

Community Health and Wellbeing Alliances – Summary

Community health and wellbeing alliances in Eastern Devon – their added value

Community health and wellbeing alliances currently exist in Sidmouth, Seaton, Axminster, Ottery, Okehampton, Tiverton, Cullompton and CREDITON.

An Exeter Health and Wellbeing Alliance has also been newly started (led by Colab currently) and the WEB (Woodbury, Budleigh and Exmouth) Health and Wellbeing Board has been reinstated as of May 2025 in a broader form with more VCSE representation.



These groups meet quarterly and provide a positive networking opportunity and often result in opportunities for joined up working e.g. through the Tiverton alliance a new service providing free drop-in Mental Health sessions was recently developed, following closure of DRLC.

Most alliances appear not to have specific clear priorities outlined, but rather all interested parties are committed to better support the health and wellbeing of their community. The meetings therefore provide an invaluable networking opportunity and aim to be responsive to the needs brought to the meetings. They also help ensure that organisations and community groups are better working together than in silo.

Example from the Common Purpose for Okehampton Community Health and Wellbeing alliance. They hope to achieve:

- Enhanced working practices, increased learning and improved understanding between partners.
- Identifying gaps in provision for this population and provide opportunities for them to be addressed.
- Maximise outcomes for our communities.
- Advocate for equity of service and access for our communities

Those attending these alliances value the chance to connect – “These meetings are so crucial for connections, promotions and partnerships as no central information point it’s all word of mouth”; “It’s important to know what’s available in order to help people which is why this Community Wellbeing Alliance and other similar ones are so important for sharing and promotion.”

The Community health and wellbeing alliances across all places are well attended with 10-25 people at each meeting. They currently have strong representation from the VCSE sector in particular. Town and parish councillors are often in attendance at many meetings. District and county councillors are also present in some meetings. Social prescribing teams were also well represented and their input was highly valued (PCN staff). Wider NHS staff representation from PCN, DPT and RDUH varies and can be sporadic, however partners did see value in an NHS representative being present and having a direct contact/single point of access, where previously this has been missing.

In the places where the alliances work successfully they are reliant on the passion and time of an individual and/or organisation to chair and minute these meetings. The chairs mentioned that the additional funding from Eastern LCP has supported the alliance to continue, when they were at risk of folding as a group (Tiverton Health and Wellbeing Alliance).

There is an evident risk of these community alliances not being able to continue without support e.g. the folding of the WEB Health and Wellbeing Board in January 2025 due to the Chairs retiring, and Honiton Health Matters finished 18 months ago due to the chair stepping down. Those that attended these meetings previously did value the chance to network with others during these meetings, but no one has capacity to take this on due to the pressures and time-constraints in their current commitments.

Community Health and Wellbeing alliances – identified risks

- Loss of funding for community builders which is considered a valued asset or short-term funding for posts.
- No community builder roles in East Devon, and no/limited CVS support.
- A sense of feeling of being over-engaged but with little support or funding, a feeling that the voluntary sector can provide the solutions but with no extra funding, the NHS providing ‘promises but no action’.
- Lack of resources, no commissioned central directory of spaces as well as groups,
- Reliance on short-term ‘project’ funding, core costs funding is rare, and very few funders offering support for wider community and social infrastructure work.
- Cost to attend the health and wellbeing alliance meetings (which is why so many apologies) is not bearable by small organisations. A mix of face-to-face and online central information is important.

Challenges reported and further considerations:

- Lots of VCSE sector are losing or at risk of losing funding, so there is a real sense of uncertainty in the current climate. Utility bills and core training for staff/volunteers is difficult to fund (e.g. safeguarding training). There is a concern about asking ‘more’ of the VCSE sector with little acknowledgement that they run on volunteers and also are at risk of losing funding streams.
- A repetitive ask to focus on continuing funding the existing services that are at risk, rather than have to setup new short-term projects to meet a specific-criteria.

- There is an ask for longer-term funding streams rather than short-term. It is hard for the staff to build relationships and trust in the community and achieve desired outcomes with short-term scales. The staff on short-term contracts are also faced with constant uncertainty about their job security.
- Short-term funding also does not provide opportunity for measurable outcomes with service users, especially those with complex needs. They need trusted and reliable organisations to give longer-term input with trusted relationship building, not a 6-month intervention.
- Many of the chairs of the alliances reported feeling over-engaged. They felt that they were being asked the same questions, but did not see any changes/results come out of the engagement/consultation.
- Currently there is a lack of joined-up working and partnership with the NHS across all of Eastern Devon. Local NHS representatives are often not present at community health and wellbeing meetings (PCN, PDUH and DPT staff inclusive). The alliances value the input of NHS staff and attendance when they do attend, but the opportunity for partnership working is very limited currently.
- There appeared to be a sense of a lack of faith in the NHS and what it can offer. A feeling that the NHS does not understand partnership working in its true sense, and is concerned with the system not having a person-centred approach.

Further feedback on community infrastructure

Community Assets

- The VCSE organisations
- In all localities across Eastern Devon there is evidently a considerable number of VCSE organisations and volunteers going the extra mile to support the growing need of their community. The need in the community continues to remain high due to the cost of living and food poverty. It is evident that VCSE organisations have adapted or emerged to truly ensure they are reaching those in most need e.g. churches, food larders, food banks, mental health drop-ins, warm spaces, community cafes, community groups to prevent loneliness.
- The VCSE sector are commonly seeing and supporting those with complex needs e.g. mental health, long-term health conditions and homelessness often with limited or no support from statutory organisations. Therefore, these long-standing and trusted VCSE organisations are an asset to their community as they act as a pillar and safe space in the community and can adapt and respond to the community's needs e.g. Food banks, Citizen's Advice,
- West Devon CVS and Involve (Mid-Devon) were noted as an asset to the VCSE organisations in their localities in the additional support they offer in helping and assisting the VCSE sector with funding and training etc., as well as chairing Community Health and Wellbeing Alliances. It was noticeable in East Devon where this infrastructure was missing.

The people

- The commitment and skills of key 'community leaders' are a real asset to their communities. These are the key individuals who are running their VCSE organisation. Future proofing of their roles is required. Beneath these community leaders are an army of volunteers which the majority of VCSE organisations are reliant on to deliver their services, these volunteers are often the true unrecognised assets.

Community Cafés

- Community cafés appear to be a key asset in most 'places' in tackling loneliness and isolation by providing a HUB for all ages. Such community cafés provide a HUB for a range of support (peer support groups and/or more structured 1:1 support). Examples across Eastern Devon include Open Door in Exmouth, Seachange in Budleigh Salterton, Okehampton Wellbeing Café, Waffle House in Axminster, Seaton Community Café.

Community Builders

- There are a large team of Community Builders, Community Connectors and Community Physical Activity Co-ordinators that work in the community across Exeter that play a key role in tackling social isolation. The Community Builders also play a key role in developing partnership working opportunities. Their funding is secured for another 2 years.
- Crediton also has a Community Builder who plays a key role in setting up a number of key projects and peer support groups focusing on health and wellbeing and reducing social isolation e.g. Vintage Farming, Parent Peer Group and Cancer Peer Support Group.