



The Health and Care Strategic Partnership Programme



# Engaging and empowering communities: Our shared commitment and call to action

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# Engaging and empowering communities: Executive Summary

**At a National Leaders seminar key public sector leaders and people with lived experience came together. Their purpose was to develop a 'shared narrative'.**

Simon Stevens, CEO NHS England, delivered a speech in which he stressed that national agencies can and should unite to create the conditions for success – a view endorsed by all who were present.

**Engaging and empowering communities** is an 'outcome' of that seminar. It builds on the consensus view that the health and social care sector must transform its relationship with communities, or risk failing to meet the challenges it faces.

While social care policy and law calls for communities to be placed at the heart of health and care services, there is the recognition that formal care services cannot achieve this alone.

This document offers a 'shared narrative', agreed by leaders including people who use services, professionals and carers, which describes the conditions that are needed to create strong and inclusive communities.

These conditions include focussing on prevention and wellbeing to keep people well and connected. They also include developing methods of self-care and co-producing solutions with community members. Evidence suggests that these approaches can deliver the outcomes that matter most for people, as well as value for money.

Local areas can decide their approach, but there are some principles that underpin all community empowerment approaches. These include:

- Taking an approach which recognises that people have skills and knowledge that can and should be used in their community.
- Using co-production because we know that when people's lived experience is valued alongside professional expertise it leads to better shared solutions.
- Cultivating 'social capital' - the social connections that lead to neighbourliness and civic engagement.
- Encouraging communities to value diversity and grant equal access to all their members.
- Shifting power and control from public services and professionals to the community and those who are marginalised and seldom heard.

Leaders, together with people who use services and carers, have agreed some actions to drive this work. This includes:

- Health and Wellbeing Boards to take a lead role in engaging and empowering communities.
- Commissioners to make sure that the strengths of citizens and professionals is central to public service planning and design. The health and social care sector to apply the same evidence and use simple measures to show the benefits of empowering and engaging communities.
- All stakeholders to drive the ambition that shows that communities are central to future health and social care systems.

Leaders have agreed to work together to support **detailed** actions that will support communities to be central to a future health and wellbeing system.

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# Engaging and empowering communities: Our shared commitment and call to action

**In the context of a national policy and legislative landscape that counsels the empowerment of citizens and communities, Think Local Act Personal convened a National Leaders Seminar to bring together key public sector system leaders.**

**The purpose of the event was to develop a shared narrative about the importance of engaging and empowering communities in achieving sustainable health and wellbeing.**

**The consensus was clear: national agencies can and should work together to create the most conducive conditions for success. This shared commitment builds on what was agreed at the seminar and sets out broad actions to drive this work forward.**

## **An ambitious and innovative policy context**

Transforming relationships with people and communities is a key condition for tackling the most pressing challenges faced by the health and care sector.

These challenges have been described as:

- The continued persistence of health and wellbeing inequalities.
- A compelling need to invest in wellbeing and prevention.
- Challenging demographics.
- Unprecedented financial constraints.

Recent ambitious legislation and policy calls for a radical approach which puts people and communities at the heart of health and care services. The Care Act (2014) formally recognises the value of community assets in promoting wellbeing and supports a co-produced, strength-based approach which identifies personal, community and social networks. The Act redefines social care as the achievement of wellbeing, holistically described, and therefore beyond the scope of formal care services.

The Five Year Forward View argues for a 'radical upgrade in prevention and public health' and views the empowerment of people and communities as central to tackling the causes of ill-health. Citing the need to harness the renewable energy of people and communities, the Forward View acknowledges the 'powerful consensus and shared desire' that exists to lead and support this radical change.

Delivering on what is then a concerted shift from acute interventions to a rebalancing of care and support that positions communities and citizens' front and centre, requires a coalition of the willing. This Shared Commitment and Call to Action supports the development of just such a coalition.

A number of key policy and legislative developments underpin sector led and community-centred approaches; these are set out in Appendix 2.

## Our shared commitment

This document underscores our shared commitment as national bodies to work together to ensure that engaging and empowering communities is central to the radical redesign of services across health, social care and other sectors to improve health and wellbeing and reduce health inequalities.

Building community capacity is neither a substitute for essential services nor an approach that can be driven top-down. Community action depends on people: it should be bottom-up, local and developed in response to the community assets and issues that exist in each place. However, we believe that the public sector has a part to play in:

- Recognising people as assets with knowledge and skills as well as needs.
- Providing services that are community-led and better at connecting people to their communities.
- Creating healthy places that build social capital.
- Commissioning that seeks out the agenda of local communities and responds co-productively.

This shared commitment is an important step on the road to building a supportive framework that will engage and empower communities to be the bedrock of a sustainable, healthy population for the future.

By pledging a commitment to collaborative working, the document encourages a joined-up approach which seeks to prevent the development of siloed, single-organisation, national programmes.

The purpose of the shared commitment is to:

- Describe a common and compelling narrative to coalesce thinking and action around a shared understanding of what we mean by empowering and engaging communities.
- Describes the current national context for health and care leaders seeking to shape and influence change in their communities.
- Set out broad actions with a commitment to work with system leaders to develop a detailed plan of action to effect community capacity building at local level.

## Our audience

This shared commitment has been co-authored by all national system leaders: Association of Directors of Adult Social Services, Association of Directors of Public Health, Coalition for Collaborative Care, Department of Health, The Health and Care Strategic Partnership Programme, Local Government Association, National Association for Voluntary and Community Action, NHS Alliance, NHS Confederation, NHS England, Public Health England, Skills for Care, Social Care Institute for Excellence and Think Local Act Personal.

The Commitment and Call to Action provides greater clarity to all those working to develop community and person-centred approaches. In particular, it will provide additional national context to support colleagues to create conditions for local success when developing and implementing:

- Sustainability and Transformation Plans
- Health and Wellbeing strategies
- Integrated Personal Commissioning programmes
- New Care Model programmes
- Devolution plans
- Better Care Fund strategies
- Pioneer programmes
- Joint Strategic Needs and Assets Assessments
- Clinical Commissioning Groups Assurance
- Market shaping strategies
- Sector workforce strategies and training and development plans.

## Empowering and engaging communities – our shared narrative

*This narrative uses the NICE definition of community as a group of people who have common characteristics or interests that can also be represented by geographical location, race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds. It can also be defined as a group of individuals who are socially isolated.<sup>1</sup>*

**Creating healthy people and places.** Our narrative starts with an understanding of what people need to live healthy lives in strong and inclusive communities. This requires communities that are safe, connected, respectful, tolerant and nurturing; communities that have the space and opportunity to congregate and to have their views heard. This happens too infrequently, leading to loneliness and isolation, wasted skills and untapped potential. Detached and fractured communities undermine health and wellbeing. Strong and inclusive communities bolster and enhance the things that keep people happy and healthy.

**The wider determinants of good health and the conditions that promote wellbeing are primarily social, physical, economic and environmental.**

Continuing to focus solely on treating ill health is neither possible, affordable nor desirable; traditional approaches have not helped to reduce health inequalities or engage the most marginal. Demographics also demand a transformation in our approach: 600,000 more people will need care in 20 years' time, the number of people with dementia will double and the number of people with learning disabilities is predicted to rise by as much as 7% each year.

These come in parallel with severe and sustained pressure on public finances and the challenge of providing high quality day-to-day care, alongside transformational changes for the longer term. Organisational resources are only one part of the picture. Attention must shift to consideration of the many social determinants that keep people well and connected that will prevent the onset of ill-health.<sup>2</sup>

**What individuals and communities do for themselves and for one another has a big impact on health and wellbeing.** The compelling and growing evidence demonstrates how self-care and community-centred approaches can deliver improved outcomes alongside value for money (see Appendix 1 and 3).

This is recognised in current national policy and legislation across health and social care which encourages the extension of community-centred approaches (see Appendix 2). However, whilst there are many examples of localised success, they are rarely applied coherently, or at the scale required to make a major impact across the system. It is time for this to change.

**Health and care organisations can play an important role alongside the actions people and communities take for themselves.** They can recognise that health and wellbeing outcomes are best achieved when active use is made of the expertise and assets of people and communities alongside professional and clinical expertise. Services that are community rather than statutory led, will naturally transfer control and voice to community members in planning and shaping local areas.

**A wide range of approaches to engaging and empowering communities has developed in separate silos within health, public health, social care and community development sectors.** Each has its own language, funding streams and targets. Practitioners from different settings are often not sure they are talking about the same thing, let alone working to the same goals. While we should embrace the breadth and diversity of community-centred approaches now at our disposal, as system leaders, it is also incumbent on us to be clear what we mean, and to speak with one voice so that we play our part in accelerating progress.

**Our shared commitment then is to create the conditions for strong and inclusive communities, which are defined by the following actions:**

- Create communities and places that enable people to live healthier lives, nurture strong connections between people and empower the most marginalised to have a voice in local decision making.
- Design local services that enable aspiration and contribution, strengthen community connections rather than replace them.
- Remove the barriers and create the right conditions for community-centred approaches to flourish.
- Encourage commissioners and communities to develop shared plans.

**Building community capacity requires this shared commitment so that the most effective approaches are recognised and support coherent action that flies in formation rather than on separate flight paths.**

## Principles that underpin our shared narrative:

Empowering and engaging communities describes a range of methods and means for harnessing community assets to strengthen cohesion and connectedness and to improve health and wellbeing. While diverse and evolving, such approaches are neither mysterious, complicated nor expensive.

Regardless of the particular methodology or initiative, there are some clear principles that underpin all approaches to empowering and engaging communities.

**Asset-based:** Community-centred approaches see people and communities as having strengths (“assets”), skills, knowledge, experience and resources to be harnessed and enhanced, rather than focusing primarily on deficits and meeting needs. The principle of identifying and seeking to mobilise individual and community assets is fundamental to engaging and empowering communities.

*Asset-based may also be described as ‘strengths-based’, ‘skills-based’ or ‘capabilities-based’.*

**Co-produced:** Co-production recognises that everyone has an important contribution to make. When people’s lived experience is valued equally alongside professional expertise, this leads to better, shared solutions.

Shared decision making is central to co-production and enables people to organise and collaborate to identify their own needs and aspirations. It requires deeper engagement than traditional consultation or participation. It recognises the most effective approach to engaging and empowering communities involves different groups or organisations coordinating their combined effort around the things people and communities need to stay strong and resilient.

Co-production acknowledges that people have skills, knowledge and experience that goes beyond their role as people who access services.

**Based on social capital:** Social capital refers to the range and quality of relationships between people, and the shared values that arise from those networks. It is, “the glue that holds individuals together as a community”<sup>3</sup> and includes trust, neighbourliness, social networks and civic engagement. Approaches that engage and empower communities actively seek to build people’s personal and social connections and to strengthen associational life.

*‘Social Capital’ may be sometimes be referred to as ‘community capacity’ or ‘community capital’.*

**Inclusive and Equitable:** Healthy communities embrace diversity and recognise that all community members have a right to be heard and to participate in the decisions that affect their lives, especially the most marginalised. Approaches to engaging communities should value all individuals and seek to give equitable access and opportunity to those with most need while removing barriers to involvement. Importantly, this is an approach that recognises even tight knit communities can be places where some feel excluded.

**Empowerment:** Approaches that seek to shift power and control from public services and professionals to the community and those who are most marginalised and seldom heard.

These principles complement and reinforce the six principles developed by the People and Communities Board [www.nationalvoices.org.uk/news-media/news-item/briefing-six-principles-engaging-people-and-communities](http://www.nationalvoices.org.uk/news-media/news-item/briefing-six-principles-engaging-people-and-communities)

## What needs to happen? An action plan

Following the National Leaders Seminar in June 2015, Think Local Act Personal hosted a number of regional events attended by approx 350 colleagues from across the sector. The purpose of these events was to consider how the sector can create the conditions to enable community capacity building.

Broad actions based on the outcomes of those discussions are set out below and have been agreed by the leaders of the agencies who have co-authored this report.

Further, system leading organisations have pledged to work together to develop a detailed action plan that sets out how, subject to appropriate resourcing, conditions can be created and barriers removed to effect community capacity building at local level.

### HEALTH AND WELLBEING BOARDS TAKE A STRATEGIC LEAD

A step change in engaging and empowering communities will require a coordinated and strategic approach to be adopted and adapted locally, utilising the wealth of learning and evidence to drive change at pace and scale. We believe that this approach should be fundamental to the work of Health and Wellbeing Boards in rethinking how people, communities and services can more effectively and efficiently work together to co-produce outcomes.

### ASSET-BASED COMMISSIONING

Both community development and the complementary redesign of universal and targeted services require planned and deliberate investment. The evidence shows that this investment is likely to be offset by the savings resulting from improvements in health and well-being, reducing demand and preventing or delaying people's need for formal health and care services. Fundamentally, community-based approaches aim to increase capacity, allowing services to do more for the same level of funding.

Asset-based commissioning makes sense because it builds on the capacities of people and communities and makes this central to all public service intervention. Planners and decision makers in health, public health and social care should build this thinking into

core commissioning frameworks, working alongside people and communities to develop ambitious plans that strengthen local investment in community-centred approaches.

***Asset-based commissioning recognises the vital role of individual and community assets and mobilises those assets. Conversely, conventional commissioning takes needs and deficits as its starting point, often excluding the contribution that individuals and communities can make to their own support.***

## EVIDENCE AND SIMPLE MEASUREMENTS

There is a significant evidence base for the benefits of empowering and engaging communities, but often it is dissipated and available in ways that make local comparison and evaluation difficult. Getting smarter at improving health and wellbeing through empowering and engaging communities will require a better, shared understanding of what good looks like and how to measure it. This must go beyond blunt proxy measures, such as reduced hospital admissions and help to articulate the broader benefits to the system and to communities in the medium and longer term in a clear and consistent way.

## DEMONSTRATING AMBITION

At a time of unprecedented change across health, public health and social care, the NHS and local government is also being reshaped through ambitious change programmes. These programmes must embed approaches to empowering and engaging communities alongside structural, cultural and organisational change.

The opportunity should now be grasped to look well beyond piloting new ways of working, towards demonstrating a different level of ambition where communities are central rather than peripheral to the future system. Although many health and social care commissioners are keen to embrace this approach, many may feel that sharing power and decision-making with communities is a burden and a bit frightening. We think that the measure described here will support the relevant organisational development to support change.

## Conclusion

Community capacity building must be supported at scale to be able to make a major impact on health and wellbeing. This can only happen if we build on and transform the use made of all assets and capabilities – people's, communities' and organisations'. Existing services should be redesigned so people with lived experience become equals alongside practitioners in designing services and delivering outcomes.

Community capacity building will not be achieved if we bolt-on to existing services; we must work with the whole sector, including providers, to build on existing good practice and innovation.

Action to achieve this step change will vary from community to community. It is always local, however, to deliver this at scale will require strong and persistent national and local systems leadership. We are not proposing a blueprint for empowering and engaging communities, rather a set of common principles that will help remove obstacles and provide incentives for change.

The broad actions outlined above show where we must focus our energies; the detailed action plan will set out clearly how we intend this to be done.

# Appendix I: The evidence base for empowering and engaging communities

The evidence base for taking a community capacity building approach to public service intervention grows ever more extensive. This is illustrated by the increasing number of frameworks and policies which support the case for empowering and engaging communities. Practitioners, strategists, commissioners et al, now have available to them a breadth and depth of research demonstrating the difference an asset-based approach can make to the health and wellbeing of the public. Moreover, the evidence suggests that such an approach may offer a way to sustain a health and wellbeing system that is facing unparalleled austerity.

## Think Local Act Personal

The Building Community Capacity pages on the TLAP website contain a wide range of evaluations, economic studies, case studies and examples of innovative work supporting this approach.

*[www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity](http://www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity)*

## Developing the power of strong and Inclusive communities

This TLAP framework, developed in partnership with Public Health England brings together the learning and growing evidence base about community capacity building and the co-production of outcomes. The framework supports Health and Wellbeing Boards to make the development of strong and inclusive communities integral to their work.

*[www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10346](http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10346)*

## Health Empowerment Leverage Project (HELP)

HELP supports neighbourhood partnerships which boost community activity and service improvement. Commissioned by the Department of Health to show the impact of community development on health and wellbeing, HELP developed a research based cost benefit model. Among other findings, the model illustrated that investment in community development in the 20% most disadvantaged neighbourhoods in a local authority area would produce health savings of more than £4million over three years.

[www.healthempowerment.co.uk](http://www.healthempowerment.co.uk)

## NHS England and Public Health England

Community-centred approaches for health and wellbeing is an NHS England and Public Health England evidence based framework that asserts the vital role that local government, NHS and the voluntary sector play in building confident and connected communities.

[www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches](http://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches)

## Skills for Care: Community Skills Programme

Skills for Care has conducted an extensive programme of practical research into the use of skills led approaches to empowering and engaging communities, which works with over forty projects across England. Independent evaluation of the projects and guidance on how to support skills led community empowerment is available on their website.

[www.skillsforcare.org.uk/Learning-development/Community-skills-development/Community-skills-development.aspx](http://www.skillsforcare.org.uk/Learning-development/Community-skills-development/Community-skills-development.aspx)

## Realising the Value

Realising the Value is a national programme designed to further develop the field of person and community-centred approaches for health and wellbeing. It is building the evidence-base and developing practical tools to spread awareness and increase the impact of key approaches.

The programme is funded by NHS England and delivered by a consortium of partners including Nesta, the Health Foundation, Voluntary Voices (made up of National Voices,

Regional Voices, NAVCA and Volunteering Matters), the Behavioural Insights Team, PPL and the Institute of Health and Society at Newcastle University.

The outputs of the programme will be grounded in both evidence and practice. They will be relevant to commissioners, providers, policy-makers and other decision-makers. The programme also seeks to build a network of local places and organisations committed to putting this agenda into practice, to sustain momentum beyond the lifetime of the programme itself.

[www.nesta.org.uk/project/realising-value](http://www.nesta.org.uk/project/realising-value)

## **Social Care and the Arts**

Skills for Care (SfC), The Baring Foundation and Creative & Cultural Skills, commissioned UK-wide research exploring the role of arts in the delivery of adult social care with a particular emphasis of workforce development. The reviewed evidence demonstrates the considerable physical and psychological benefits of using arts with people in receipt of social care. The use of arts can also deliver profound benefits for the social care workforce, in particular challenging preconceptions on the abilities and talents of people with a range of conditions or needs.

[www.iriss.org.uk/resources/arts-and-social-care](http://www.iriss.org.uk/resources/arts-and-social-care)

## **Social Care Institute for Excellence Prevention Library**

The Social Care Institute for Excellence, supported by the Department of Health has developed a Prevention Library which captures emerging practice, research and evidence in the provision of prevention services in adult social care. The Library also references recent research and related resources to support and inform commissioning processes.

[www.scie.org.uk/prevention-library](http://www.scie.org.uk/prevention-library)

## **NICE Guidance: Community engagement: Improving health and wellbeing and reducing health inequalities**

The National Institute for Health and Care Evidence published new community engagement guidelines in 2016. The guideline covers community engagement approaches to reduce health inequalities, ensure health and wellbeing initiatives are effective and help local authorities and health bodies meet their statutory obligations.

[www.nice.org.uk/guidance/NG44](http://www.nice.org.uk/guidance/NG44)

## Appendix II: Sector led developments and community-centred approaches in policy and legislation

*The NHS 5 Year Forward View*<sup>4</sup> sets out the transformational change that must take place if the sustainability and ongoing improvement of the NHS is to be secured. The transformation required is dependent to a great extent upon key building community capacity principles: engagement with communities, empowering individuals, personalised approaches, investment in new care models and broader partnerships.

In particular, the paper identifies three widening gaps that need to be met if the NHS is to remain fit for future purpose:

- The health and wellbeing gap.
- The care and quality gap.
- The funding and efficiency gap.

It is by addressing the health and wellbeing gap, in particular, that the FYFV shows particular resonance with community capacity development. However, in realising its overall ambition, the FYFV notes the 'broad consensus' that now exists in terms of how to meet all of these gaps and consequentially contain costs. The consensus argues for a more engaged relationship with patients, carers and citizens so that wellbeing can be promoted and ill-health prevented.

This echoes the *Better Care Fund's*<sup>5</sup> pursuit of greater prevention through: improved patient, carer and family condition self-management; and putting patients in control, with parity of esteem as co-designers, co-deliverers and co-monitors of services.

The NHS has issued Planning Guidance for Clinical Commissioning Groups (CCGs) in creating Sustainable Transformation Plans (STPs). The document calls for system leadership and states, 'for many years the NHS has emphasised an organisational separation that doesn't make sense to staff or the communities they serve.' STPs should not just be about 'writing a document'. A successful STP depends on having (or establishing), 'an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, local community partners and health and wellbeing boards.'

[www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view](http://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view)

*Social care and children's services – the White Paper (2012)*<sup>6</sup> and the *Care Act (2015)*<sup>7</sup> rebalance the focus of care and support onto the promotion of wellbeing and prevention rather than only intervening at points of crisis. The White Paper recognises the fundamental role that more active and inclusive communities play in prevention such as tackling the loneliness and social isolation of many older people and carers which can lead to poor physical health and depression. Volunteering can keep people active, promote physical and mental health and wellbeing, strengthen local connections and help people get back into employment. The *Children and Families Act (2014)*<sup>8</sup> establishes a pathway for children with special educational needs and disabilities from birth to 25. Central to the Act is preparation for adulthood and the enablers seen as key to supporting preparation are personalisation, co-production and integration. The ADASS *Distinctive, Valued, Person*<sup>9</sup> identifies a number of required improvements: provide good quality advice and information that empowers people and develop supportive relationships and resilient communities. Services should ensure they: support independence and recovery; are personalised and joined up; and make use of personal budgets.

*Public health and wider public services – Public Health England's priorities for improving the public's health (From Evidence into Action 2014)* are underpinned by "recognising the importance of place and the strength of building on all of a community's assets" (p 14). In driving the public health agenda forward a number of 'game-changers' offer a "unique opportunity for positive change and much faster progress" (p22). This includes a place-based approach to develop local solutions that draw on all the assets and resources of an area, integrating public services and also building resilience in communities so that they take control and rely less on external support. The strategy states that this will be achieved through supporting local integration, building powerful national and local networks and developing the evidence base on community development interventions.

The *Social Value Act (2012)*<sup>10</sup> and the *Localism Act (2011)*<sup>11</sup> further support community capacity building. All public bodies must now consider how the services they commission and procure might improve the economic, social and environmental wellbeing of the community. Communities are empowered to: develop neighbourhood plans; and bid to buy community assets or run services such as pubs, shops, leisure and community centres and libraries.

The *Equality Duty (2010 – England, Wales and Scotland)* provides legal protection from discrimination in the workplace and in wider society. The Act combines and replaces previous discrimination legislation, including the Disability Discrimination Act (DDA) of 1995. The *public sector Equality Duty (2011)* requires that public bodies consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees.

# Appendix III: Examples of approaches to community capacity building

## Connecting individuals and communities – Local Area Coordination

A variety of community-based ‘connecting’ approaches exist to support people to develop networks and build social capital. Typically these services are co-produced, flexible and rooted in the importance of relationship building. There are a number of models up and running across the country such as community connectors and village agents. As the subject of a number of evaluations and studies, Local Area Coordination is arguably the most well-known.

Originating in Western Australia 27 years ago, Local Area Coordination is now well established in Derby City and Thurrock and is currently being developed in Swansea, Isle of Wight, Suffolk, Cumbria and Derbyshire.

Local Area Coordination is contributing to delivering aspirations of the Care Act in England, the Social Service and Well Being Act (2014) in Wales and the NHS Five Year Forward View. Rather than waiting for people to fall into crisis, assess deficits, test eligibility and (if eligible) receive a formal service, it supports people to build resilience, stay strong, find practical local solutions and nurture contribution.

Long term studies (including recent evaluations in England) have shown highly consistent and positive outcomes when effectively designed and driven by strong and connected leadership. Local Area Coordination is:

- Leading to significant improvements in the lives of citizens and communities.
- Creating significant efficiencies and cost savings, even at this early stage in its development.
- Reducing demand for social care, health and other public services.
- Providing a significant social return on investment (SROI).
- Nurturing citizen leadership, control, co-production and action.
- Acting as a catalyst for integration, systems change and reform.

*“If Local Area Coordination is done well and implemented effectively then the results can be truly astonishing. In just the first 12 months, working with approximately 50 people, our evaluation identified a £800,000 saving for the health and social care economy as people reduced their use of public services”*

A recent SROI evaluation on both Derby City Council<sup>12</sup> and Thurrock’s<sup>13</sup> Local Area Coordination found that for every £1 invested, up to £4 of social value is generated.

## Shared Lives Plus

Shared Lives offers a flexible, person-centred solution to housing. It offers care and support for older and disabled people by giving them the opportunity to share family and community life with a Shared Lives carer. Shared Lives Plus members deliver or coordinate services which:

- Build on the individual, their strengths and potential.
- Promote equality and value diversity.
- Offer safety but support people to take risks in pursuit of their goals.
- Give cost-effective solutions, with consistently better outcomes than alternatives.

In this most uninstitutional of social care support arrangements, the outcomes can be startling; people report feeling settled, valued, and like they belong for the first time in their lives. Friendships develop and social networks broaden with involvement and participation in clubs, activities and volunteering.

A recent Shared Lives evaluation reports that whilst the social care sector has shrunk by 7%, over the last two years, Shared Lives schemes have grown by 27%. Targeted expansion would lead to 37,113 more people using Shared Lives per year, saving an additional £145m annually.<sup>14</sup>

## Social prescribing

It’s long been recognised that solutions to health and wellbeing problems often require interventions that extend beyond the reach of traditional medical approaches. Social prescribing offers a mechanism for providing non-medical support and is usually delivered via primary care, e.g. ‘exercise on prescription’ or ‘prescription for learning’. The range of activities and opportunities available are broad, for example: peer support, support for employment, housing, financial support, legal advice or parenting support.

Social prescribing genuinely strengthens the links between healthcare providers and community, voluntary and local authority services. These include leisure, welfare, education, culture, employment and the environment (for example urban parks, green gyms and allotments).

A recent evaluation by Sheffield Hallam University concluded that the Rotherham Social Prescribing Services reduced both inpatient episodes and A&E attendances. There was a self reported improvement in wellbeing and self-management and in terms of economic benefits, the evaluation noted that the costs of social prescribing would be recouped after 2.5 years. After five years, there would be a £1.98 return on £1 invested.<sup>15</sup>

## **Creating community-centred practice – Altogether Better Champion approach**

Altogether Better have scaled a system intervention that has resulted in radical system change, which has slowly, gently and subversively allowed local health providers and the population they serve to co-evolve. This evidence based approach offers to reduce the pressure in General Practice. The work has been developed in over 60 GP practices in 16 Clinical Commissioning Group areas.

Evaluations undertaken by a partnership of experienced evaluators, researchers, academics, data and linguistic analysts, clinicians and Organisational Development experts demonstrates that there are clear benefits when:

- Statutory organisations with greater capacity to deliver services can radically change the way they provide those services.
- Individuals whose mental health and wellbeing improves significantly as a result of the practical and emotional support that may not have otherwise received.
- Volunteer Altogether Better champions report improvements in health, wellbeing and resilience.

[www.altogetherbetter.org.uk](http://www.altogetherbetter.org.uk)

The approach builds on both theory and practice. Using theoretical models of organisational development and evidenced based approaches to citizen involvement.

Statutory organisations have come to a greater recognition of the resourcefulness and generosity of the citizens who use their services, which in turn raises the possibility of these organisations changing the service offer. Organisations see people no longer as 'users or choosers' but as 'makers and shapers' of services.<sup>16</sup>

### Outcomes include:

- 94% of patients surveyed reported increased confidence and wellbeing.
- 94% acquired new knowledge about health and wellbeing.
- 99% reported increased involvement in social groups and activities.
- 95% of staff surveyed recommend and want to continue.

An evaluation by the York Health Economic Consortium demonstrated up to £112 return on £1 invested.

## The Health Empowerment Leverage Project (HELP)

Building on Connecting Communities, HELP supported a resident-led partnership in Townstal, Devon, by bringing many agencies together. Within six months, satisfaction with services increased and police reported crime dropping as a result of the partnership. New groups began, attracting funding for new projects. Results included a new dental service, a playpark, a GP surgery, improved relations with housing and a plan for social renewal agreed between community and agencies.

## Estimating cost-benefit

The HELP experience suggests a cost of about £80K a year per neighbourhood. Two years' work should leave a self-renewing resident group, supported by existing front-line workers. One example is the Beacon project, which is over 15 years old.

An internal HELP analysis<sup>17</sup> suggests an NHS saving of £558,714 across three neighbourhoods over three years. This figure is based on a cautious but evidence-based estimate of improvements in people's health. Broken down this translates to a 5% annual saving as a result of increased community activity and building social networks. This represents a return of about 1:4 on a £145,000 investment in community development. There were additional savings of £96,448 a year per neighbourhood through reductions in crime and anti-social behaviour.

These calculations are difficult and open to criticism. However, the results are similar to estimates obtained by others.<sup>18,19</sup>

## Asset-based approaches to Joint Strategic Needs Assessments

*“You can’t know what you need until you know what you have.”*

– Professor John McKnight, Asset-Based Community Development Institute, Northwestern University

Joint Strategic Needs Assessments are very useful in bringing together a picture of future health and social care needs. However, they are heavily weighted toward understanding need and pay little or no attention to assets. Whilst addressing need is vital, to address those needs in the most cost effective way requires an understanding of the personal and community assets already out there.

NHS Wakefield District and Wakefield Metropolitan District Council recently piloted an asset-based approach to Joint Strategic Needs Assessments and concluded the following:<sup>20</sup>

- The asset-based/co-production approach pilot has demonstrated that local people, given the opportunity, can identify and recognise the assets they have. They can own their potential to enable improvements to the health and well-being of individuals and to the communities in which they live.
- An asset-based/co-production approach offers an opportunity for a more realistic and holistic perspective to be used to target health inequalities. It also focuses resource management in ways that build on the existing asset base of a community.
- Asset-based/co-production approach supports the commissioning cycle. It ensures greater intelligence about community assets, and a greater potential for using local people’s knowledge, experience and expertise in the design of services appropriate and relevant to local circumstances.
- Agencies, organisations and local people can have mutually respectful and productive relationships when they are informed by the underlying principle that overtly states ‘there are no experts here – expertise comes from collaborative effort’.
- Asset-based Joint Strategic Needs Assessments have the potential to inform a range of creative ways. They provide opportunities to develop a different commissioning framework, one which enables co-production and builds and strengthens community assets to best address ‘needs’.

## Appendix IV: Developing the Workforce

### Care and Health Improvement Programme (CHIP)

CHIP is the national adult social care improvement and support programme. The Local Government Association has been working with the Department of Health since 2012 to deliver the programme. This includes programmes centred on Health and Wellbeing Boards (HWBs), social care commissioning and market development, delayed transfer of care, safeguarding, care and health integration and the Better Care Fund. In 2015/16 70 per cent of councils accessed some support from the programme. The focus for the CHIP programme is currently to:

- 1) Develop effective leadership to integrate and devolve local care and health by 2020.
- 2) Manage financial and systemic risks and improve service delivery.
- 3) Improve quality and safeguarding.

The programme provides support with leadership, peer challenge, implementation of integration, public reporting and analysis and system resilience. This programme is in addition to the LGAs full corporate support offer.

Further info: [www.local.gov.uk/web/guest/health/-/journal\\_content/56/10180/7415908/ARTICLE](http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/7415908/ARTICLE)

### Systems Leadership

Senior leadership is critical to embedding transformation, but moving from vision to practice also requires a system leadership approach. The Local Government Association's National Systems Leadership programme has been supporting a systems leadership approach for the last three years. The Local Government Association has published guidance and stories from places already taking this approach as well an in-depth evaluation of the programme.

*The difference that makes the difference*, is an evaluation by the University of the West of England and provides a clear evidence base for the effectiveness of systems approaches, in changing mind-sets and leadership behaviours and thereby having a positive effect on outcomes and services on the ground.

*The Revolution will be improvised (Part II)* describes how systems leadership can embed long term behavioural change and secure sustainable change by involving as many people's 'energies, ideas, talents and expertise as possible' and by leading across boundaries, including organisations.

[www.leadershipcentre.org.uk/docs/Revolution%20will%20be%20improvised%20publication%20v3.pdf](http://www.leadershipcentre.org.uk/docs/Revolution%20will%20be%20improvised%20publication%20v3.pdf)

[www.localleadership.gov.uk/systemsleadership/resource/item/the-difference-that-makes-the-difference-final-evaluation-report](http://www.localleadership.gov.uk/systemsleadership/resource/item/the-difference-that-makes-the-difference-final-evaluation-report)

## **Leadership for Empowered and Healthy Communities**

The Leadership for Empowered and Healthy Communities programme is a joint venture between Thames Valley and Wessex NHS Leadership Academy, Skills for Care, Think Local Act Personal, ADASS and the Local Government Association. Co-designed and co-delivered with people who use services, it explores how leaders can grow and nurture capacity in local communities to improve health and wellbeing and ensure better outcomes for people living with long-term conditions, disabled and older people.

The programme is aimed at senior leaders and clinicians across health, social care and beyond who want to be part of a movement for change. Participants are encouraged to think radically about the role of 'social capital' in health and social care and the role of public service leadership in shaping the communities that citizens need and want. Participants have the opportunity to learn about best practice as well as developing the leadership skills required to embed co-production into organisations and enable strong and empowered communities to grow and flourish.

The programme has its own co-produced leadership behaviours framework. More information can be found at [www.thinklocalactpersonal.org.uk/News/Leadership-for-Empowered-and-Healthy-Communities-Programme](http://www.thinklocalactpersonal.org.uk/News/Leadership-for-Empowered-and-Healthy-Communities-Programme)

## **Skills for Care**

Building community capacity is dependent on the workforce having the skills, knowledge and confidence to work differently with people and local communities.

To ensure this, we need to commission the workforce to change its practices and has the knowledge to measure the success of any workforce development.

The principles of workforce redesign are:

- Take a whole systems view of organisational change.
- Recognise how people, organisations and partnerships respond differently to change.
- Nurture champions, innovators and leaders.
- Engage people in the process – acknowledge and value their experience.
- Be aware of the way adults learn.
- Change minds and change systems.
- Develop workforce strategies that support transformation and recognise the shape of resources available in the local community.

More information on how to use the principles and examples of how the principles have been used can be found at: [www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Workforce-redesign/Workforce-redesign.aspx](http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Workforce-redesign/Workforce-redesign.aspx)

Workforce commissioning is a systematic way of linking service commissioning with workforce commissioning and financial strategy. This helps ensure that the right workforce is doing the right things at an achievable cost. A guide to workforce commissioning can be found at: [www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-commissioning/workforce-shaping-and-commissioning-for-better-outcomes.pdf](http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-commissioning/workforce-shaping-and-commissioning-for-better-outcomes.pdf)

How to measure the success of workforce interventions can be found here: [www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Workforce-commissioning/Workforce-outcome-measurement-model.aspx](http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Workforce-commissioning/Workforce-outcome-measurement-model.aspx)

## Leadership

Leadership is about behaviour, and the behaviours described within the Leadership Qualities Framework (LQF) represent the core leadership skills required by people at all levels, with all people who use services and within all organisations across the sector.

The LQF is closely aligned to the Leadership Framework developed by the NHS, which includes five core domains. These have a series of Contextual Indicators showing how leadership behaviours can be observed in practice within the diversity of the social care workforce.

The LQF can be used to help design leadership programmes, for staff development and review, and to inform individual, team and organisational development.

[www.skillsforcare.org.uk/Leadership-management/Leadership-Qualities-Framework/Leadership-Qualities-Framework.aspx](http://www.skillsforcare.org.uk/Leadership-management/Leadership-Qualities-Framework/Leadership-Qualities-Framework.aspx)

## Workforce integration

Skills for Care work with a unique cross sector partnership with Think Local Act personal, Skills for Health, Local Government Association, the Centre for Workforce Intelligence, NHS Employers and the Association of Directors of Adult Social Services; has developed the Principles of Workforce Integration.

The principles take a view that better use of resources and better outcomes for people who need care and support are predicated upon nurturing the workforce, so that all workers have the confidence, knowledge, capability, motivation and enthusiasm to deliver the very best care and support.

The principles of workforce integration are:

- Successful workforce integration focuses on better outcomes for people with care and support needs.
- Workforce integration involves the whole system.
- To achieve genuine workforce integration, people need to acknowledge and overcome resistance to change and transition. There needs to be an acknowledgement of how integration will affect people's role and professional identity.
- A confident, engaged, motivated, knowledgeable and properly skilled workforce supporting active and engaged communities is at the heart of workforce integration.
- Process matters – it gives messages, creates opportunities, and demonstrates the way in which the workforce is valued.
- Successful workforce integration creates new relationships, networks and ways of working. Integrated workforce commissioning strategies give each of these attention, creating the circumstances in which all can thrive.

[www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Workforce-integration/The-Principles-of-Workforce-integration.aspx](http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Workforce-integration/The-Principles-of-Workforce-integration.aspx)

## FOOTNOTES

- 1 [www.nice.org.uk/guidance/NG44](http://www.nice.org.uk/guidance/NG44)
- 2 For example, employment is a key social determinant and there are particular barriers to employment faced by women, family carers and people who use support services, which services can help to address through their own employment practices.
- 3 R Muir, H Khan (Eds) (2006) 'Sticking together: Social capital and local government. The results and implications of the Camden social capital surveys 2002 and 2005'. ippr and London Borough of Camden.
- 4 Five Year Forward View, NHS England, October 2014.
- 5 Better Care Fund – Technical advice, Local Government Association and NHS England, V2 18 August 2014.
- 6 Caring for our future: reforming care and support, 2012 [www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support](http://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support)
- 7 Care Act (2015) [www.legislation.gov.uk/ukpga/2014/23/contents](http://www.legislation.gov.uk/ukpga/2014/23/contents)
- 8 Children and Families Act (2014) [www.legislation.gov.uk/ukpga/2014/6/contents](http://www.legislation.gov.uk/ukpga/2014/6/contents)
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- 12 Social Value of Local Area Coordination in Derby (2016). Available online at: [www.thinklocalactpersonal.org.uk/Latest/Social-Value-of-Local-Area-Coordination-in-Derby](http://www.thinklocalactpersonal.org.uk/Latest/Social-Value-of-Local-Area-Coordination-in-Derby)
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- 14 The State of Shared Lives in England (2016). Available online at: [http://sharedlivesplus.org.uk/images/1Launch\\_copy\\_Final\\_The\\_State\\_of\\_Shared\\_Lives\\_in\\_England\\_-\\_2016.pdf](http://sharedlivesplus.org.uk/images/1Launch_copy_Final_The_State_of_Shared_Lives_in_England_-_2016.pdf)
- 15 The Rotherham Social Prescribing Service for people with long term health conditions (2016). Sheffield Hallam University. Available online from [www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/rotherham-social-prescribing-annual-eval-report-2016\\_7.pdf](http://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/rotherham-social-prescribing-annual-eval-report-2016_7.pdf)
- 16 Altogether Better working together to create healthier people and communities (2016). Available online from [www.altogetherbetter.org.uk/SharedFiles/Download.aspx?pageid=4&mid=112&fileid=117](http://www.altogetherbetter.org.uk/SharedFiles/Download.aspx?pageid=4&mid=112&fileid=117)
- 17 [www.healthempowerment.co.uk/wp-content/uploads/2012/11/DH\\_report\\_Nov\\_2011.pdf](http://www.healthempowerment.co.uk/wp-content/uploads/2012/11/DH_report_Nov_2011.pdf)
- 18 Catalysts for Community Action and Investment: A Social Return on Investment analysis of community development work based on a common outcomes framework nef October 2010 [www.lcsansw.org.au/documents/item/464](http://www.lcsansw.org.au/documents/item/464)
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## Think Local Act Personal

Think Local Act Personal (TLAP) is a national strategic partnership of more than 50 organisations committed to supporting the continued implementation of personalisation and community-based health, care and support.

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