



Six principles for engaging people and communities

Putting them into practice

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What is this document?

This document is about creating person-centred, community-focussed approaches to health, wellbeing and care. It builds on the proposed new relationship with patients and communities set out in the NHS Five Year Forward View.

This document is not a checklist or official guidance. It aims to compliment a wider suite of products to be produced by national bodies for the health and care system as it moves forward with the implementation of innovations in care delivery. It will be received by people working at full tilt in a system under great pressure. We hope that in this document you will find inspiration, reassurance and practical support.

Who should read this document?

This document is useful for anyone engaged in improving and transforming health and care services in England, including patients, carers and the public.

It is particularly aimed at:

- ◆ Leaders in the NHS, and national and local government
- ◆ Managers in the NHS, and national and local government
- ◆ Practitioners in the NHS, and local government

How should this document be used?

This document is designed to help build knowledge, confidence and motivation to develop person-centred, community-focussed approaches to health and care.

This document is a companion to *Six principles for engaging people and communities: definitions, evaluation and measurement* which describes the principles, and how they can be measured. These principles are referenced in the *NHS Shared Planning Guidance*, published in December 2015. The 'How can we achieve this?' sections throughout this document are drawn from that initial paper.¹

This new publication demonstrates why the principles are important, and provides a guide to putting them into practice, offering case examples of the principles in action. Throughout this document there are questions to provoke thought, reflection and challenge at a local level.

Why do the six principles matter?

Graphic: Six principles for engaging people and communities



The six principles map the key elements of person-centred, community-focussed approaches to health, wellbeing and care.

At the heart of the principles is the assertion in the NHS Five Year Forward View that 'a new relationship with patients and communities' is key to closing the three gaps identified by the NHS Five Year Forward View: health and wellbeing, quality of care and treatment, finance and efficiency.²

The evidence is increasingly clear that better engagement – by which we mean involvement and co-production – is not a nice-to-have, it is core business. There is a growing body of knowledge and practice that demonstrates that engagement is doable and has real impact. However, it is clear that there is a long way to go (see Table opposite).

Topic	Source	Responses given	Response rate	Year
Primary care	GP Patient Survey	Living with long term condition/s I have a written care plan	3.3%	2015
Inpatient care	CQC National Inpatient Survey	I was as involved as I wanted to be in decisions	56% Yes definitely 34% Yes to some extent	2015
		I was always treated with dignity and respect	81%	2014
Community mental health	CQC National Survey of people using community mental health services	I know who is coordinating my care and they do it very well	59%	2015
		I have definitely agreed with someone from the services what care I will receive	42%	
		I was as involved as I wanted to be in decisions	50% Yes definitely 38% Yes to some extent	
Adult social care	Adult Social Care Survey	How I am helped or treated makes me think & feel better about myself	61%	2014 –
		I feel in control of my daily life	77%	2015
End of life care	VOICES survey of bereaved carers	Staff always treated the dying person with dignity and respect	59% (doctors) 53% (nurses)	2014
		Services definitely worked well together in the last 3 months	42%	

Table: Are we engaging people?

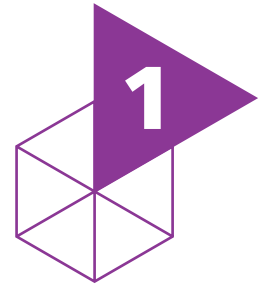
Who developed this document?

This document was developed by the People and Communities Board, one of the Five Year Forward View programme boards. The People and Communities Board brings together voluntary, community and social enterprise organisations including members of the Health and Care Voluntary Sector Strategic Partnership Programme, individuals who are patient and carer experts by experience, and representatives from local government, NHS England, and the NHS Confederation.

The Six Principles have been a guiding tool for the new models of care 'vanguard' sites and were developed jointly with them. This document has been produced following a workshop facilitated by health policy commentator, Andy Cowper, and with input from those working in Clinical Commissioning Groups (CCGs), NHS England, a Hospital Trust, a vanguard site, voluntary sector representatives and patient representatives.

1 Six principles for engaging people and communities: Definitions, evaluation and measurement
www.nationalvoices.org.uk/our-work/five-year-forward-view/new-model-partnership-people-and-communities

2 Five Year Forward View
www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf



Care and support is person-centred: Personalised, coordinated, and empowering

How can we achieve this?

We recognise the following as key interventions for high quality care and support, especially for those with long term conditions:

- ◆ Information, support and advocacy for patients, service users, carers, and families, tailored to their level of health literacy.
- ◆ Shared decision-making as the default mode for clinical consultations.
- ◆ Personalised care and support planning as the core model for working with people with long term conditions.
- ◆ Support for self-management at scale, so people are informed, skilled and confident.
- ◆ Care is coordinated, as set out in *Integrated Care: Our Shared Commitment*,¹ and is based on the *Narrative for person-centred coordinated care*.²
- ◆ Access to personal health records which people can use, correct and amend, and which prioritise their personalised care plans.
- ◆ Personal budgets across health and care.
- ◆ Widespread availability of effective peer support.
- ◆ Joined up mental and physical health care.

Why does this matter?

The NHS Five Year Forward View calls for a shift away from paternalistic, fragmented health and care services, towards a focus on supporting people better to manage their health and wellbeing.

Giving people the tools and support they need to do this confidently is critical for improving health, helping people to complete treatment plans, and reducing waste. It should be the cornerstone of what we understand as high quality care.

Fundamentally, this principle is about seeing the person, not just the condition. It is about focusing on what matters to people. It is about ensuring people have as much choice, voice, control and support as they want in decisions about their health and care.

The right of involvement is enshrined in law and in the NHS Constitution. The 2015 Supreme Court decision in the case of *Montgomery v Lanarkshire Health Board* effectively confirms that there is no informed consent without full shared decision-making.³

Meanwhile, there is growing evidence that involvement is key to improving outcomes and improving the experience of care. There is also evidence that involvement helps to ensure that resources are allocated most appropriately, giving informed patients the care and support they want, not the care and support we think they should have.



Questions to ask

- ◆ How are people already supported to be involved in their health?
- ◆ Which proven, person-centred interventions are available and how many people can access them?
- ◆ Have staff been given the training, skills and tools they need to work in a person-centred way?
- ◆ Are the incentives in place to encourage services to do this, and are the barriers removed?
- ◆ Is care and support planning the default way of working with people who have long term conditions?
- ◆ Do we have the right values and mindset to work in person-centered ways?

CASE STUDY



Peer support Positively UK

Positively UK works in partnership with Homerton University Hospital to provide peer support during all HIV clinics. Peer Navigators worked with patients to identify needs and priorities, set action plans, work towards agreed goals and undertake advocacy with support agencies.

Forty patients with high needs were supported through 200 hours of one-to-one support. An evaluation found a 70% increase in the uptake of services including benefits advice and hardship support. In addition, 76% of patients said they talked to others about HIV more and were more likely to disclose their HIV status, and 53% reported being in a better financial position.

Overall, the project found that embedding peer support within the clinic is an effective way of providing essential support, information, and advocacy. Collaboration with the voluntary sector was crucial to the success of the project.

For more information visit: www.positivelyuk.org

CASE STUDY



Improving medication use Teach-back

Often, when there are problems with medicines use among patients, it is due to a misunderstanding about how and when they should be taken. Teach-back is a technique in which pharmacists dispensing prescriptions explain face-to-face how they should be taken. The pharmacist then asks the patient to explain it back, and if they do not yet understand, the pharmacist can then go back over it with them.

The result has been a reduction in patients going to their GP or A&E because of problems with taking their medication. Teach-back has now been adopted nationally in Scotland.

For more information visit: www.bit.ly/teach-back



Find out more

- ◆ NHS England, House of Care:
www.england.nhs.uk/house-of-care
- ◆ National Voices, Guide to care and support planning:
www.nationalvoices.org.uk/pages/care-and-support-planning
- ◆ National Voices, Evidence for person-centred care:
www.nesta.org.uk/project/realising-value?
- ◆ Coalition for Collaborative Care, Personalised care and support planning handbook:
www.coalitionforcollaborativecare.org.uk/news/personalised-care-and-support-planning-handbook-launched
- ◆ The Health Foundation, Person-centred care made simple:
www.health.org.uk/publication/person-centred-care-made-simple
- ◆ Kings Fund, People in control of their own health and care:
www.kingsfund.org.uk/publications/people-control-their-own-health-and-care
- ◆ National Voices, What is the role of VCSE organisations in care and support planning?
www.nationalvoices.org.uk/publications/our-publications/what-role-vcse-organisations-care-and-support-planning

1 Department of Health, Integrated Care: Our Shared Commitment:
www.gov.uk/government/publications/integrated-care

2 National Voices and Think Local Act Personal, Narrative for Person-centred, Coordinated Care:
www.nationalvoices.org.uk/publications/our-publications/narrative-person-centred-coordinated-care

3 UKSC Blog, Case Preview: Montgomery v Lanarkshire Health Board:
www.ukscblog.com/case-preview-montgomery-v-lanarkshire-health-board



Services are created in partnership with citizens and communities

How can we achieve this?

We create services in partnership with citizens and communities, engaging groups of people at the earliest stages of service design, development and evaluation.

This means we:

- ◆ Reach out to and work with a wide range of citizens, reflecting the diversity of our community, to have the necessary conversations about health, wellbeing, prevention and services.
- ◆ Directly involve citizens in gathering feedback on experiences of care from a range of sources. There is also direct involvement in using insight from feedback on complaints, experience and outcomes to inform the development of care models and make improvements.
- ◆ Use the 'family' of community based approaches, outlined by Public Health England and NHS England, to build and use community resources for health, prevention and wellbeing.¹
- ◆ Use co-production approaches, e.g. Experience Based Co-Design,² to design services with service users, people with lived experience, and carers.
- ◆ Recruit, train, support and involve experts by experience, carers, and patient and lay leaders in meaningful roles including in programme governance and service design.
- ◆ Work with the voluntary, community and social enterprise sectors, patient participation groups, carers, and Healthwatch as partners.
- ◆ Specifically target deprived and excluded populations to address health inequalities, working with civil society groups that are trusted.

Why does this matter?

Properly embraced, the insight, experience and expertise of citizens can make services better tailored, more sustainable, and ensure that service changes command legitimacy. Services should engage with, involve, and empower patients, carers and the public.

People are not just experts in their own lives, conditions and care needs, they also hold vital knowledge about local services that we can harness to improve health and care.

People who use services see the best and the worst that is on offer, and understand the emotional toll of ill health and caring. Through co-production, this knowledge can help drive improvements, making services more responsive to people's actual needs.



Questions to ask

- ◆ How are the public involved in decision making?
- ◆ Who are we involving in decisions about service design and improvement?
- ◆ How can we reach out beyond the people we normally deal with?
- ◆ Are we clear about the differences between co-production, involvement, and consultation – and are we making the best use of each approach?
- ◆ How are we supporting the people who get involved?
- ◆ Are we letting people know how their insights have been used to improve practice?
- ◆ Is this involvement improving patient experience and outcomes?

CASE STUDY

Transforming Outcomes and Health Economics Through Imaging programme

Guys and St Thomas' NHS Foundation Trust

The Transforming Outcomes and Health Economics Through Imaging (TOHETI) programme worked with clinical staff across Gynaecology and Interventional Radiology at Guys and St Thomas' NHS Foundation Trust to improve the pathway for women with uterine fibroids.

TOHETI ran a series of focus groups to better understand women's experiences of the fibroid pathway. The discussions highlighted a lack of reliable information available about treatment options, and a lack of reliable information about recovery from surgery.

As a result, the Trust brought clinicians and patients together to influence not only the care pathway, but to design an information leaflet and video setting out the options available to treat fibroids. This was overseen by a steering group that brought together consultants, radiographers, GPs, and nurses, and was chaired by a patient with experience of being treated for uterine fibroids at the hospitals.

For more information visit: www.toheti.org/uterine-fibroids.php

CASE STUDY

Co-producing and commissioning in integrated care

Central West London

West London CCG's Whole Systems Integrated Care programme commissioned Kensington & Chelsea Social Council (KCSC) and Healthwatch Central West London to carry out their patient and voluntary sector engagement.

A series of in-depth interviews and focus groups with patients and carers was held, and a survey of voluntary and community sector organisations carried out. A patient panel worked with the Whole Systems Integrated Care Steering Group to ensure people were involved in decision making.

Priorities included ensuring access to self-management courses and resources, and accessible transport. A communication protocol between primary care, hospitals and social care was recommended.

An evaluation of the programme found that the patient panel played an important role in ensuring a focus on a holistic model of care, and panel members reported feeling valued. The evaluation also noted the importance of having a CCG Public & Patient Engagement Officer to encourage trust and understanding between the CCG, patients, Healthwatch, and the local voluntary and community sector.

For more information visit: www.bit.ly/coprodKCSC



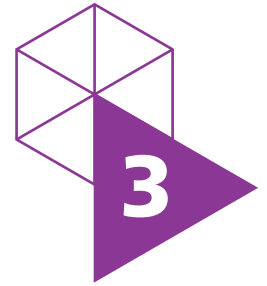
Find out more

- ◆ British Medical Journal, Patients and staff as co-designers of healthcare services:
www.bmj.com/content/350/bmj.g7714
- ◆ The Kings Fund, Experience Based Co-design Toolkit:
www.kingsfund.org.uk/projects/ebcd
- ◆ NHS England Co-production model, in NHS England Framework for Public Participation in Primary Care (page 25):
www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/framwrk-public-partcptn-prim-care.pdf
- ◆ NHS England, Transforming Participation in Health and Care:
www.england.nhs.uk/2013/09/trans-part
- ◆ Coalition for Collaborative Care:
www.coalitionforcollaborativecare.org.uk
- ◆ NHS Institute for Innovation and Improvement, Co-production:
www.institute.nhs.uk/share_and_network/pen/co-production.html
- ◆ NHS Networks, Smart guides to engagement:
www.networks.nhs.uk/nhs-networks/smart-guides
- ◆ New Economics Foundation, Co-production in theory and practice:
www.prezi.com/eitdkeaoly8t/co-production-theory-and-practice
- ◆ Think Local Act Personal, Personalised Care Planning Tool:
www.thinklocalactpersonal.org.uk/personalised-care-and-support-planning-tool/about

1 Public Health England, Health and wellbeing: a guide to community-centred approaches:
www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches

2 The Kings Fund, Experience Based Co-design Toolkit:
www.kingsfund.org.uk/projects/ebcd

Focus is on equality and narrowing inequality



How can we achieve this?

We tackle the 'social gradient' in health by identifying, reaching out to, and involving different groups in order to improve knowledge of their needs, their access to services, their experience of services, and their health and wellbeing outcomes.

This includes:

- ◆ People with the lowest health literacy, worst health status and outcomes, and worst experiences of care, including as a result of poverty, deprivation, unemployment, and poor housing.
- ◆ All groups protected under the Equalities Act 2010.
- ◆ People less likely to use services, e.g. homeless people, gypsies and travellers, and non-English speakers.

Why does this matter?

Since those with the greatest disadvantages often have the worst health, health outcomes and experiences of care, no drive to improve public health and improve care quality can succeed without close attention to inequalities.

Failing to meet the needs of the most vulnerable in society risks widening the health, quality and finance gaps articulated in the NHS Five Year Forward View.

The 2010 Marmot Review demonstrated a clear social gradient to health.¹ Not only do the most deprived have the worst health, but across society, those with less have worse health than those who are even marginally better off. We also know that people who feel supported to manage their health tend to have better outcomes, but people in the most deprived areas get less support than those in the least deprived areas.²

The Health and Social Care Act 2012 introduced a duty on the health service to promote equality in outcomes and access to health services. Care can only be person-centred if we recognise inequalities and make efforts to reduce them.



The questions to ask

- ◆ Which groups are at particular risk in my area? Why?
- ◆ What is being done to ensure that we're hearing from seldom heard groups, including those with protected characteristics, and inclusion health groups?
- ◆ Are we listening to them about how to improve the support they receive?
- ◆ What inequalities exist in access to services?
- ◆ Which groups find it hard to get help and how can we address this?
- ◆ Can we take primary care and prevention services to them?
- ◆ How can we work with the voluntary and community sector to address health inequalities? Are we supporting and investing in services that work directly with poorly served groups?
- ◆ Are they 'hard to reach', or are we 'hard to reach'?

CASE STUDY



Improving access Healthwatch Islington

Healthwatch Islington worked in partnership with Islington Clinical Commissioning Group (CCG) to improve access to services for vulnerable groups including those with sensory impairments, the lesbian, gay, bisexual, and trans community, and people who are homeless.

They worked with the local voluntary sector to better understand why these groups of people were struggling to access GP care. The CCG also undertook focus groups and workshops with the local community to develop their understanding. This work led to the introduction of training for GP receptionists and working with people with lived experience to carry out 'mystery shopping' checks to assess whether improvements are made as a result.

For more information visit: www.healthwatchislington.co.uk



Find out more

- ◆ National LGBT Partnership, Out Loud: LGBT Voices in Health and Social Care:
www.nationallgbtpartnershipdotorg.files.wordpress.com/2016/05/np-out-loud-final.pdf
- ◆ HM Government, Inclusion Health:
www.bit.ly/COinclusionhealth
- ◆ Institute of Health Equity, Improving health literacy to reduce health inequalities:
www.instituteofhealthequity.org/projects/improving-health-literacy-to-reduce-health-inequalities-Full
- ◆ Inclusion health:
www.webarchive.nationalarchives.gov.uk
www.cabinetoffice.gov.uk/media/346571/inclusion-health.pdf
- ◆ Royal College of General Practitioners, Social Inclusion Commissioning Guide:
www.rcgp.org.uk/news/2013/december/~-/media/Files/Policy/A-Z-policy/RCGP-Social-Inclusion-Commissioning-Guide.ashx
- ◆ Plymouth & Devon Racial Equality Council, Travelling to better health:
www.gypsy-traveller.org/wp-content/uploads/2016/05/Travelling-to-better-health-final-as-continuous-pages-low-res.pdf
- ◆ St Mungo's, Homeless Health Matters: the case for change:
www.mungos.org/homelessness/publications/latest_publications_and_research/2057_homeless-health-matters-the-case-for-change

1 'Fair Society Healthy Lives' (The Marmot Review):
www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

2 GP Patient Survey 2015:
www.england.nhs.uk/statistics/2016/01/07/gp-patient-survey-2015

Carers are identified, supported and involved



How do we achieve this?

We recognise that many family members and close friends provide support that is essential to the quality of life and death for many people, and that this support contributes as much value as the NHS budget.

We therefore:

- ◆ Identify carers, help them identify themselves, and assess their needs.
- ◆ Support and provide care for carers as individuals in their own right.
- ◆ Train carers for their caring role.
- ◆ Provide health and wellbeing interventions for carers.
- ◆ Involve carers systematically as key partners in care.
- ◆ Work with carers' organisations, including to co-produce services.

Why does this matter?

More than five million people provide unpaid care in England. Their role is vital to the wellbeing of the people they support. Working with – and investing in – carers will help to meet the duties set out in the Care Act 2014 and help address each of the three gaps set out in the NHS Five Year Forward View:

- ◆ Investing in support to help carers to care well will help meet the quality gap.
- ◆ Carers provide care worth £132 billion a year. Without this, the health and care systems could not cope. Supporting carers will help ease pressure on services.
- ◆ Carers are twice as likely to be in poor health than non-carers. Caring can take a toll on both physical and mental health, and make it difficult to seek treatment. The health and care needs of carers should be directly addressed in planning to help close the health and wellbeing gap.

Identifying carers: Many carers don't view themselves as carers, but as spouses, parents, or children. As a result, they may miss out on support that can help them maintain the wellbeing of themselves and the person they care for. Services should ensure they are identifying carers and signposting support.

Supporting carers: Local services should work with carers to commission and design support services that meet their needs, including peer support, training, financial advice, and Cognitive Behavioural Therapy.

Involving carers: Carers have expert knowledge of the person being cared for and their condition, but also of the health and care systems they use. This knowledge should be sought by health and care services. Carers should be involved in designing services as a matter of course and can be involved in providing services, for example, peer support.¹

A toolkit, developed by NHS England and partners including Carers UK and the Carers Trust, is available to help health and social care partners to identify, assess and support carers, covering the new Care Act 2014 duties.²



The questions to ask

- ◆ Are we sure we are in touch with all the carers in our area?
- ◆ Are we supporting practitioners to identify carers and refer them to support?
- ◆ Are we working with carers and carers' organisations to co-produce services?

CASE STUDY



NHS Carers Prescription

Surrey Carer Partnership

Surrey Carer Partnership developed a referral tool to help professionals who come into contact with carers to refer them to the support they need. It is a secure online tool that connects carers with services such as a carers assessment, GP registration, Surrey Young Carers support, flexible home-based care, and help with learning and work.

It includes a checklist for practitioners, and a tool for assessing the carers' wellbeing.

For more information visit: www.bit.ly/carerspresc

CASE STUDY



Positive Step

North Somerset

North Somerset Clinical Commissioning Group (CCG), Avon and Wiltshire Mental Health Partnership NHS Trust and charity Second Step are working in a partnership to deliver 'Positive Step in North Somerset'. The programme provides psychological therapies for people with a range of issues including anxiety or panic, trauma, obsessions and depression. Carers receive tailored help thanks to a talking therapies programme. The psychological therapies service for Positive Step in North Somerset has helped more than 500 carers with therapy and support since launching three years ago.

For more information visit: www.positivestep.org.uk



Find out more

- ◆ Carers UK:
www.carersuk.org
- ◆ Carers Trust:
www.carers.org
- ◆ NHS England, Commitment to Carers:
www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf
- ◆ Carers UK Building carer friendly communities:
www.carersweek.org/media-and-updates/item/443757-building-carer-friendly-communities-research-report-for-carers-week-2016

1 Carers UK, State of Caring 2016:
www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2016

2 NHS England, Carers UK, The Carers Trust, Association of Directors of Adult Social Services, and the Children's Society, Carer's toolkit:
www.england.nhs.uk/ourwork/pe/commitment-to-carers/carers-toolkit



Voluntary community and social enterprise, and housing sectors are involved as key partners and enablers

How do we achieve this?

We work strategically and in partnership with the voluntary, community and social enterprise sector, large organisations and small groups, benefitting from its reach and diversity:

- ◆ We commission and/or grant fund key contributions to holistic person-centred care from the voluntary, community and social enterprise sector, e.g. prevention activities, peer support, befriending, social prescribing, health coaching, care navigation, crisis prevention, support for recovery, and other forms of social action.
- ◆ Voluntary, community and social enterprise sector bodies act as a neutral and trusted broker to initiate dialogue with service users and communities, especially disadvantaged, and marginalised groups.
- ◆ We invest to build capacity in the voluntary, community and social enterprise sector, including through grant funding, asset-based community development, and use of the Social Value Act 2012.

Why does this matter?

The voluntary and community and social enterprise (VCSE) sector is a key contributor of capacity and expertise, especially in non-clinical forms of support. We also know that housing has a significant impact on health and wellbeing.

The VCSE sector provides a wide range of health and care services, including hospices, advice and information, peer support, and activities that can prevent ill health. Voluntary organisations hold expertise about the people they work with, their conditions, their experience with services, and what they want to achieve.

That expertise should be harnessed, while recognising that the pressures on voluntary organisations mean they are not a 'free resource'. Investing in or working closely with the voluntary sector can help health and care services work more efficiently, better meeting people's needs and narrowing the three gaps. The recent VCSE Review final report,¹ the Richmond Group's Untapped potential² and outputs from the Realising the Value project³ all include more information about this.

Housing services can help to prevent the health problems associated with poor housing. For example, staff can identify people in need of additional support or adaptations to their home, which can help them remain at home and speed up discharge from hospital.

Health services can work in partnership with housing services to provide healthcare within hostels and on the street.



The questions to ask

- ◆ Where are we already working in partnership, and where are there gaps?
- ◆ Is the voluntary sector involved as a matter of course when looking at service design?
- ◆ What barriers exist to closer working with the voluntary services?
- ◆ Has the VCSE sector been involved in developing new models of care in your region?
- ◆ What is the impact of housing on health and care in the area?
- ◆ How are housing, health and other services working together to address this?

CASE STUDY**Social Prescribing Service**

Rotherham

The Rotherham Social Prescribing Service helps people with long term health conditions to access a wide variety of services and activities provided by voluntary organisations and community groups. It brings together health, social care and voluntary sector professionals to plan care for people with long term health conditions. GPs lead case management teams, and are responsible for identifying eligible patients.

Patients are contacted by one of the five Social Prescribing Workers (known as VCS Advisors), to arrange to visit the person either at home or at the GP surgery. They discuss voluntary or community services that could help improve health and wellbeing, and help those with difficulties such as poor mobility or low confidence to access services and activities.

During the pilot phase (April 2012 to March 2014), 83% of patients experienced positive change in at least one social outcome area. There were also significant benefits to the NHS with both inpatient admissions and outpatient appointments reduced by 21%, and A&E attendances reduced by 20%.

An independent assessment of the return on investment estimated that the longer-term return on investment could reach £3.38 per pound spent, if the benefits being achieved by the end of the pilot are sustained over a five-year period.

For more information visit: www.bit.ly/SoPrescRoth

CASE STUDY**Being Well**

Salford

Being Well Salford uses a team of health coaches to support people who want to make changes to two or more of the following areas in their life: weight, smoking, alcohol, physical activity, low mood or depression. The coaches motivationally train participants to make positive changes, working with them for up to 12 months.

After 12 months, 48% of smokers had quit, with 100% of these still not smoking on follow up. 70% had significantly improved their self-efficacy, and 21% had reduced their weight by more than 5%.

For more information visit: www.beingwellsalford.com



Find out more

- ◆ The Housing Federation:
www.housing.org.uk/topics/health-care-and-housing
- ◆ Department of Health, Public Health England, and NHS England, Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector:
www.gov.uk/government/publications/review-of-partnerships-and-investment-in-the-voluntary-sector
- ◆ The Richmond Group and New Philanthropy Capital, Untapped Potential:
www.thinknpc.org/publications/untapped-potential
- ◆ Realising the Value:
www.nesta.org.uk/project/realising-value

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- 1 Department of Health, Public Health England, and NHS England, Joint review of partnerships and investment in voluntary, community and social enterprise organisations in the health and care sector:
www.gov.uk/government/publications/review-of-partnerships-and-investment-in-the-voluntary-sector
 - 2 The Richmond Group and New Philanthropy Capital, Untapped Potential:
www.thinknpc.org/publications/untapped-potential/
 - 3 Realising the Value:
www.nesta.org.uk/project/realising-value



Volunteering and social action are key enablers

How do we achieve this?

We ensure that:

- ◆ Volunteering and social action support key functions, e.g. prevention, peer support, befriending, social prescribing, health coaching, care navigation, crisis prevention and support for recovery.
- ◆ We create the right conditions for community groups, e.g. places to meet, small grants, community development support.

Why does this matter?

Volunteering is time given freely for the benefit of others. It takes many forms and may take place through organisations (formal) or with friends and neighbours (informal). In health and care, it can happen in any services including GP surgeries and hospitals.

Social action is time freely spent with others to tackle local problems, negotiate with public services, and improve conditions that benefit all. It is often carried out through independent community groups. Social action can be aimed at improving the health of individuals or the community, and it can also ensure that the people involved keep well, and improve their wellbeing.

Taking part in volunteering and social action is good for your health, for the health of others, and for the health system. Volunteering brings multiple benefits for health and care services; it improves the care of those receiving support, and prevents ill health in the volunteers themselves. Volunteering and social action can help address the health, quality and finance gaps.

There is widespread evidence of the benefits of volunteering and engaging in social action for the individual. Volunteers experience better health, lower mortality, better functioning, increased life satisfaction, feel less lonely and isolated, and experience decreased depression. Social action keeps people connected, and engages them in improving their local area, including in their local health services.¹

A variety of approaches utilise the energy of volunteers in health and care, including befriending, peer support, advice and information, advocacy, and volunteering in hospitals and other health and care services.



The questions to ask

- ◆ What is happening already?
- ◆ How many people are volunteering in health and in the wider community?
- ◆ Are we investing in our volunteers?
- ◆ Are we training and supporting them?
- ◆ Are we fully using their skills and knowledge?
- ◆ Are we being led by rather than trying to lead existing social action?
- ◆ Are we hearing any messages directed at us?
- ◆ Can we provide seed money or similar to support attempts to start new activities?

CASE STUDY



Relationship between citizens and service Altogether Better

Altogether Better is an award winning model that uses Community Health Champions to create a new, participatory relationship between citizens and services in primary care, A&E, and other clinical and community settings. Altogether Better supports individuals from the community to become volunteer Health Champions, who then organise and facilitate non-medical groups and activities, and can provide peer support for patients.

Academic evaluation of the approach has shown that the Champions influence change on multiple levels – building their own skills and experiences but also sharing this learning with patients, leading to better self-management, increased engagement and reduced reliance on services.

Their 'Communities of Practice' bring together Champions and services and it is in these conversations that citizens participate and influence in an unprecedented way. Being from the community and volunteering within services, they transfer knowledge into the system. The Champions help to increase the service's knowledge of community issues and assets, and they identify opportunities for redesign.

For more information visit: www.bit.ly/Altogether



Find out more

- ◆ Think Local Act Personal, Building community capacity:
www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity
- ◆ The King's Fund, Volunteering in health and care – securing a sustainable future:
www.kingsfund.org.uk/publications/volunteering-health-and-care
- ◆ Investing in Volunteers, UK quality standard for good practice in volunteer management
www.investinginvolunteers.org.uk

1 The Cabinet Office, Social action: harnessing the potential – update:
www.gov.uk/government/publications/social-action-harnessing-the-potential-update

Next steps: opening a conversation

The approaches outlined in *Six principles for engaging people and communities: putting them into practice* can help local areas transform their services, shifting the relationship with people and communities.

This is the start of a conversation about what works, what doesn't work, and how the People and Communities Board can help you drive the radical change envisaged by the Five Year Forward View.

Let us know about your work in these areas, and help us develop more support for local areas looking to develop new models of care, in challenging circumstances.

Evaluation and measurement

The complimentary document, *Six principles for engaging people and communities: definitions, evaluation and measurement*, describes how progress can be measured and evaluated.

It is available via: www.bit.ly/thesixprinciples

Contact

0203 176 0740

fyfv@nationalvoices.org.uk

www.nationalvoices.org.uk/FYFV

