People and Communities Board

Six principles for engaging people and communities

Definitions, evaluation and measurement

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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 people and communities set out in the NHS Five Year Forward View.

Using the information and suggestions in this document, you will be able to better understand and measure the impact of engaging with local people and communities.

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?

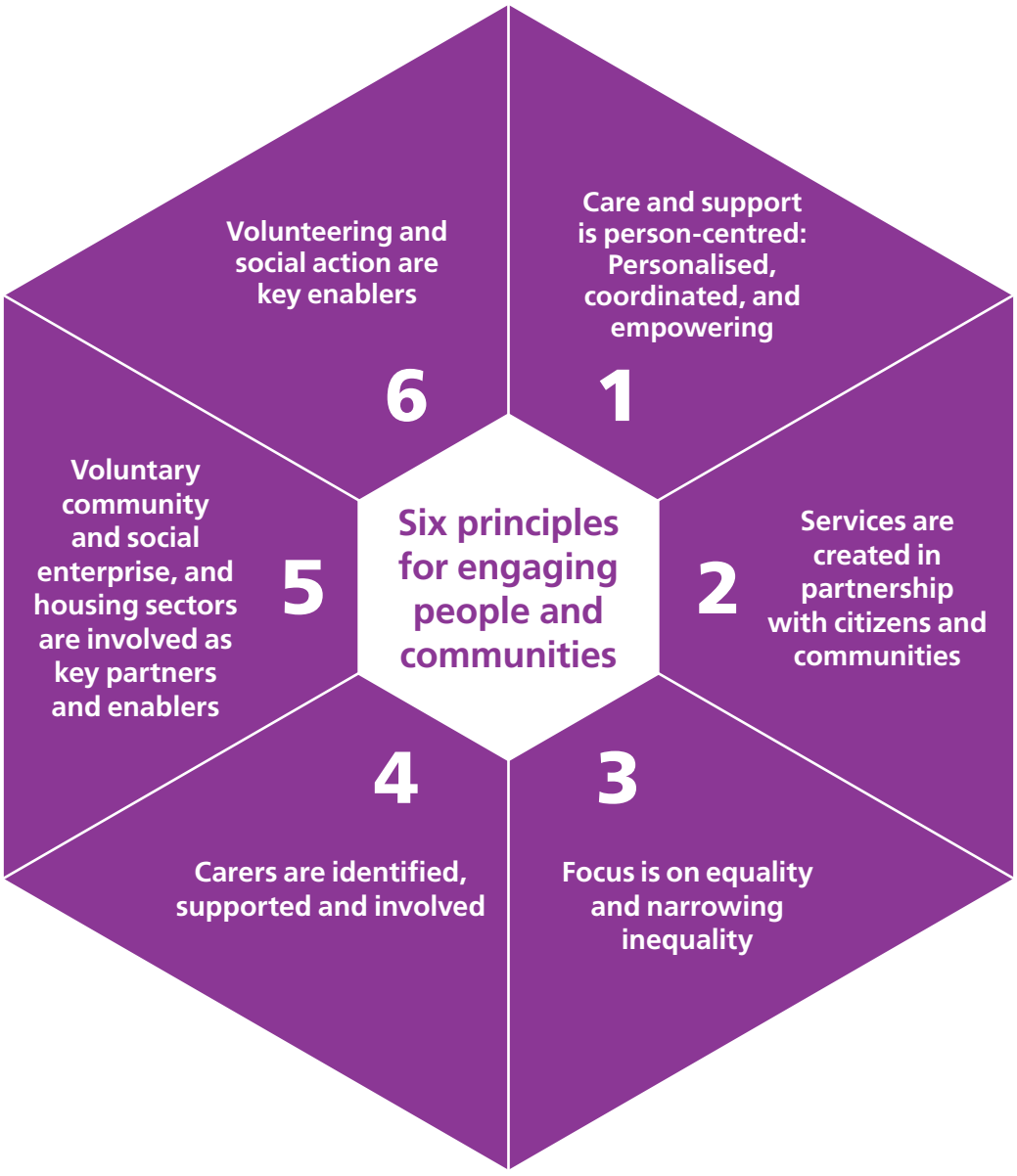
This document is designed to help build knowledge, confidence and motivation to develop person-centred, community-focussed approaches to health and care.

It is accompanied by *Six principles for engaging people and communities: putting them into practice,*[1] which provides more context for the principles, and ideas for implementing them.

These principles are referenced in the *NHS Shared Planning Guidance*, published in December 2015.[2]

The six principles

Graphic: Six principles for engaging people and communities

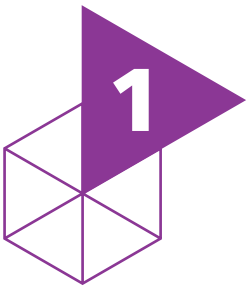


The six principles map the key elements of person-centred, community-focussed approaches to health, wellbeing and care.

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, and finance and efficiency.[3]

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.



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

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.

Measures of success

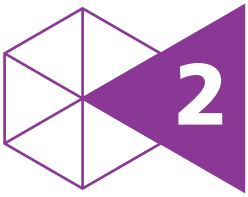
- Improvement in health and wellbeing outcomes attributable to person-centred interventions.
- Improvement in people's health 'activation', especially among the least health literate groups.
- People feel supported to attain their own health and wellbeing goals, i.e. what matters to them.
- People's experiences of:
  - Involvement in decisions
  - Control and independence
  - Wellbeing and confidence to manage
  - Feeling supported
- People's reported access to personalised care and support planning.
- People's experience of care coordination, including discharge and transitions.
- Access to records and personal budgets.
- Care professionals' knowledge, confidence and skills in person-centred approaches.

Indicators and evidence
Existing indicators

- Adult Social Care Survey[4]
- Personalised Outcomes Evaluation Tool (POETs)[5]
- National patient surveys for the CQC[6]
  Question on involvement in decisions, with results available at local trust level
- Patient survey results for each GP practice from the General Practice Patient Survey[7]
  Questions on care planning
- NHS staff survey results for local NHS trusts[8]
  Questions on quality of care provided to patients
- Health Survey for England[9]
- Community mental health survey[10]
  Questions on care planning; coordination of physical and mental healthcare

Indicators and evidence
Additional indicators

- Patient Activation Measure (PAM).[11]
  Assesses knowledge, skills and confidence.
- Self-reporting tools such as used by #HelloOurAimIs campaign.[12]
- Numbers of people actively using online health record.
- Numbers of people with access to a personal budget.
- National Voices five narratives – 'I statements'.[13]
- Integrated Care: Our Shared Commitment.[14]



Services are created in partnership with citizens and communities

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.
- Use co-production approaches, e.g. Experience Co-Design, to design services with service users, people with lived experience, and carers.
- Recruit, train, support and involve experts by experience, carers, patient leaders 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.

Measures of success

- Improvement in health and wellbeing outcomes attributable to community based interventions.

  People's experiences of:

  + Involvement in decisions
  + Control and independence
  + Wellbeing and confidence to manage
  + Feeling supported

- Different groups of people report being listened to, involved, supported, and worked with in partnership.

  People report Being:

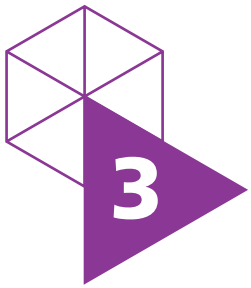
  + Asked for feedback about experience of care
  + Listened to
  + Involved in how insight is used
  + Informed about how feedback has informed and influenced care models

- Voluntary sector organisations report good experience of involvement in commissioning.
- Improvement in the number of less-heard people/groups listened to and relevant actions taken.
- The area's Joint Strategic Needs Assessment has good data on deprived and excluded groups.
- Experts by experience, carers, patient leaders and lay leaders report that they are making a real difference.

Indicators and evidence

- Audit trail of engagement with relevant citizens, community groups, service users, carers, etc. to review/redesign services, including reported experience of engagement.
- Lay involvement demonstrably in place at all levels including programme leadership, governance, planning and steering groups, and redesign task and finish groups.
- Demonstrable programme of asset-based community development (shared with other authorities locally).
- Audit trail showing use of Social Value Act 2012[15] in procurement.
- Partnership agreements with voluntary sector bodies and Healthwatch.
- Training provided to experts by experience/lay leaders/ patient leaders.
- Use of recognised co-production approaches in redesign projects, e.g. Experience-Based Design.[16]
- Measure of diversity of participants and how this relates to diversity of community.
- Public Health England guide to community-centred approaches.[17]

Focus is on equality and narrowing inequalities



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 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.

Measures of success

- Improvement in health and wellbeing outcomes attributable to outreach interventions.
- Narrowing the gap on measures of access, outcomes, and experience.
- Person-centred interventions accessed by the most deprived/excluded groups (e.g. care planning, support for self management, peer support).

Indicators and evidence

- Accurate, up-to-date data on target groups held in public health datasets and Joint Strategic Needs Assessments.
- Marmot principles[18] adopted and used to provide clear evidence of a focus on inequalities in all strategies and programme redesign.
- Registrations of target groups onto general practice lists.
- Attendance of target groups for regular checks, screening, and follow-ups.
- Participation of target groups in community health activities.
- Monitoring data showing whether target groups are achieving access to the person-centred interventions listed under principle one.

Carers are identified, supported and involved

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.

Measures of success

- Carers' quality of life: experience of recognition, support, health and wellbeing, involvement, and their ability to perform their caring role.
- Being aware of what matters to carers and taking action accordingly.

Indicators and evidence
Existing indicators

- Survey of Adult Carers in England.[19]
- Patient survey results for local NHS trusts under the national surveys programme.
- Health Survey of England.
- GP Patient Survey.
- Achieving access to the person-centred interventions listed under principle one.

Indicators and evidence
Additional indicators

- National Voices 5 narratives – 'I statements' relating to carers.
- Local data: numbers of carers identified and known to be supported (in Joint Strategic Needs Assessment).
- Audit evidence of partnerships with carers' organisations.

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

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.

Measures of success

- Local voluntary, community and social enterprise sector partners are positive about their relationships with us and their ability to add value.
- The voluntary, community and social enterprise sector is adequately represented in key strategic partnerships (devolution body/STP area, vanguard, pioneer, health and wellbeing boards).

Indicators and evidence

- Demonstrable programme of asset-based community development (shared with other authorities locally).
- Audit trail showing use of Social Value Act 2012[15] in procurement.
- Partnership agreements with voluntary sector bodies and Healthwatch.
- Size of statutory sector investment in VCSE sector locally.
- Monitoring data on voluntary, community and social enterprise sector contract outcomes.
- Demonstrable representation of these sectors in strategic leadership, governance, and programme planning and redesign.
- Social value indicators such as Social Return on Investment.[20]

Volunteering and social action are recognised as key enablers

We recognise the value of volunteering and social action understood as:

- Volunteering – 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 – 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.

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
- Local conditions are favourable for community groups, e.g. places to meet, small grants, community development support

Measures of success

- Increase in level and diversity of volunteering effort.
- Volunteers report feeling useful and supported.
- Wellbeing outcomes for supported people and for volunteers themselves.
- Extent and condition of community groups.
- Responsiveness of health commissioners and agencies to community voice.
- People see volunteering and social action as normal, enjoyable and valuable, and recognise the role it plays in improving their health and wellbeing, as well as athat of others.
- People using health, care and support services are as likely to be giving their time and sharing their skills as taking or receiving.
- People feel part of their community and are able to look to that community when things become difficult for them. Local health and care service policies and practices are more transparent, better understood, and held to account
- The community recognises the NHS as a social movement for health and wellbeing, and everyone feels they have a role to play in this, whether or not they currently use or need health and care services.
- Volunteering and social action are recognised and valued by commissioners and providers.
- People who are employed to provide services see volunteers as equals, with a vital contribution to make to health, care and wellbeing.
- There is a wider range of person-centred support available, and providers and professionals can use their time and skills to best effect.

Indicators and evidence

- Improvement in neighbourhood health and wellbeing attributable to actions of community groups.
- Investment in volunteering schemes/programmes.
- Investment in community development.
- Social value indicators for those investments e.g. Social Return on Investment.
- Numbers of volunteer hours.
- Volunteer experience and satisfaction.
- Survey of the local community and voluntary sector.

References

1 People and Communities Board
www.nationalvoices.org.uk/our-work/five-year-forward-view/five-year-forward-view

2 NHS Shared Planning Guidance
www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view

3 Five Year Forward View
www.england.nhs.uk/ourwork/futurenhs

4 Adult Social Care Survey
www.hscic.gov.uk/socialcare/usersurveys

5 Personalised Outcomes Evaluation Tool (POETS)
www.bit.ly/incontrolpoet

6 National patient surveys for CQC
www.cqc.org.uk/content/surveys

7 Patient survey results for each GP practice from the GP patient survey
www.gp-patient.co.uk

8 NHS staff survey results for local NHS trusts
www.nhsstaffsurveys.com

9 Health Survey for England
www.hscic.gov.uk/healthsurveyengland

10 Community mental health survey
www.bit.ly/mhsurveycqc

11 Patient Activation Measure
www.bit.ly/insigniapam

12 #Hello our Aim is campaign
www.bit.ly/ouraimis

13 National Voices I statements
www.nationalvoices.org.uk/publications/our-publications

14 Department of Health, Our shared commitment: integrated care
www.gov.uk/government/publications/integrated-care

15 Social Value Act 2012
www.bit.ly/socialvalue2012

16 Experience Based Design
www.bit.ly/ebdapproach

17 Public Health England, Health and wellbeing: a guide to community-centred approaches:
www.bit.ly/pheguide

18 Fair Society Healthy Lives' (The Marmot Review)
www.bit.ly/themarmotreview

19 Survey of Adult Carers in England
www.hscic.gov.uk/sace1415

20 NEF Social Return on Investment
www.bit.ly/nefsri

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.

Next steps: opening a conversation

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.

Putting the six principles into practice

The complementary document, *Six principles for engaging people and communities: putting them into practice* provides more information about the principles, and why they are important. It also provides a range of examples of the principles in action, and questions to provoke thought, reflection and challenge at a local level.

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

Contact

0203 176 0740

fyfv@nationalvoices.org.uk

www.nationalvoices.org.uk/FYFV