Patients and communities driving progress in self care

A briefing

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Building Health Partnerships: Self Care

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Contents

Key messages

This briefing reports on the Building Health Partnerships programme and its impact on the seven areas where it operated in 2017-2018. The key message is that by building health partnerships between the statutory sector and local communities, we can:

- **Improve access** to existing community-centred approaches
- Test new approaches to **workforce development**
- **Define outcomes** and the 'difference made' by community approaches to health
- **Co-design, co-direct and co-produce** services to deliver a health and care system that works for local people
- Begin to address **financial and contractual barriers** to effective and sustainable community-centred approaches and social prescribing
- **Empower communities** to set up new initiatives
- Create a **shared vision** of social prescribing and the 'infrastructure' needed to support community-centred approaches
- Build partnerships and foundations for **more cross-sector working.**

In this briefing you will find examples that illustrate how each of these was achieved and the difference made in communities.

Why should this matter to health and care leaders?

There is emerging evidence on the benefits of community-centred and social prescribing approaches for general wellbeing, levels of anxiety and depression. Increasingly, there are also examples of the direct impact on the outcomes which commissioners care about. For example, a social prescribing pilot project across the London Sustainability and Transformation Partnership (STP) areas, led by NHS England, generated savings of £90million.[1]

Get in touch

If you have any comments or questions, or would like to discuss how the Building Health Partnerships approach relates to your own area or organisation, please contact enquiries@ivar.org.uk

[1] www.kingsfund.org.uk/sites/default/files/media/Shaun_Crowe.pdf

An introduction

This briefing shows how the statutory sector and voluntary, community and social enterprise (VCSE) organisations can work together to improve people's health.

It is based on our experience of co-ordinating the **Building Health Partnerships** (BHP) programme and explains what the programme is and what it achieved.

It is designed to be read by local health and care leaders, including people from statutory and VCSE organisations. You will find a detailed explanation of key terms in Appendix Two and an explanation of how BHP works in Appendix Three.

Key terms

Sustainability and Transformation Partnerships (STPs) bring together the NHS and local councils in an area to agree system-wide priorities, plan collectively how to improve residents' day-to-day health, and design and run services in a more coordinated way. See Appendix Two for more information.

Community-centred approaches support people's health and wellbeing in their communities. They harness local energy, skills and resources, promoting equity and increasing people's control over their health and lives. See Appendix Two for more information.

Social prescribing is a way for patients to be referred to local, non-clinical community services such as walking clubs or self-help to support their health and wellbeing. People might be referred by a GP, nurse, link worker, care navigator or other health professional. See Appendix Two for more information.

What is the Building Health Partnerships programme?

The BHP programme operated in seven geographical areas and across eight STP areas, over a year from July 2017. It helped to build relationships between statutory services, local people and VCSEs in order to strengthen **community-centred approaches to health**. The theme of the 2017/18 programme was **self care**.

The activities of the seven BHP areas tended to focus on:

- How service users, people with 'lived experience' and community groups could be involved in **co-design** to help address a particular local issue, health condition or treatment pathway

- How to embed and spread **social prescribing** and **community-centred approaches** to support the health and wellbeing of the local population.

By creating a process for **strong engagement** between statutory services, VCSEs and local people, the BHP programme has led to **activities and actions** that have promoted wellbeing and self care in local communities. For example, the local areas were able to:

- Design services that put patients and carers at the centre
- Build relationships, networks and communities of practice[2]
- Develop the business case for change
- Design frameworks for understanding outcomes
- Make joint bids for funding
- Create new jobs, often with a focus on co-ordinating activity
- Carry out research to produce new datasets and establish test areas
- Try out new approaches.

This briefing collects examples that illustrate each of the above.

Why we need new approaches to health and care

The NHS is facing a number of critical challenges including an ever-increasing population and people living longer, with more complex, long-term conditions. In this climate of changing health needs and stretched resources, multi-stakeholder partnerships at a community level are needed to develop new ways of working in order to find local solutions.

Peoples' health is determined by a range of social, economic and environmental factors. For example, there is a clear correlation between poverty, poor health and early death. [3] There is also evidence that links the amount of control people have over their lives with their and health and wellbeing.[4] Health agencies are, therefore, increasingly interested in the role of prevention[5] and partnership working. By listening to local people's concerns and increasing their confidence and skills in self care, and by fostering relationships between communities, health professionals and VCSE organisations, we can address people's needs in a more holistic way, tackle health inequalities and support individuals to take greater control of their own health.

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[2] A community of practice is a group of people who come together to engage in a process of collective learning in a shared field or topic.
[3] Wilkinson, R. and Pickett, K. (2009) *The spirit level: why equality is better for everyone,* London: Penguin.
[4] www.altogetherbetter.org.uk/SharedFiles/Download.aspx?pageid=4&mid=112&fileid=80
[5] South, J., Stansfield, J. and Mehta, P. (2015) *A guide to community centred approaches for health and well-being,* London: Public Health England.

In order to support people to stay well, for longer, in their communities we need to look together at the support people need alongside hospital and GP care. Community-centred and social prescribing approaches, as well as the role of VCSE organisations in delivering them, are increasingly being recognised as a way to address the wider factors that affect people's health and wellbeing.

Small VCSE organisations are often the first to respond to 'hyper-local' needs and provide spaces where people feel safe and respected. They tend to focus on general wellbeing and have been described by public sector stakeholders as *'the glue that holds communities together'*. They are valued for having an *'open door approach that means people are not turned away'*. However, evidence also points to a mismatch between what many small community organisations do (their distinctiveness and social value) and how many public and voluntary sector programmes are funded.[6]

There are of course challenges on both sides to community-centred working. It is not easy to reach the most marginalised populations or to identify where your approach or organisational culture may need to change. There are also financial constraints and limitations of short-term projects and programmes.

The NHS Five Year Forward View recognised the role VCSE organisations could play, in partnership with the NHS, to help deliver its vision. At a strategic level, NHS England is committed to working with VCSEs and establishing models for more equitable partnerships and better integration, and to increase the influence of the voice of patients. More locally, STPs, as with any relatively new player in a system, are taking time to build consistently high and constructive levels of engagement with VCSE organisations and communities more widely.

The BHP programme was designed in response to all these challenges, to work intensively with statutory services to test and pilot new approaches to partnership working. Over the last year, the programme has run in eight STP areas, with learning being shared across England.

> *'We will work collaboratively with the voluntary sector and primary care to design a common approach to self care and social prescribing, including how to make it systematic and equitable.'*
>
> NHS England, Five Year Forward View

[6] www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/value-of-small-final.pdf

Building Health Partnership areas

The BHP programme supported eight STP areas[7]. See the case studies in Appendix One for full details.

North East (Northumberland, Tyne and Wear and Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby): Explored ways to utilise and test out community asset-based and social prescribing approaches to address some key (costly) health problems, prevent ill health and promote wellbeing.

Humber, Coast and Vale (HCV): Explored the impact of community-centred activities in improving health and wellbeing and developed a common outcomes framework.

Herefordshire and Worcestershire (H&W): Developed a wider understanding and respect for carers' knowledge and experience through a common approach to organisational development, across the health and care system.

Bristol, North Somerset and South Gloucestershire (BNSSG): Worked together with patients, citizens, VCSE and other STP partner organisations to better understand the existing local offer of community-led support around self -care and social prescribing and what it will take to provide a more consistent offer to local people.

North London: Reimagined the role of all players involved in social prescribing across North London to improve access and develop a more consistent approach.

Mid and South Essex (MSE): Worked with people living with respiratory conditions, developing the pathway to diagnose conditions earlier and provide support in communities.

Hampshire and the Isle of Wight (HIOW): Facilitated a project with peer support workers in mental health to co-produce an STP-wide Peer Support Network.

> *'Our experience of Building Health Partnerships is that it breaks the usual mould and enables a new and fresh dialogue between statutory organisations/services and the voluntary and community sector.'*
>
> VCSE organisation, Bristol, North Somerset and South Gloucestershire

[7] The BHP programme worked in seven geographic areas across England. The North East was made up of two STPs: Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby; and Northumberland, Tyne and Wear, and North Durham.

Making an impact: Key achievements and outcomes

In this section, we describe the positive outcomes that can be achieved when the statutory and VCSE sectors work together to develop community-centred and social prescribing approaches to support self care. It looks at typical issues that were addressed and outcomes achieved across the seven BHP areas, outlining key achievements and examples of impact.

The BHP areas tested new approaches and took action to drive forward improvements in community-centred approaches to healthcare. The changes achieved over the 12 months of the programme varied depending on the:

- Existing relationships within that STP area
- Capacity of the STP and other key local organisations
- Different organisational cultures
- Extent to which there was a shared vision for community-centred approaches or co-production.

All these factors affected the journeys areas took and where they ended up. Case studies, which describe what happened in each area, are provided in Appendix One.

At the time of writing, areas are still working on their projects with partnership meetings and follow up events taking place over the summer. We continue to work with them through a Champions' Network and by providing leadership training.[8]

1. Creating a shared vision of social prescribing and the 'infrastructure' needed to support community-centred approaches

Typically, at the outset of the programme, shared vision among stakeholders of what could be achieved through community-centred approaches was limited. Processes and systems were often not in place to help different kinds of organisations (e.g. VCSEs and statutory authorities) work together. The BHP programme has helped build that shared vision and 'infrastructure' to support social prescribing and community-centred approaches. It has taken time for the statutory sector and VCSE organisations within the STP areas to work out what is needed to establish social prescribing as part of their routine offer to local people. Ultimately, the aim is to make community-centred health care available to more people.

[8] Participants from BHP areas will attend Leadership Training led by IVAR and The Kings Fund. They will form the first members of a Champions' Network, a new feature of the BHP programme designed to help motivate and inspire change across the health system.

EXAMPLE

The partnership in the **Bristol, North Somerset and South Gloucestershire STP** area set up a **Social Prescribing Expert Group** involving the STP, local authority commissioners and VCSE frontline professionals. They mapped current social prescribing across the area in order to understand better what is being delivered, for whom, by whom, where, and how it is funded. This information is now being used to create a flexible model for social prescribing. This will build on existing learning and expertise and create better access to a range of services based on local need. The group will be submitting a recommendation to the STP Board which they hope will lead to greater system-wide use of social prescribing, increased access to services across the area and commitment to continue to build the infrastructure needed for more community-centred approaches.

> *'We are working in a system that is constantly changing and dominated by the medical model. Loads of self-care happens in the community. Community organisations need to come together to make an offer to BNSSG STP in terms of facilitating access to services and be confident about that offer.'*
>
> VCSE organisation, Bristol, North Somerset and South Gloucestershire

> '[Social prescribing is] *not just about signposting, it's about triage ... taking time to understand the whole person, their situation, their health conditions and then make a social prescription not just signpost.'*
>
> VCSE organisation, Bristol, North Somerset and South Gloucestershire

> *'Social prescribing is about reaching people that wouldn't do things for themselves.'*
>
> VCSE organisation, Bristol, North Somerset and South Gloucestershire

2. Improving access to existing services and activities in the community

A key goal across the BHP areas was to make existing community-centred approaches available to more people. In the past, this has been a challenge because services are run by different organisations that do not necessarily talk to each other or share a common terminology. As a result of work undertaken by the BHP areas, different stakeholders are now sharing information and collating and disseminating it in ways that they all find useful. This work aims to increase referrals into community-centred projects.

EXAMPLE

The partnership in the **North East STPs**[9] mapped existing social prescribing across the region. The results were inputted into the Public Health England Strategic Health Asset Planning and Evaluation (SHAPE) tool, a **web-based tool to support the strategic planning of services**. This will enable all stakeholders to access details of provision across the two STP areas. The partnership will use the tool to analyse the spread of social prescribing in relation to local needs, and create an online platform that can signpost professionals and clinicians to local services.

> *'The North East BHP Programme has enabled the Prevention Board as part of the STP to drive forward their work plan priority of asset-based approaches to health and wellbeing and gather the views and experiences of those representing communities and using services.'*
>
> VCSE organisation, North East

3. Testing new approaches to workforce development

New approaches to meeting health care needs will require new ways of working. Existing skills and job boundaries may need to be reviewed in order to bring social prescribing and community-centred approaches within reach of more people. The BHP programme has helped local organisations to test new approaches to workforce development**,** including giving people new skills to enable them to deliver community-centred approaches. As a result, staff will develop a better understanding of how to direct or signpost people to relevant opportunities and how to work with groups like carers or mental health peer support workers.

EXAMPLE

In the **Mid and South Essex STP area**, a range of people, including VCSE staff who are not clinically qualified, received training to use FEV1 machines to test lung function. This approach recognised that certain roles can be carried out by volunteers and VCSE staff. This has the double benefit of relieving pressure on clinicians and making testing more accessible and less intimidating for the public. Testing took place at a health fair in Mid Essex and also throughout clinics in April. 44 clients were tested and six were referred to the Chronic Obstructive Pulmonory Disease (COPD) team.

EXAMPLE

In the **North East**, the Newcastle Gateshead Link Worker Collaborative is acting as a test site for the BHP programme. It is aiming to create a more collaborative environment and support link workers so that they can be embedded into the healthcare 'system' and support self care and prevention. Newcastle Gateshead Link

[9] The North East area was made up of two STPS: Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby; and Northumberland, Tyne and Wear, and North Durham.

Worker Collaborative brings together different organisations that provide link work (i.e. connecting people to local services) so that they can work together to create a more equitable and enabling environment for social prescribing.

4. Defining outcomes and the 'difference made' by community approaches to health

The BHP programme has helped stakeholders (and VCSEs in particular) to define outcomes in ways that are meaningful to statutory services, in order to encourage further investment. Demonstrating the impact of community-centred approaches has proved challenging in the past for several reasons:

- The existing evidence for social prescribing is mostly qualitative and relies on self-reported outcomes
- Schemes tend to be small scale and are often designed to support people with complex needs, and thus do not lend themselves to comparison
- The impact on individuals and the health system are only likely to emerge over a long time
- There is a lack of consensus about which outcomes should be measured to show the impact of social prescribing. However, NHS England is working towards this with commissioners, practitioners, providers, evaluators and other stakeholder groups to achieve a consensus.

By helping stakeholders to demonstrate impact, it will be easier to attract funding for community-centred approaches, and therefore community approaches will reach more people.

EXAMPLE

In **Humber, Coast and Vale**, stakeholders from both VCSEs and the statutory sector **co-produced a set of outcome measures** that reflected their respective priorities – such as keeping active, reducing GP appointments and increasing access to opportunities for people to become involved in their communities. They then co-designed research to see how different community activities (including a Men in Sheds group, a FitMums and Friends group, a community theatre project and a table tennis group) performed against these agreed outcome measures. By far the most important outcome across the groups was 'making friends' or, in commissioner terminology, 'reducing isolation'. The partnership is now in a much better place to make the case for the important role VCSEs play in improving people's health and wellbeing. In addition, the community groups and those supporting them have felt empowered by the process, realising that others are interested in the way they benefit their community. The partnership is taking its findings to the STP Leadership Group with the request that they report back to the partnership about the actions they will take.

5. Co-designing, co-directing and co-producing services to deliver a health and care system that works for local people

Social prescribing and community-centred approaches to health care demand different ways of working – with different groups working together to assess need, plan services and monitor outcomes. Across all the BHP areas, the programme has enabled STPs to engage with the public and VCSEs to co-design, co-direct and co-produce services. Partnerships have involved, for example, peer support workers, people with lived experience, carers, and community groups that support people with mental ill health or respiratory conditions. This process of co-design has facilitated meaningful engagement between Clinical Commissioning Groups and residents/patients, carers and their communities. As a result, the programme is helping to fulfil the ambition set out in the government's VCSE review, of developing *'more imaginative responses'*[10] to problems facing health and care services.

EXAMPLE

The BHP in the **Hampshire and Isle of Wight STP** area has facilitated a project with **peer support workers in mental health** to co-produce a STP-wide Peer Support Network. This network is a place where peer support workers can share experiences and develop the peer support role. Working together, the STP and peer support workers have also created a framework, which articulates a set of standards and values for peer support across the STP. The STP has committed to supporting this work, with the Hampshire and the Isle of Wight Mental Health Alliance taking a lead in delivery. Funding has been secured for a new Co-production Co-ordinator to manage the development of the peer support programme initiated through BHP, for which the job description has been co-produced by peer support workers and NHS staff. Through this work, we expect to see more opportunities for patients to access peer support across the STP area. By promoting the benefits of peer support workers, the programme has also led to a greater understanding and respect for their role.

> *'Working with communities, hearing the voice of local people and capturing the narrative is such a powerful thing ... we took these voices to local commissioners at our third partnership event. If we hadn't done the initial listening and* [been] *able to say this is what your local community wants, it would not have been as powerful.'*
>
> GP, North London

EXAMPLE

The BHP in the **Herefordshire and Worcestershire STP** area has focussed on **enabling carers to become expert advisers** to statutory bodies, so that their knowledge and lived experience can shape service delivery and improve outcomes. The Carers Advisory Group set up as part of the BHP now regularly attends meetings of the STP board so that it can provide advice and guidance in relation to carers and

[10] www.gov.uk/government/publications/review-of-partnerships-and-investment-in-the-voluntary-sector

hold it to account for decisions and actions relating to carers. As a result, the STP is embarking on an organisational development plan that will equip all staff with the skills they need to have more person-centred conversations with carers and patients. Ultimately, this will enable NHS staff and carers to support patients more effectively.

> *'I'm jumping for joy that carers are being given such a high priority.'*
>
> Carer, Herefordshire and Worcestershire

> *'Practitioners and therapists are seeing peer support as a tool for them.'*
>
> Peer Support Worker, Hampshire and the Isle of Wight

> *'I was a mental health nurse for 10 years ... I've learnt more about mental health attending groups and hearing peoples' experiences than I did in those 10 years.'*
>
> Peer Support Worker, Hampshire and the Isle of Wight

6. Beginning to address financial and contractual barriers to effective and sustainable community-centred approaches and social prescribing

Conversations about moving to a more social model of health, and therefore shifting resources, are essential in order to embed social prescribing and community-centred approaches. The BHP programme has helped stakeholders to engage with commissioners to discuss these issues. Several partnerships held sessions to convene commissioners to discuss delivering self care with genuine shared goals. Many areas are planning for commissioners or STP boards to come back and report to the wider community and members of the partnership, so there will be a continuing dialogue to support the promotion and delivery of community-centred approaches and social prescribing.

EXAMPLE

The **North London** BHP brought together commissioners, acute and community providers, VCSE organisations and community members to build relationships, share good practice and start to address some of the issues around social prescribing and self-management across the five boroughs that make up the North London STP. These issues include:

- Building a narrative as to why social prescribing and self-management support would add value across the STP
- Understanding the baseline of service delivery across the STP
- Co-designing new approaches and services
- Agreeing terminology, identifying needs and sharing information.

The core group of local partners driving the programme acknowledged that getting people 'on the same page' would be a significant achievement. As a result of this

work, there is now a database with named individuals working within each borough in public health, local authorities, the CCG, clinical leads and VCSEs who have agreed to be responsible for leading the joining-up of social prescribing for each borough. This group will meet quarterly to take this forward. The Care Closer to Home Board has prioritised social prescribing, so it will be incorporated in the commissioning intentions for each borough in the next financial year.

> *'People get fed up of hearing from people like me talk about change and then not committing money. So how do we invest appropriately in well-evidenced new partnerships and ways of working when all the money is being hoovered up by traditional NHS?'*
>
> GP, North East

> *'Poor and marginalised people are ignored.* [VCSE organisations] *play a vital role in access, voice and opportunities, but the problem is medical care does not make the difference ... unless you address social determinants and you cannot address these without getting social because the fundamental determinant is poverty. The NHS needs to work out how to invest wisely in [an] holistic approach.'*
>
> GP, North East

7. Empowering communities to set up new initiatives

Social prescribing will only be effective if VCSEs and individuals are empowered to create clubs, networks, sessions and opportunities, so that health workers have somewhere to refer people. An essential part of the BHP programme has therefore been creating spaces where people can connect, which enable and inspire them to work together to create opportunities in response to needs they have identified. As a result, there are now more opportunities for social prescribing within the STP areas supported by the BHP programme.

EXAMPLE

The BHP in the **Mid and South Essex STP** area has inspired local people to set up new groups in their communities. One person, for example, has set up a **community respiratory group** with support from the local NHS, to help people manage their Chronic Obstructive Pulmonary Disease (COPD). As a result, people in Chelmsford will have access to a peer support group.

8. Building partnerships and laying the foundations for more cross-sector working

The preparedness of STP areas for social prescribing, working with VCSE organisations and local people, was different across the areas in which the programme operated. STPs are still developing their approaches to joined-up partnership working across different organisations and sectors. One of the aims of the BHP programme has

therefore been not only to take specific action now but to lay the foundation for future cross-sector working across STP areas. As a result, we would expect to see more joined-up working and more holistic approaches to health and wellbeing in communities.

EXAMPLE

In the **North East**, three areas have been selected to test the actions and areas of work developed through BHP, for example, a new approach to commissioning based on work in Plymouth and the use of non-traditional approaches to 'measurement and impact'.

What next for BHP?

The seven BHP areas will continue working together to address local health and social care challenges. They will be supported by cross-sector leadership training delivered by The King's Fund, a Champions' Network and range of other learning activities. The programme itself will expand to work in 10 additional STPs over the next two years, and will continue to grow partnership working across the sector, in conjunction with The King's Fund and NCVO.

> *'Having the external facilitator is almost like having a personal coach. It's the support you need to drive and push things forward. We are all busy, so it's great to have someone to motivate you.* [The facilitator] *also brought a huge amount of knowledge. It's also comforting to know that* [our facilitator] *will pull together a great agenda for events and I know they will run smoothly.'*
>
> GP, North London

Appendix One: Case Studies

Self care in action

Below, we summarise the activities and outcomes achieved by the eight STPs supported during the BHP programme. Each BHP has its own character and composition, reflecting local circumstances. However, they all include a range of stakeholders including the STP, local VCSE organisations, local authorities and health services. In different ways, each is working to promote self care within their local population.

Bristol, North Somerset and South Gloucestershire (BNSSG)

In the Bristol, North Somerset and South Gloucestershire STP, the partnership wanted to understand the extent to which people can be supported to look after themselves and stay well and how non-medical community support can contribute to this. Their aim was to better understand the needs of the local population, and the community-centred activity around self care that was already happening and being led by voluntary sector organisations. To do this, early on in the programme, the group focused on what it takes to have 'a good life in old age'. They also wanted to identify practical steps that voluntary and statutory partners could take to relieve pressure on NHS services across the STP area.

WHY IT MATTERS

'An NHS England-led social prescribing pilot across the London STP areas saw £90 million savings generated'[11]
The King's Fund

'The [social prescribing] *service could achieve greater value for money if it were better targeted on a population that completes and responds to it.'*[12]
University of Westminster

'In an increasing proportion of projects, the cost of funding is shared with external stakeholders to the NHS. Sharing the cost of social prescribing improves ROI [return on investment] *and makes it a more affordable and worthwhile intervention for the health service to consider. It also makes sense to the non-NHS stakeholder, if sufficient benefits of social prescribing accrue to them too'.*[13]
The King's Fund

Activities and outcomes

When BHP began in this region, public sector and VCSE organisations were still adapting to the STP geography. The exercise of coming together as an STP required

[11] www.kingsfund.org.uk/sites/default/files/media/Shaun_Crowe.pdf
[12] www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network
[13] ibid

people to look at a new area – with 15 constituent organisations and a newly merging BNSSG-wide CCG. This is a particular challenge in the context of increased competition for contracts, and, in a need to recognise the value of smaller organisations in the region, particularly in relation to (hyper-local) community approaches to health and care. Rather than being a barrier to collaboration between VCSE stakeholders, openly discussing these issues through BHP created opportunities for partnership working. To facilitate the STP's engagement with VCSE organisations, the West of England Civil Society Partnership has started to look at how they can create efficient links (especially with black and minority ethnic and other equalities groups – often much smaller organisations), to test ideas and develop new solutions to local challenges.

One early project was an audit of GP surgeries, designed by the core group and led by OneCare, to better understand what GPs and other GP surgery-based primary healthcare professionals understood by social prescribing, and what they believed was already happening across the STP area. One of the challenges the survey highlighted was how difficult it can be for people to have equity of access to social prescribing initiatives. This resulted in the creation of a Social Prescribing Expert Group – enabling the STP to take a 'test and learn' approach, that builds on the knowledge of local experts who are committed to delivering long-term, sustainable health and care services in local communities.

Patient/citizen engagement was a theme throughout the area's work, with one person leading a review of digital platforms that could be used within social prescribing schemes. The partnership is also carrying out research on the user experience of social prescribing, led by Bristol Community Health, CURO and Wellspring Health Living Centre. These projects, along with the GP audit, helped to shape a participatory mapping exercise, which has provided an up-to-date picture of what social prescribing is being delivered and plans for future delivery, including current and potential funders across BNSSG.

Developing this understanding of social prescribing activity is enabling the local partnership to make a case to the STP board about why they should invest in the co-development of a social prescribing framework that can be used to commission hyper-local, holistic, GP practice-based social prescribing services across BNSSG. From an early focus on a 'good life in old age' the programme has shifted more into an 'all-age social prescribing' approach where they are now co-producing a social prescribing framework – a set of principles based on both national and local learning that will promote consistency of social prescribing across the local area.

What next?

The final session of BHP will hear about:

1. From beneficiaries – what difference has social prescribing made for me?
2. From the STP – presenting the BNSSG vision for social prescribing and next steps with discussion questions

3. How we want to do this – an emerging framework for comment, for both commissioners and providers (this will be described along with an opportunity to feedback and contribute to making it happen)
4. Led by the West of England Civil Society Partnership – how will we broker links between the sector and STP on social prescribing? Sharing ideas for how this could work for best results all round.

Commissioners and VCSE leaders will continue to work together with the Social Prescribing Expert Group and other BHP partners to promote and deliver a consistent social prescribing offer across the STP area and to inform work beyond. They intend to seek further support from STP partner organisations to progress this work, in order to achieve a more ambitious vision for social prescribing and self care.

North East: Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby; and Northumberland, Tyne and Wear, and North Durham

The partnership in the North East, aims to make social prescribing and community-centred approaches routinely available to local people. The partnership is driven by the regional Prevention Board, which works across two North East STP areas, who aim to embed community-centred approaches, and ensure they are viewed within the healthcare system as a valuable and effective pathway alongside more traditional treatment and support.

WHY IT MATTERS

Community life, social connections and having a voice in local decision-making are important to the health of local people. However, entrenched inequalities persist and too many people lack the support they need and experience social exclusion. Community approaches enhance peoples' ability to self care, reduce their dependence on health services, improve self-esteem and support social inclusion and community engagement.

Activities and outcomes

The stakeholders in the North East chose to base their activities around three key themes: developing the workforce; creating a more enabling commissioning environment; and developing new and different ways to measure the success of social prescribing programmes.

Developing the workforce. The Newcastle Gateshead Link Worker Collaborative (NGLWC) is acting as a test site for BHP. It is aiming to create a more collaborative environment and embed 'link workers' within the local healthcare system to support self care and prevention. NGLWC brings together all providers of linkwork/navigation/social prescribing connector services across the area. They all share a commitment to working together to create a more equitable and enabling environment for social prescribing.

Creating a more enabling commissioning environment. To address financial and contractual barriers to the effective use of community-centred approaches and social prescribing the BHP hosted a commissioner roundtable event, called Commissioning in Complexity.[14]

The partnership mapped existing 'social prescribing' programmes in the North East. The results were inputted onto a web-enabled mapping tool to support the strategic planning of services and physical assets across the whole 'health' economy.

> *'The process has enabled us to start developing a picture of the provision across the region enabling us to analyse the spread of social prescribing against indications of local need and provide an online platform to sign post professionals and clinicians to their local offer.'*
>
> Public sector organisation

Developing new and different ways to measure the success of social prescribing programmes. The BHP partners have shared feedback from their workshops to support NHS England's development of a national common outcomes framework for measuring the impact of social prescribing.

What next?

NGLWC are aiming to:

1. Develop a common language to define the different types of linkwork currently being delivered. Three different levels have been identified: signposting, supported access and intensive or longer-term support
2. Work as a system rather than as individual providers
3. Developing a modular training programme for this integrated health and social care workforce

The group is now seeking to establish a regional Community of Practice (i.e. a group of people who share a professional interest and participate in a programme of shared learning). This will work to establish a commissioning environment that best enables community-based approaches to be embedded. The Community of Practice will also provide a forum to enable the sharing of best practice, challenges and successes. It will use face-to-face networking and a digital platform to enable people to hear from commissioners and providers who are successfully driving change. As a result, the partnership expect to see consistent application of community-centred approaches to

[14] The Commissioning in Complexity Roundtable was informed and supported by Toby Lowe and his work with Collaborate following the publication of the report by Davidson Knight, A., Lowe, T., Brossard, M and Wilson, J. (2017) A Whole New World – Funding & Commissioning in Complexity, Collaborate and Newcastle University, http://wordpress.collaboratei.com/wp-content/uploads/A-Whole-New-World-Funding-Commissioning-in-Complexity.pdf

health and wellbeing across the North East STP area, with more opportunities for patients to access support at a community level.

The partnership in the North East will continue its work by helping to establish a North East Social Prescribing Network. Key members of the core group will facilitate and join this new group to provide continuity of leadership support.

A steering group will continue to drive forward the agreed priorities of the partnership by:

- Influencing the development of a national outcomes framework to measure the impact of social prescribing
- Supporting the establishment of a Community of Practice and pilot sites to test collaborative working and co-production
- Supporting NGLWC's work to create shared definitions, an agreed competency framework and greater collaboration across providers.

This work will be tested over the next 18 months with results reported to the Prevention Board. Meanwhile, NHS England is supporting the development of regional social prescribing networks to bring together commissioners, providers and practitioners to share best practice and embed social prescribing across each region.

Humber, Coast and Vale

The Humber, Coast and Vale partnership has agreed a shared vision that its population will 'start well, live well and age well'. This vision for the future relies on a fundamental shift from a hospital-based system that treats people when they fall ill, to a new system that proactively supports people to stay well.

WHY IT MATTERS

The partnership aspire to change the local health and care system to put people at the centre, to give individuals more control over their own health, and encourage greater self-reliance and healthier behaviour. This requires both changing the system and also changing public attitudes and behaviours, so that local people are able and willing to take more responsibility for their own health and wellbeing and have a clear understanding of where and how to access support when they need it.

Activities and outcomes

The partnership focused on exploring local efforts to improve health and wellbeing. Specifically, the project aimed to measure, demonstrate and communicate the value of non-medical interventions (i.e. community-based activities and projects) in improving the health and wellbeing of local people. Working with volunteer and community-led groups, local authorities and health representatives, the partnership co-produced an outcomes framework, identifying and agreeing the changes that are important for each of the key stakeholders.

The research project that led to the outcomes framework involved expressing outcomes in a way that is meaningful for different stakeholders, and mapped the benefits of community-centred activity against those outcomes. For example, for local residents outcomes include keeping active and reducing stress; for VCSE organisations, finding new volunteers and growing community assets; for public health services, saving money and reducing unplanned care; for local authorities they might include promoting independence.

Five VCSE organisations were involved in the 'What Makes Us Feel Good' partnership research: Castaway Goole theatre group; Fitmums and Friends, Smashers of Sancton (a table tennis group), Men in Sheds, and the York Social Prescribing Project. Three projects used a survey developed as part of the partnership while the other two used pre-existing information.

Through BHP, the Humber, Coast and Vale built momentum for joint action, with outcomes including:

- A new Men in Sheds group initiated and existing ones constituted or developed further
- The start of a network of Men in Sheds groups set up for mutual support and to articulate the benefits at a more strategic level
- A research report on the benefit of community activity to health and wellbeing and how to communicate it.

What next?

Through the BHP programme, the partnership has provided impetus to link the many social prescribing networks across the six main areas within Humber, Coast and Vale and is making recommendations to the STP Board. The aspiration is for participating community organisations to have the opportunity to use the Social Value Engine[15], a tool designed with East Riding Council to report on social and financial value, for free, and with support. The partnership has also decided to set up an annual event to review progress and share learning more widely across the Humber, Coast and Vale area.

North London

The North London partnership sought to develop the emerging Care Closer to Home Integration Network[16] model, in which groups of GP practices work together to:

- Support people to self care
- Connect social prescribing and community initiatives across North London
- Re-imagine how the system could work best for patients and residents

[15] www.socialvalueengine.com/
[16] Care Closer to Home is a strategic programme led by the North London STP

- Establish the roles that local VCSE organisations, commissioners and others can play.

The ambition in North London was to increase the availability of social prescribing and self-management support across all boroughs within the STP area. The aim was to promote consistency across the STP and make sure that self-management support is available in every borough. The programme also aimed to raise awareness of social prescribing and gain widespread recognition of the importance of supporting people to access community and voluntary activities.

> *'Here in North London everyone is at a different stage in partnership working to support self-care.'*
> GP, North London

WHY IT MATTERS

The STP acknowledged that people with long-term conditions can take up a great deal of NHS resources, unless they have the skills, knowledge and confidence to manage their conditions. These psychosocial skills are not something health and care providers traditionally provide, so the health sector needs to work in partnership with VCSE organisations who specialise in helping people to self-manage and access the right services.

Activities and outcomes

The North London partnership is formed of five boroughs who initially all had quite separate social prescribing offers. The recent creation of the Care Closer to Home Integration Network presented an opportunity to re-imagine how social prescribing could work by examining the roles of different people and organisations, and by developing an understanding of activity across all five boroughs.

Through BHP, a database has been created of all the lead people for social prescribing across the whole area, including those from public health services, local authorities, VCSE organisations and Clinical Commissioning Groups. This database will enable better and more regular conversations. A quarterly networking meeting has also been established to share knowledge and learning about social prescribing. Through this network, the partnership hopes to promote and deliver a consistent social prescribing offer to people across the STP.

What next?

The North London partnership has also developed two sets of principles around social prescribing. One is about 'getting the conversation between service users and connectors right'. This focuses on the importance of connecting people with opportunities in a meaningful way, and looks in particular at the role of 'link workers' or

'connectors'. It will be tested by a VCSE-led focus group before being developed into a framework.

The second set of principles focuses on 'how do I get into the social prescribing/community support network', and it aims to link VCSE organisations who could provide opportunities with the link workers referring patients. These frameworks will be adopted from April 2019 by providers delivering social prescribing. They aim to improve the quality of and access to social prescribing opportunities across the STP's five boroughs.

The partnership will be bringing together all the community members who have been involved in the programme later this year to:

- Update community members on the work achieved
- Check with community members that the new approaches to care address the needs of the local communities
- Identify opportunities for future developments.

Mid and South Essex

The Mid and South Essex partnership focused on the respiratory pathway in order to explore how to promote self care across the system. Working with patients with Coronary Obstructive Pulmonary Disease (COPD), the BHP's work focused on:

- Diagnosis
- Prevention
- Empowerment and education

WHY IT MATTERS

The UK is among the top 20 countries for COPD mortality worldwide and up to two-thirds of people with COPD remain undiagnosed – an estimated two million people.[17] The condition is the second most common cause of emergency admissions, and the fifth most common cause of mortality in the UK, causing 30,000 deaths per year in England. It is much more common in areas of high deprivation. Managing COPD costs the NHS over £800 million a year.[18]

Activities and outcomes

- **Diagnosis**. COPD is treatable but not curable. Early diagnosis and treatment can markedly slow decline in lung function and hence lengthen the period in which

[17] https://statistics.blf.org.uk/copd
[18] www.rcplondon.ac.uk/projects/outputs/national-copd-audit-programme-secondary-care-workstream-2014

someone can enjoy an active life.[19] Stakeholders specifically acknowledged there is a lack of access to spirometry tests in primary care and an absence of services commissioned to facilitate early diagnosis.[20] The partnership carried out a pilot project in Mid Essex to test for COPD and other respiratory conditions using FEV1 machines in community places with the aim of picking up undiagnosed lung conditions and assuring earlier intervention. The project has involved redesigning the pathway, enabling lung function tests to happen earlier at stop-smoking services, and also increasing referrals to community-based support and GPs.

- **Empowerment and education.** A service user is setting up a new Breathe Easy group in an area where a previous support group had closed down. They have been given £2,000 in funding and support from local VCSE organisations. A new service user forum is also being set up.
- **Prevention.** A collaboration between public health and a service user group will result in an education initiative about COPD in schools. This will look at how Tai Chi can help with breathing well, in addition to raising awareness of the dangers of pollution and exposure to household chemicals.

The partnership was able to lever in funding for the FEV1 machines from a local social enterprise care provider. They were anticipating that around 10% of those tested might have COPD but actually found that 20% had an undiagnosed condition.

What next?

The data gained from this pilot (including the number of previously undetected cases of COPD and the potential financial and wellbeing benefits of this early diagnosis) will contribute to a business case for more support for early diagnosis of respiratory conditions.

The new STP-wide Respiratory Steering Group will look at what has been learned from the BHP programme and examine options for expanding this initiative in scale and scope, pending on a successful business case.

Herefordshire and Worcestershire

The BHP programme in the Herefordshire and Worcestershire STP area, called Think Carer, focused on how to help carers become 'expert partners' to health and care services. The initial aims centred around follow-up actions to #YourConversation (an engagement exercise undertaken with carers): to take the next steps in making carer support a reality; highlight where the gaps are and to make sure carers receive the training and support they need. Overall, the partnership aimed to establish a wider understanding and respect for carers' knowledge, experience and role as expert

[19] www.gov.uk/governme nt/uploads/system/uploads/at tachment_data/file/216139/d h_128428.pdf
[20] www.nice.org.uk/guidance/qs10/documents/briefing-paper

partners to the health and care system through a common approach to workforce, training and development for staff and partner services.

WHY IT MATTERS

6.5 million people in the UK (more than one in ten of the population) are providing unpaid care to a family member or friend.[21] Caring responsibilities can result in significantly poorer health and quality of life outcomes for carers, adversely affecting their physical and mental health, education and employment potential.[22] Carers frequently come into contact with health professionals, yet health professionals only identify one in ten carers.[23] Carers feel that healthcare staff do not always help to signpost them to relevant information or support, and when information is given, it often comes from charities and support groups.[24] Carers make a major contribution to society with estimates showing that the care provided by friends and family members to ill, frail or disabled relatives is equivalent to at least £119 billion every year[25], with some estimates putting it at £132 billion.[26]

Activities and outcomes

The BHP used its partnership sessions to begin the process of organisational development, so that organisations are ready to work with carers as expert partners. This was not a traditional 'carer awareness' training but a dynamic process of co-production between practitioners and carers. The sessions were attended by a mix of staff from the NHS, local authority, VCSEs and also carers themselves. Speakers from John's Campaign and the 2gether Trust (two carers groups) provided inspiration and guidance on how to make change happen. The BHP core group helped to ensure that messages from the sessions reached different stakeholders within the region's healthcare system, including the STP Board. The partnership also established a carer-led scrutiny group, which has attended STP board meetings to advise on the system's plans for supporting and working with carers.

Carers highlighted the importance of good communication, and, in turn, the group explored why this often seems not to happen. Sometimes this is due to time constraints, or because staff do not always have the training or skills to have more person-centred conversations – something which can require a certain level of personal resilience as well as support from managers and organisational culture. This is why Herefordshire and Worcestershire decided to co-produce an organisational development approach that will enable staff to have better conversations with carers and feel confident in their facilitative role as practitioners.

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[21] ONS Census, 2011
[22] www.gov.uk/government/uploads/system/uploads/attachment_data/file/136450/IA-Annex-C-assessment-and-eligibility.pdf
[23] www.macmillan.org.uk/documents/getinvolved/campaigns/mps/commons2ndreadingbriefing.pdf
[24] www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf
[25] www.sociology.leeds.ac.uk/assets/files/Circle/151111-circle-newapproaches-report-summary.pdf
[26] www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015

'The organisational development programme is key – it's not just about training, it's about equity across the system.'

Public sector organisation

'Great to be involved in the programme which I think is making a real difference. All of us working together across the two counties is so important.'

Parent carer

The carers that have been involved in BHP feel that their confidence has grown and they feel more able to play a role in influencing change.

What next?

At the time of writing, Herefordshire and Worcestersire were yet to complete their last partnership meeting where they will consolidate plans to take the organisational development programme forward.

Nevertheless, a number of 'products' are emerging through BHP that will support carers to become expert partners to the NHS:

- A Carer Passport and A 'Carer's CV' being developed by carer organisations in the two counties will help carers have their skills and experience recognised by the job market, and also provide support to employers to help them identify and support carers in the workplace.
- A Think Carer Advisor post at Herefordshire Carers Support will increase carer-led work in Herefordshire and develop understanding among professionals who work with carers and the people they care for.
- A Memorandum of Understanding, signed by all stakeholders in the STP area, will encourage them to formally recognise their commitment to carers. The partnership will report to the Carers Advisory Group on progress made on this commitment.

The products that have been developed through BHP will be shared at a co-production event led by the Worcestershire Health and Care Trust. They will be used across the STP to improve the experience of carers and enable them to support their loved ones for longer and can be shared with other areas.

The organisational development approach being taken by the STP will ensure that person-centred conversations with patients and carers become the norm.

Hampshire and Isle of Wight

The Hampshire and Isle of Wight partnership started the BHP programme with a focus on the Mental Health Crisis Care Pathway. However, peer support emerged as a clear theme in the first partnership session and the core group embraced the change in direction. Peer support aims to link people with similar long-term conditions or health experiences to provide mutual support to better understand their condition, the issues they face and to find ways to self-manage and/or aid recovery.

Peer support is often provided on a voluntary basis, although some people are also paid. It quickly became apparent that peer support across the STP area was inconsistent, and that peer support workers did not always feel that they were a valued part of the health system.

WHY IT MATTERS

Evidence suggests that peer support can lead to significant improvements in health and wellbeing for people with a range of long-term conditions. Peer support can also lead to economic benefits to the health and care system. For example, a scheme in Nottingham for people with mental health conditions contributed to a 14% reduction in inpatient stays, with an estimated saving of £260,000 to health services.[27]

Activities and outcomes

Together the partnership co-produced:

- An STP-wide Peer Support Network
- A Peer Support framework – with common standards and values across the STP area but locally-responsive and maintaining a personal feel
- A Steering Group set up to continue to co-produce the framework and network.

The partnership has secured funding from Health Education England for a new post of co-production Co-ordinator to develop the Peer Support Network and the framework. This role sits under the Mental Health STP co-production strand, which demonstrates the STP's support. The common framework for peer support has been endorsed and promoted by Mental Health Alliance (an
STP-wide cross-sector partnership of senior leaders meeting quarterly).

What next?

The Mental Health Alliance has agreed to take on accountability for embedding the Peer Support work across all elements of mental health. The ambition is to embed the principles of co-production and give service users a greater voice in the commissioning

[27] www.nesta.org.uk/report/at-the-heart-of-health-realising-the-value-of-people-and-communities/#sthash.70yOjY6B.dpuf%20www.nesta.org.uk/publications/heart-health-realising-value-people-and-communities

and design of mental health services for different pathways. The Hampshire and Isle of Wight core group also plans to share its learning with colleagues across the STP, to encourage other health pathways to use the principles of co-production, spreading lessons and experience beyond the initial focus of the project.

Appendix Two: Key terms and acronyms

Community-centred approaches. These are a set of approaches that support health and wellbeing. Community-centred approaches are about harnessing local energy, skills and resources, promoting equity and increasing people's control over their health and lives. The available options include:

- Strengthening communities – approaches that build a community's capacity to take action on health and the social determinants of health
- Volunteer and peer roles – approaches that focus on enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities
- Collaborations and partnerships – approaches that involve communities and local services working together at any stage of the planning cycle, from identifying needs through to implementation and evaluation
- Access to community resources – approaches that connect people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation.[28]

Self care. People have a key role in protecting their own health, staying well, choosing appropriate treatments and managing long-term conditions and recovery. Self care is a term used to include all the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with the healthcare system.[29]

Social prescribing. This enables GPs, nurses and other primary care professionals to refer people to a range of local, community-centred, non-clinical services. Typically, these are provided by VCSE organisations and include activities such as arts, sports, gardening, befriending, cooking and walking. For example, they can include Thursday night table tennis sessions, weekly 'Breathe Easy' singing groups, men working in sheds to repair furniture, and many other ways that people and communities support each other to stay well. Services may also include legal advice or English language classes.

Most models for social prescribing involve a link worker (or navigator) who works with people to help them access support for a wide range of social, emotional or practical needs to improve physical and/or mental wellbeing.

Social prescribing is designed to support people with a wide range of social, emotional and health needs, for example, people with long-term mental health issues, people who are socially isolated and those with long-term health conditions. Many schemes aim to

[28] South, J., Stansfield, J. and Mehta, P. (2015) *A guide to community centred approaches for health and well-being*, London: Public Health England.
[29] www.england.nhs.uk/ourwork/patient-participation/self-care/

help people with their physical and mental health and wellbeing, as well as manage (or reduce) demand on local services.

Main acronyms used

BHP (Building Health Partnerships). The BHP programme operated across eight STPs over a year from July 2017 to help build relationships between STPs, local people and VCSEs in order to strengthen community-centred approaches to health.

STP (Sustainability and Transformation Partnership). The NHS and local councils have formed partnerships in 44 areas covering all of England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations.[30]

VCSE (Voluntary, Community and Social Enterprise). VCSE organisations include small, local community and voluntary groups, registered charities (both large and small), trusts, foundations and the growing number of social enterprises and cooperatives. These are often also referred to as third sector organisations or civil society organisations.[31]

[30] www.england.nhs.uk/stps
[31] http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Aboutus/Organisationsthatworkwithdh/Workingwithstakeholders/DH_128070

Appendix Three: Building Health Partnerships – how it works

The BHP programme is about facilitating a conversation between local people, VCSEs and public agencies. The process involves the following elements:

- **The 'core group'.** This is made up of people from all relevant sectors within the STP area. This group is central to the process. They help set the context for the facilitators, drive activity and model good ways of working. Making sure this group has the right membership is essential. It must include champions of collaborative working from the statutory and VCSE sectors.

- **Full partnership sessions.** Four to five half-day sessions, involving all interested parties within the STP area. They provide the space for people from different sectors to work together to design change to local health services and to develop joint action plans.

- **Independent facilitators from IVAR.** The facilitator 'holds' the process. They develop an understanding of the context, and design partnership meetings that are spaces where multiple voices can be heard. They also organise agendas, troubleshoot and help build relationships and networks, drawing in new perspectives. Facilitators are experienced in bringing together multi-agency and multi-disciplinary groups of people to build consensus, solve dilemmas, implement plans, deliver training and develop strategy.

- **Leadership training.** Cross-sector individuals from each area are invited to attend training, delivered by IVAR and The Kings Fund, in order to develop their skills, behaviours and attitudes to support local transformation. People attending can then take back what they have learned in order to champion this way of working, locally and nationally, and sow the seeds for further collaborative approaches. This enables individuals to play an ongoing role in transformation and influence and helps to create a legacy of collaboration in the BHP areas.

The organisations behind the programme

The Institute for Voluntary Action Research (IVAR)

IVAR is an independent research charity that works closely with organisations that are striving for social change. From the very small, that directly support the most vulnerable in their local communities, to those that work nationally – across the voluntary, public and funding sectors. IVAR uses research to develop practical responses to the challenges faced and creates opportunities for people to learn from our findings. We bring to the project over 17 years' research experience and a network of cross-sector, multi-disciplinary relationships.
www.ivar.org.uk

Social Enterprise UK (SEUK)

We are the largest network of certified social enterprises in the UK and the leading global authority on social enterprises. Together with our members we are the voice for the sector. We raise awareness through our advocacy and campaigns and build the evidence base for social enterprises through our research. We have led public policy for 15 years, helping pass the Social Value Act, and are a strategic partner to government. We exist to increase the profile of the sector and build the markets for our members – working with some of the UK's biggest companies to support them to bring social enterprises into their supply chains. Our members reflect the diversity of the sector ranging from local grass-roots organisations to multi-million-pound businesses. We see social enterprise as the future of business.
www.socialenterprise.org.uk

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