional pressure on a system that is already over-stretched. Small grants, a credit system or other way of recompensing services providers needs to be explored and implemented learning from ‘what works’ in other areas.

4. Involving the CVS and local community members in the design of the new Social Prescribing Pathway is essential moving forward

This event highlighted the ‘buy in’ there is in Hastings and St Leonards for Social Prescribing with a genuine wish to be actively involved in shaping the future delivery to meet local needs. Feedback highlighted the vital importance of community voice in this process and input from the voluntary and community sector to the development of the new Social Prescribing Pathway. Participants wanted engagement with the Social Prescribing Project Officer, information about how to be part of the East Sussex Social Prescribing Reference Group and wider opportunities to stay involved.

It was highlighted that it would be valuable to explore the potential of social prescribing being offered by the community and voluntary sector for those not accessing more traditional routes such as GPs or Adult Social Care.



## Next Steps

Through dialogue on the day and information shared on evaluation forms it was clearly identified that participants wished to say included, help shape future Social Prescribing locally and across East Sussex and ensure that local community voices were not lost in the development of the Countywide Pathway. In response to this the following 'next steps' were identified.

1. All who attended or expressed an interest in the event will receive follow up information and the full report/ event presentation pack will be made freely available on the HVA website, HCN page (Action: HVA)
2. The full HCN report will be shared with all who attended the event/expressed an interest in attending and with a wide range of interested parties and decision makers. This will include Hastings Local Strategic Partnership, HCN Executive Group, Social Prescribing Pathway Steering Group and Integrated Locality Planning and Delivery Group members (Action: HVA and Hastings and St Leonards Locality Link Worker).
3. A follow up meeting around Social Prescribing in Hastings and St Leonards will be held in late 2019/early 2020 and potential of local action group explored to take forward ideas from this event including engagement of local GP's (Action: HVA and Hastings and Leonards Locality Link Worker).
4. Explore how VCS providers of Social prescribing opportunities will be recompensed for the additional pressure this will put on their services (higher numbers of referrals and increase in complexity of needs). Considering learning and examples of best practice from other areas where small grants or a credit system have been implemented and their success evaluated (Action: Countywide Social Prescribing Steering Group).
5. Regular updates on progress of the Countywide Social Prescribing Pathway to be shared including opportunities to join East Sussex Social Prescribing Reference Group, participate in events and contribute to co-production\* of locally agreed definition of services and activities (Action: Countywide Social Prescribing Steering Group)

\* **NOTE:** Coproduction is an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects (The Coproduction Network). More information can be found at: <https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-is-co-production/>

## Appendices

**Appendix 1: Organisations who attended or expressed an interest** (as they recorded their organisation on the booking form)

Organisation	Organisation	Organisation
3VA	Education Futures Trust (EFT)	Oasis Community Project – East Hastings
Active Hastings	Energise East Sussex	OPTIVO
Alzheimer’s Society	Fellowship of St Nicolas (FSN)	One You East Sussex
Anchor	Food Project	Patient Participation Group Forum
Association of Carers	Fulfilling Lives	People in Partnership
Bohemia Walled Garden Association	Hands of Hope	Possability People
Brighton and Sussex Medical School	Harkey Marlarkey	Priority 1-54
Brighton Housing Trust	Hastings and Rother Children’s Centre	Project Rewild
Brighton Oasis Project	Hastings and Rother Credit Union	Red Cross
Care for the Carers	Hastings Independent Press	SASBAH
Community Pharmacy	Hastings Quakers/Transition	Snowflake Night Shelter
Disability Team	Town Hastings and St Leonards	Southdown
DWP	Hastings Voluntary Action	Sussex Armed Forces Network
East Sussex County Council (Adult Social Care, Library and Information Service, Children’s Services, Open for Parents)	HCN Executive	Sussex Community Development Association
East Sussex Families and Carers	Heart of Hastings CLT	Sussex Partnership NHS Trust
East Sussex Learning	Heron and Gull	Sussex Prisoners Families
Together CEPN	Imago East Sussex Young Carers	TCV
East Sussex Recovery Alliance	NHS Hastings and Rother Clinical Commissioning Group	The Best U
		Thyme to Transform

## Appendix 2: Record of table top discussions

**Activity 1** (Where there is no clear separation between discussion points the comments have been combined)

<b>Table:</b>	<b>What is your understanding of Social Prescribing?</b>	<b>What do you think the benefits might be in Hastings and St Leonards?</b>
<b>1</b>	<p>Maximising community connections            Reducing duplication            Collaborative services            Pathway of support that's right for the individual (person in control)            Strengths based practice</p>	<p>Lots of opportunities in Hastings            Increasing referrals from GPs - connection missing            Lots of volunteers in Hastings            Focus support to engage men            Community engagement</p>
<b>2</b>	<p>A directory/awareness of different services available            GP and wellbeing centre based specialists            Do services need to be signed up?            Self-refer option for social prescribing service            Medication prescriptions are free- should all prescriptions be free?            Need to ensure service is safe/effective</p>	<p>Identifying need and best fit support            Treats problem not just symptoms            Ensuring all providers/ services can reach people            Need to assure quality            £ credits paid to organisations</p>
<b>3</b>	<p>Overall wellbeing for individuals            Link to other services            Personally tailored            Change of focus away from medical solution to issues such as isolation            Encouraging elf help and resilience            Changes in personal behaviour            New term to describe types of interventions that have existed for some time            Term 'prescription ' is well regarded</p>	<p>Improve health and wellbeing (mental and physical)            Reduced medication            Pressure on other services            Reduces social isolation            Empowering            Wider community benefits and pride            Less expensive than medication            Future proofing</p>
<b>4</b>	<p>Alternative/compliment to medication for mental health            Holistic approach to tackle problems            Signposting people towards facilities to tackle mental health issues, loneliness – provides a next step – people know where they can go            Provisioning of activities - improve health and nutrition, gyms/sports, physical health            Courses – carers wellbeing, dementia            Networking and relationship building –charities, nurses, doctors            Council – vetting and approving people to provide services improving mental and physical health            Self-referral by individuals            University of Brighton - helping students with mental health            HCN – at end of therapy/counselling – next steps. Reliable in knowledge they have</p>	

Table:	What is your understanding of Social Prescribing?	What do you think the benefits might be in Hastings and St Leonards?
	somewhere to go	
5	<p>What GPs should do for people needing non-medical solution</p> <p>Social support needed</p> <p>Trained receptionists in GP's</p> <p>For people with long term conditions - people with experience share</p> <p>Mentoring to help people make a plan - find out needs – Community Connectors</p> <p>Somebody to take people places</p> <p>GPs having more awareness of other services to avoid giving out medications</p> <p>Wider needs - underlying needs</p> <p>Idea has been around a long time!</p> <p>Change or chance to learn from the past</p> <p>Tying services together</p> <p>Fear from service users – they may lose support</p> <p>Its community work</p> <p>Signposting</p> <p>Individual support</p> <p>Should run alongside statutory services</p> <p>Person centred – dementia</p> <p>Can work for groups (in homes)</p> <p>There are costs involved resilience (benefit)</p> <p>Empowering people to help themselves</p> <p>Community</p>	
6	<p>Supporting people to help themselves</p> <p>Reducing social isolation</p> <p>Tapping into local community links</p> <p>Signposting from ASC and others</p> <p>People often don't know what they want or need or what services are available</p> <p>Many GPs have a database to refer to</p> <ul style="list-style-type: none"> <li>- not enough time to use</li> <li>- getting right referrals to the right place (fit)</li> <li>- have to know the links</li> </ul>	<p>Volunteering and job access</p> <p>Up skills and confidence</p> <p>Reduce GP time</p> <p>Increased resources</p> <p>Improves mental health, physical and emotional health.</p>
7	<p>Reduction of medication /non clinical intervention – relieve pressure on NHS</p> <p>Including social interaction</p> <p>Taking yourself back from the clinic</p> <p>Empowerment</p> <p>Holistic</p> <p>Something that has always been done</p> <p>Social rather than medical/clinical</p> <p>Prevention</p> <p>Investing in community assets to address socio economic issues to improve Mental health, wellbeing</p> <p>Activation of patients in their own health care</p>	

Table:	What is your understanding of Social Prescribing?	What do you think the benefits might be in Hastings and St Leonards?
	<p>Communication between statutory and community organisations</p> <p>Effective use of resources (especially in times of austerity)</p> <p>Reduce 'silo' working</p> <p>Individual needs are met</p> <p>Long term, sustainable investment</p> <p>Giving back to the community by creating networks – increasing social inclusion</p> <p>Ownership of individuals future</p> <p>Pressure reduced on NHS, reduced cost to the state</p> <p>Parity of esteem – physical/mental health and its impact</p> <p>Time to explore options</p> <p>Reduction of frequent attendees at GP surgeries giving purpose</p> <p>Reduction in homelessness/substance misuse</p> <p>Upskills people</p> <p>Builds self-confidence and self esteem</p>	
8	<p>Things outside of medication</p> <p>Community groups for isolated people</p> <p>Improving wellbeing</p> <p>Needs better connections and pathways</p> <p>Physical connections -transport, barriers to access support to engage</p> <p>How do people access if they can't afford it. Can it work like medical prescriptions (NHS funded)?</p> <p>Central resource and mapping would be useful</p> <p>Are we in completion for funding for delivery?</p> <p>Accreditation of services when working with the vulnerable</p> <p>H&amp;SL has lots of services. How do we know what's out there?</p> <p>Do the GPs know what's out there?</p> <p>Personal connections are so valuable</p> <p>Do the wider medical team know how to link people to services? GPs are too busy!</p> <p>GPs are very hard to engage with. Hard to 'market' local services! Hard to get info onto GP screens.</p> <p>Social Prescribing needs to be the conduit for information to GP patients</p> <p>Need to train around info, advice and guidance – risk, choice and accountability of the Social Prescriber.</p>	
9	<p>Putting the power and initiative in patients' hands rather than GP only</p> <p>A network of support (a physical place and/or a dedicated person helps!)</p> <p>Signposting</p> <p>An infrastructure of information about resources available</p> <p>Not just medical but holistic</p>	<p>Using what is already there</p> <p>Make it a more stable network</p> <p>Making more connections</p>
10	<p>Community based non-medical health intervention</p> <p>'Prescription' as a term is useful/helpful – giving someone something to take</p>	<p>Be used as a cascading offer - lots of points in the community can 'socially prescribe' opportunistic and offer lots of opportunities –stealth/secondary</p>

<b>Table:</b>	<b>What is your understanding of Social Prescribing?</b>	<b>What do you think the benefits might be in Hastings and St Leonards?</b>
	<p>away (but medical form a medical point of view) cultural shift</p> <p>Lack of social interaction – gives GPS something to do/respond with. But perception or fear of risk /liability.</p> <p>Part of a ‘self-care’ approach – range of options not just GP</p> <p>Resistance for patients - feeling of being ‘fobbed off’</p>	<p>benefits</p> <p>Strengthen communities – combating fear of getting involved</p>

**Activity 2** (Highlighted comments were those chosen for feedback by the table at the event)

<b>Table:</b>	<b>What strengths/ assets do we have in Hastings and St Leonards that will support this way of working (specific examples when possible) (</b>	<b>What can we contribute to this way of working in Hastings and St Leonards (Specific examples when possible of individual, groups or organisations).</b>
1	<p>Nice place to live</p> <p>Lots of community venues</p> <p>Lots of services</p> <p>Very caring town and community</p> <p>Local identity ‘proud to be a part of something’</p> <p>Strong voluntary sector</p> <p>Inclusive ‘anything goes’ attitude</p> <p>Funding opportunities and support</p>	<p>Working together in the community</p> <p>Sharing knowledge and skills across services</p> <p>Increase referring people onto other services to increase opportunities</p> <p>Be brave and not afraid to try something new</p> <p>Be reflective together</p> <p>Voice of people using local services</p>
2	<p>Lots of organisations</p> <p>Strong creative/arts sector</p> <p>Good existing networks/network forums</p> <p>Providers value the approach</p> <p>Developing local ethos to empower people to access wider range of services i.e. ESCC</p> <p>Motivation to support people not compete between providers</p> <p>Less capacity in social care increases referrals to VCS and may strengthen their provision</p> <p>Need for really good communication about this kind of work on ground and strategically – capacity building.</p>	<p>Active Hastings could be an activity social prescriber as they carry all the knowledge for free , low cost and standard cost provision</p> <p>Could develop a credit system - Crawley service</p> <p>Steering group to share up to date information</p> <p>More joined up working</p>
3	<p>Lots of different opportunities already</p> <p>Good networking in place (groups, emails, Facebook)</p> <p>ESCIS Directory – Events</p> <p>Hastings has a ‘can do’ attitude –</p>	<p>Work Together for simple referral system</p> <p>Warm handover through referral</p> <p>Handholding service – peer support</p> <p>Outreach</p>



Table:	What strengths/ assets do we have in Hastings and St Leonards that will support this way of working (specific examples when possible) (	What can we contribute to this way of working in Hastings and St Leonards (Specific examples when possible of individual, groups or organisations).
	adaptable/responds to feedback Large number of community centres Passionate people Development of Health and Wellbeing Hubs	Collaborative working Locality based awareness of where people will actually travel
4	Flexible pilot project in St Leonards – Warrior Square GP’s Collaboration with other organisations. Develop relationships Great number of organisations and groups Local knowledge base Great local connections Well –established organisations/individuals Experienced, committed people/community	Importance of long term projects not just six months Easy and reliable access to social prescribing –online directory Focus groups – recommendations Keep up to date about local events –ESCIS (East Sussex Community Information service), 1Space, local directories, Southdown - Triage services Clear communication between organisations
5	GP’s on Board Walk-in to stay at Station Plaza! Navigators Fairly accessible Geography and services Lots of Community positive energy – volunteers/creative thinking (eccentric, bohemian, talented) Resilient as a town Sea air and countryside accessible Parks –Park Run and active Hastings Community flexibility Unrestricted funding (sometimes!)	Be responsible to follow ideas up Keep ‘on’ at GP to think holistically Increase discussions with service users about social prescribing needs- co-design –what do you need? Ensuring good ideas/ projects last - are sustainable Lead from the front –share ideas Volunteers Improve partnerships and pathways with CAMHS backup Access to ‘wider’ funding ‘power to change’ funding
6	Lots of varied experience/resourceful Person centred Amazing quantity of voluntary organisations Good network – opportunities and good attendance! And well organised Volunteers - biggest asset Commitment all levels to support collaborative working Varied open space (Beach, healthy walk...) Physical resources and lots of opportunities Funding available	Share best practice Support small organisations Good partnership working Good communication and information sharing Keeping current/acknowledge updates Longevity of funding Relationship maintenance Raising awareness Sustainability Promote change

Table:	What strengths/ assets do we have in Hastings and St Leonards that will support this way of working (specific examples when possible) (	What can we contribute to this way of working in Hastings and St Leonards (Specific examples when possible of individual, groups or organisations).
	Funding the biggest challenge	Willing to engage Open minded Being involved Insight (case studies/service users voice) Referring appropriately
7	Family connections Community Centres Local people working in area =local knowledge 'what you know – who you know' Strong community culture Active borough council Local champions Tourism Pride in local community and area Breadth of services available Diverse demographic Open to working I different ways Useable community spaces – sea front, walled garden, woodland walk etc. East Hill Improved local transport links (some!)	Partnership working More trust from statutory sector in voluntary services Community Connectors Make journey more sustainable – community sustainability Local Champions
8	H&SL have a lot of services H&SL is a giving and supportive community H&SL is innovative anarchic and creative Huge amount of potential service users Entrepreneurial attitude 'have a go' at new services A willingness to work together (except in funding/tendering) Potential for consortium – a critical role for HVA The new social prescribing Project will really help Micro businesses and home grown initiatives Good physical health information – not so good mental health info and services Limited time and funds to dig into core mental health challenges. Partnership may help with this. Building confidence at wellbeing centres	Bohemia Walled Garden – venue Southdown –knowing what is out there Thyme to Transform – Knowledge and experience Education Futures Trust – Tree Felling Association of Carers - Lunch and Supper Clubs

Table:	What strengths/ assets do we have in Hastings and St Leonards that will support this way of working (specific examples when possible) (	What can we contribute to this way of working in Hastings and St Leonards (Specific examples when possible of individual, groups or organisations).
	helps them engage better in the community.	
9	<p>Vibrant voluntary and community sector</p> <p>Pool of creative and innovative people</p> <p>Good connections and communication between communities? Partnership working</p> <p>Children’s Services got outstanding award form OFSTED</p> <p>HVA and HCN actively promoting connections between statutory, local authority and voluntary sector</p> <p>COLOCATION Good background of cooperation between different agencies and opportunities for services working together</p> <p>“The walls are coming down” “Shabby Chic”</p> <p>Resilient communities – tolerant –</p>	<p>Huge amount of untapped resources</p> <p>Space, skills sets, experience, available in individuals, groups and communities to contribute to boosting impact, particularly in areas of deprivation.</p> <p>positive can do attitude towards health and wellbeing</p> <p>At a National level investment from existing resources across the spectrum of social, environmental and economic strands.</p>
10	<p>Community Pharmacy -promote and signpost and access to a lot of people</p> <p>I Rock – Age group and tackling social exclusion – support there and signpost</p> <p>HVA – leadership and connecting communities and groups</p> <p>Strong and vibrant arts and culture</p> <p>Strong and vibrant VCS- innovative, energetic, lots to offer</p> <p>Engaged VCS community that want to improve things a for local community through supporting and enabling</p> <p>Health and wellbeing Hubs</p>	<p>Smile and say hello</p> <p>Be a welcoming organisation/group</p> <p>Building on Health and Wellbeing Hubs – make the most of them!</p> <p>Helping people know what’s out there. Use Social Media to make people know what’s available and how much – press and Facebook - reflecting positive message about Hastings</p> <p>Don’t underestimate the power of the individual and there is a role for everyone</p> <p>There is not only one way to get the message out there</p>

### Appendix 3: Contact details of presenters and organisers

Name	Organisation and Role	Contact
Steve Manwaring	Director Hastings Voluntary Action (HVA).	Email: <a href="mailto:steve@hvauk.org">steve@hvauk.org</a>
Andrew Colquhoun	Hastings Community Network (HCN).	Webpage: <a href="http://www.hastingsvoluntaryaction.org.uk/hcn">http://www.hastingsvoluntaryaction.org.uk/hcn</a>
Teresa Flower	Locality Link Worker East Sussex County Council	Email: <a href="mailto:teresa.flower@eastsussex.gov.uk">teresa.flower@eastsussex.gov.uk</a>
Neil Blanchard	Chief Executive Southdown Housing Association	Email: <a href="mailto:neil.blanchard@southdown.org">neil.blanchard@southdown.org</a>
Carla Hawkins	Operations Manager Southdown Mental Health Recovery Services	Email: <a href="mailto:Carla.Hawkins@southdown.org">Carla.Hawkins@southdown.org</a>
Jennifer Twist	Care for the Carers Chief Executive Officer	Email: <a href="mailto:jennifert@cftc.org.uk">jennifert@cftc.org.uk</a>
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