NEW LOCAL

PRACTICE REVIEW

Practical actions for impact

COMMUNITY POWERED HEALTH AND CARE

Grace Pollard

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INTRODUCTION

The purpose of this practice review

This practice review spotlights innovative community powered practice in the health and care system. Community powered practice refers to the wide range of ways health and care organisations are working with communities to ensure they have a role in the design and delivery of services, and in decision-making and action around health and wellbeing in the place that they live. The practice review brings together a rich range of examples from across England, at both different scales and geographies, and from different parts of the health and care system. The purpose of this practice review is to:

- Demonstrate the range of community powered approaches already being used across the health and care system (at neighbourhood, place and system levels) and the impact of this – presented in a framework to support wider implementation.
- Provide inspiration and practical insights for those across the health and care system who are looking to build community powered practice into their own work.
- Identify a series of actions which underpin these approaches and the steps that can be taken to implement them as mainstream practice across the health and care system.

Who this practice review is aimed at

This practice review will be of interest to a range of audiences including:

- Frontline health and care practitioners and managers, including in primary care
- VCSE organisations working across health and care
- Local government – including public health, social care, communities teams, and commissioners
- Integrated Care System (ICS) teams and leaders
- NHS England teams
- National policymakers
- Health and care policy, research and thought leaders

Navigating the practice review

Practice Review Section	Key Content
Section One: The rise of community powered health and care	Sets out the wider context in which health and care organisations are trying out new ways of working with people and communities. There are three important strands underpinning this wider context: - The need for change - System reform and policy context - Practical evidence, learning, theory and frameworks
Section Two: Community powered health and care in practice	Introduces community powered health and care in practice. Presents a framework with three paths to embedding community powered practice into the health and care system illustrated with practical case studies. The three paths are: - Engaging with communities to understand what matters to them - Centring service design and delivery around communities - Investing upstream in communities
Section Three: Four actions to grow community powered health and care	Sets out four key actions to support the growth of community powered practices across the health and care system. These are drawn from the common themes and learning from the case studies presented in section two. Each action is presented alongside learning from the case studies. The four key actions are: 1. Look for opportunities to get out into communities 2. Commit to ongoing community engagement as a strategic priority 3. Take a strengths-based approach to working with people and communities 4. Contribute to building capacity in the VCSE sector and in communities
Section Four: Practical next steps – Questions for reflection for health and care stakeholders	Sets out practical questions for reflection for key stakeholders across the health and care system.

1. THE RISE OF COMMUNITY POWERED HEALTH AND CARE

The case for change

The need for health and care reform is clear. Our health and care system is experiencing growing demand, with many services under severe pressure, impacting both on those who use services and the health and care workforce. Several factors - including the ongoing impact of the Covid-19 pandemic, an ageing population, increasing multimorbidity and growing complexity of health and care needs – together set out a growing case for a health and care system focused on prevention, early intervention and tackling health inequalities.

It is against this backdrop that innovative parts of the health and care system are exploring new ways to work with communities and other partners. This innovation is centred around the need to improve population health outcomes (in some cases with a focus upstream of formal services), drive a stronger system-wide focus on prevention and improve the design and delivery of services to better meet people's needs.

System reform and policy context

The Health and Care Act (2022)[1] legally established ICSs – formalising efforts already underway to bring health and care partners closer together to work in joined up ways around the health needs of their local populations. These system reforms have also opened up further opportunities for health and care partners to work more closely with communities to improve health and wellbeing and services. ICSs have four key purposes:

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Support broader social and economic development[2]

1 Health and Care Act 2022. https://www.legislation.gov.uk/ukpga/2022/31/part/1/crossheading/nhs-england/enacted (accessed 12/01/2024).

2 'What are Integrated Care Systems?". NHS England. https://www.england.nhs.uk/integratedcare/what-is-integrated-care/ (accessed 12/01/2024).

Since the formal introduction of ICSs, several key publications have looked at how local health and care systems work with their communities in order to deliver services and improve health and wellbeing outcomes.

In 2022, NHS England published statutory guidance Working with People and Communities.[3] This sets out the main legal duties and provides ten key principles to support the development of ways of working with people and communities. These principles emphasise the importance of involving communities in governance and decision-making; understanding their ideas and experiences, as well as ensuring feedback loops from this participation. The principles also highlight the need to involve communities at both strategic and service levels, and the need to focus on building trusting relationships, particularly with marginalised groups. There is a clear focus on the adoption of community-centred approaches – meaning building on and supporting community assets, networks, and social action, and making use of asset-based community development approaches.

NHS England has also developed a national approach to tackling health inequalities called CORE20PLUS5, which combines national priorities with the ability for local systems to also focus on specific populations in their area.[4] This focus on health inequalities in turn requires health and care organisations to develop a stronger understanding of communities in their local area, where and how services are delivered, and why some population groups find services challenging to access.

Two recent prominent reviews have looked at how health and care systems should work with people and communities to improve health outcomes. The Hewitt Review was set up to look at how best to enable ICSs to succeed.[5] The review examined how ICSs can shift the focus from illness to promoting health, highlighting that their four aims are "a welcome recognition of the need for a more holistic approach to improving the nation's health".

The review points to the potential for primary care to work upstream with communities to tackle health inequalities, and the importance of designing

3 *Working in Partnership with People and Communities: Statutory guidance.* (2022). NHS England. https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/ (accessed 18/12/2023).

4 For more details on the CORE20PULS5 see: 'CORE20PLUS5 (adults) – an approach to reducing health inequalities'. NHS England. https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/ (accessed 18/12/2023).

5 Hewitt, P. (2023). *The Hewitt Review: An independent review of integrated care systems.* https://assets.publishing.service.gov.uk/media/642b07d87de82b00123134fa/the-hewitt-review.pdf (accessed 18/12/2023).

services with communities –supporting people to be more engaged in their health and wellbeing and able to make positive changes, in turn reducing reliance on services.

In 2022, The Fuller Stocktake reviewed the integration of primary care, including how primary care networks (PCNs) work with people and communities.[6]

This review reflects on learning from how PCNs are working closely with communities and partners to improve population health and address health inequalities. It highlights personalisation of care, ensuring a workforce that reflects the diversity of communities, and working with marginalised groups to overcome barriers to accessing services and care. Recognising the need for a greater focus on prevention, the Fuller Stocktake points to learning from activity happening upstream in communities such as social prescribing link workers and health coaches.

Another notable area of policy and practice guidance has been the work of the Office for Health Improvement and Disparities (OHID), and its predecessor Public Health England (PHE) on community-centred practice.[7] In 2018, PHE, now OHID, published guidance (last updated in 2022) Community-Centred Practice which highlights the importance of this set of approaches for reducing health inequalities and for engaging people who may be marginalised.[8]

This guidance highlights the importance of learning from the role communities played during the Covid-19 pandemic, alongside wider evidence on the health and wellbeing impacts from community-level determinants and social connectedness. It provides a set of core principles for those working across the health and care system and accompanying actions for different stakeholders – with a focus on areas such as use of community settings; participatory approaches to engaging people in service design and delivery; and drawing on the assets already in communities.

6 Fuller,C. (2022). *Next Steps for Integrating Primary Care: Fuller Stocktake report*. Commissioned by NHS England and NHS Improvement. https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf. (accessed 12/01/2024).

7 See for example: *A Guide to Community-Centred Approaches for Health and Wellbeing*. (2015). Public Health England. https://assets.publishing.service.gov.uk/media/5c2f65d3e5274a6599225de9/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf (accessed 12/01/2024); *Community-Centred Public Health: Taking a whole system approach.* (2020). Public Health England. https://assets.publishing.service.gov.uk/media/5e184c78e5274a06b1c3c5f9/WSA_Briefing.pdf (accessed 12/01/2024).

8 *Community-Centred Practice: Applying All Our Health.* (2018, last updated 01/09/2022). Office for Health Improvements and Disparities. https://www.gov.uk/government/publications/community-centred-practice-applying-all-our-health/community-centred-practice-applying-all-our-health (accessed 12/01/2024).

Practical evidence, learning, theory and frameworks

A range of organisations have spotlighted the potential for health and care systems to work in new ways with people and communities. They have gathered evidence and developed theory and frameworks to support this further. This section highlights a few important areas of work with links to further reading.

The work of Professor Sir Michael Marmot and his team has demonstrated the need to focus on communities in efforts to tackle health inequalities. The Marmot Review in 2010 highlighted that communities are important for people's physical and mental health and wellbeing and the role of social capital in building resilience in communities. The review set out the need for policy and practice to focus on "[improving] community capital and [reducing] social isolation across the social gradient" to close health inequality gaps.[9] The Marmot Review 10 Years On revisits this theme, providing useful context on changes over the last decade, a focus on community control and empowerment, and case studies to demonstrate what this looks like in practice.[10]

The King's Fund has a strong focus on the role of communities in improving health.[11] Its explainer on communities and health provides a useful overview of the policy context and practical ways in which communities are involved in improving health – including through community development, community commissioning, service design and in-care pathways.[12]

Health creation is a concept increasingly being applied in practice. The Health Creation Alliance defines it as "the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their lives and environments".[13] To support frontline practitioners to put health creation into practice, the Health Creation Alliance has developed six key features of this approach: listening and responding; truth-telling; strengths-focus; self-organising; reciprocity; and power-shifting.

Asset- or strengths-based approaches to working with people and communities and delivering services is another important area of practice accompanied by

9 Marmot, M. et al. (2010). *Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities in England post-2010*.

10 Marmot, M. et al. (2020). *Health Equity in England: The Marmot Review 10 years on*. Institute of Health Equity.

11 'Healthy places and communities: a 2020-25 strategic priority'. The King's Fund. https://www.kingsfund.org.uk/priorities/healthy-places-communities (accessed 18/12/2023).

12 Buck, D., Wenzel, L. and Beech, J. (2018, updated 2021). 'Communities and Health'. The King's Fund. https://www.kingsfund.org.uk/publications/communities-and-health (accessed 18/12/2023).

13 'Health creation and health creating relationships'. The Health Creation Alliance. https://thehealthcreationalliance.org/health-creation/ (accessed 12/01/2024).

a growing body of resources, evidence and learning. Asset- or strengths-based approaches are characterised by a focus on "the capacity, skills, knowledge, connections and potential in a community".[14] In practice this way of working has been adapted in a range of different ways shaping how health and care organisations and services work with both individuals and communities.[15]

Asset-based community development (ABCD) is a specific strengths-led approach familiar to parts of the health and care system, particularly where practitioners work closely with communities. This "builds on the assets that are found in the community and mobilises individuals, associations, and institutions to come together to realise and develop their strengths".[16] ABCD is an approach which will vary depending on the context or the place. Nurture Development, an organisation focused on the practice of ABCD, provides a helpful overview of the common principles and steps which can be applied in different contexts.[17]

There has been a range of work aimed on better understanding how communities are involved in decision-making around issues such as health and care and what the impact of this is. Involve, an organisation specialising in public participation, has helpful resources explaining participation and deliberation and the different methods and approaches within each area of practice.[18]

At New Local, we describe this growing movement of new ways in which the public sector is working with people, communities and partners as 'community power'. Community power is the core principle that communities have important insights into their own circumstances and what they need to thrive. Building on this idea, a growing number of health and care organisations are exploring innovative and creative ways to work more closely with their communities. Our report, A Community-Powered NHS, explores the need for new ways to approach health and care, emerging innovative practice, and the practical and policy steps needed to build a community-powered NHS.[19]

14 *A Glass Half-Full: How an asset approach can improve community health and well-being*. (2010). Improvement and Development Agency, Local Government Association Group.

15 See: *A Glass Half-Full: How an asset approach can improve community health and well-being*. (2010). Improvement and Development Agency, Local Government Association Group; and *A Glass Half-Full: 10 years on review.* (2020). Local Government Association. https://www.local.gov.uk/publications/glass-half-full-10-years-review (accessed 12/01/2024).

16 'Asset Based Community Development (ABCD)". Nurture Development. https://www.nurturedevelopment.org/asset-based-community-development/ (accessed 19/12/2023)

17 See ibid.

18 See: 'Participation' Involve. https://www.involve.org.uk/resources/knowledge-base/what/participation (accessed 19/12/2023); 'Deliberative public engagement'. Involve. https://www.involve.org.uk/resources/knowledge-base/what/deliberative-public-engagement (accessed 19/12/2023); and 'Methods'. Involve. https://www.involve.org.uk/resources/methods (accessed 19/12/2023).

19 Lent, A., Pollard, G. & Studdert, J. (2022). *A Community-Powered NHS.* New Local.

Key terms in this practice review

This review is intended to be a practical resource for everyone looking for successful and innovative ways for health and care partners and communities to work together to improve health and wellbeing outcomes, tackle health inequalities, and strengthen the design and delivery of services. With this in mind, we have not given over extensive space to discussing definitions and terminology. For clarity and simplicity, the following key terms are used:

Community powered approaches: to describe the wide range of ways health and care organisations are working with communities to ensure they have a role in the design and delivery of services, and in decision-making and action around health and wellbeing in the place that they live. This terminology aims to reflect a principle that is being applied in different ways depending on the organisations, communities and context, and shaped by a wide movement of ideas and practice, some of which are outlined above.

Community: may refer to a community of place or experience. *Communities of place* are communities based around a shared common geography. This could be at a range of different scales, such as a town, neighbourhood, street or housing estate. *Communities of experience* are communities based around a similar or shared experience such as a life stage (like becoming a parent), a long-term health condition, or an experience such as homelessness.

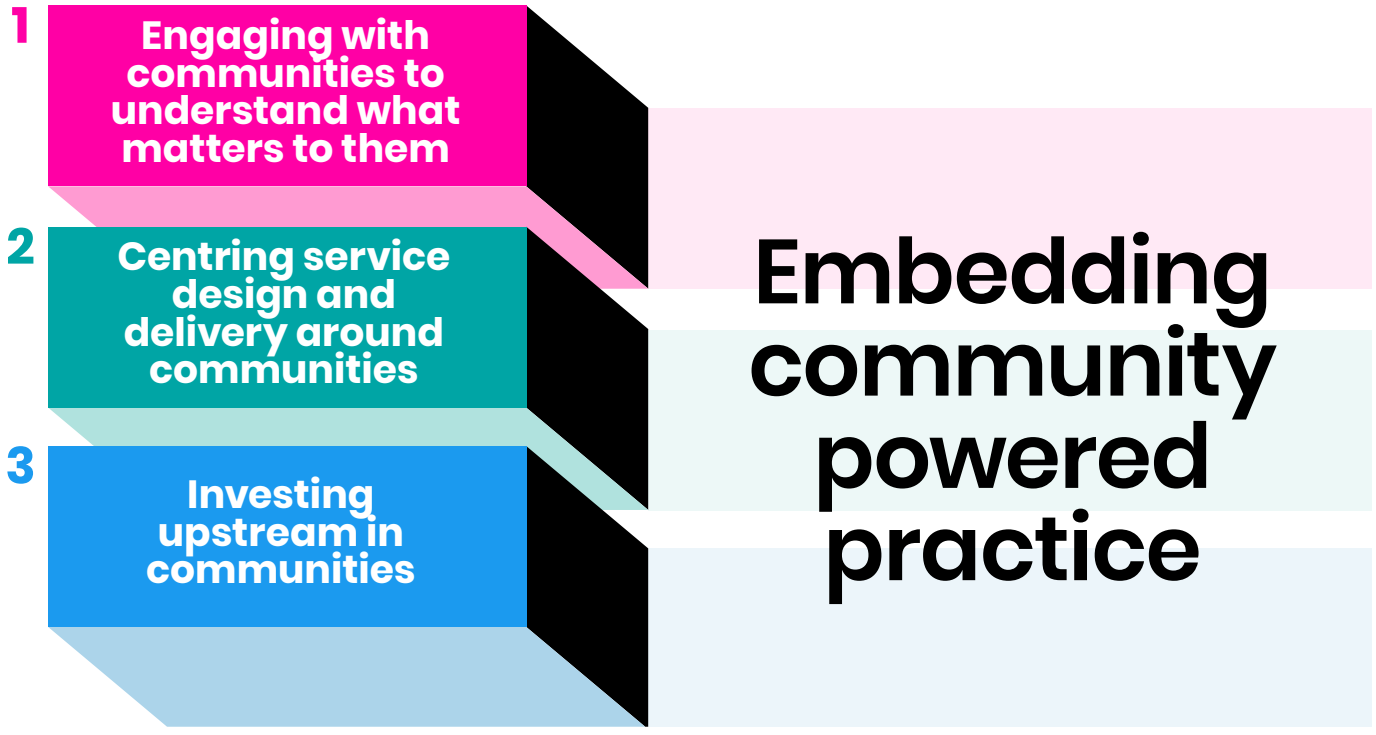
In reality, people belong to multiple and overlapping communities, with some blurring between communities of place and communities of experience. These terms are prompts to help us begin to think about different communities. In practice, we have to be comfortable with this complexity and invest time in understanding the multiple and overlapping communities we work with.

2. COMMUNITY POWERED HEALTH AND CARE IN PRACTICE

Across local systems, organisations are increasingly putting the ideas underpinning community powered health and care into practice. This practice review has gathered innovative examples of how health and care organisations are working in different ways with communities to improve services and outcomes in their areas.

Drawing on these examples, this section presents a framework which sets out three paths to embedding community powered practice into the health and care system. This is accompanied by case studies to provide inspiration and further insight.

Three paths to embed community powered practice into the health and care system:



1 Engaging with communities to understand what matters to them

There is growing awareness of the importance of deeply engaging with communities in order to understand what matters most to them when it comes to health and wellbeing. This is more than just internally developing a set of organisational or system priorities and then consulting with communities on them. Instead, it begins with spending time genuinely understanding community priorities, gaining deeper insight around the barriers and issues they face, and using that insight to develop ways to collaboratively address these challenges.

Underpinning these new approaches is a recognition that big health and wellbeing priorities require action, not just from health and care organisations, but also from a wide range of other partners and individuals and communities themselves. The opportunity to gain insights from communities is therefore critical, as is the potential of using these new kinds of conversations as a launchpad to both collaborative and community-led action on the issues that matter most to them.

Some health and care partners are beginning to explore innovative ways to listen deeply to communities and involve them in the development of organisational and system strategic priority setting and plans. The case studies shared below add to this growing body of practice showcasing how health and care organisations can find new ways to engage with their communities. Each of the examples demonstrate the importance of tailoring engagement activities to the communities, places, service areas or projects involved. The examples also highlight key themes such as how to build and embed a strategic approach to community engagement (including the importance of involving communities in this from an early stage) and how to ensure that it is relevant and practiced across an organisation or local system. They point to the importance of ensuring that listening and engagement is accompanied by action, and highlight some of the innovative methods and locations that can help us to hear from a wide range of people.

Practical examples

Developing an approach to working with communities and building community engagement into the work of an NHS Trust: Alongside Communities, Solent NHS Trust

Background: Solent NHS Trust provides community, learning disability and mental health services covering the areas of Portsmouth, Southampton, some of Hampshire and the Isle of Wight. In 2020, the Trust published *Alongside Communities* setting out their approach to engagement and inclusion for 2020 to 2025.[20] This case study looks at how Solent NHS Trust developed this approach with their communities and the subsequent community engagement work that this has supported.

Approach: Much of the engagement on *Alongside Communities* happened during the Covid-19 pandemic which meant that the Community Engagement and Experience Team, who were developing the approach, had to connect remotely with people and local groups.[21] Previous work put into building trusted relationships prior to the pandemic was as an important foundation for connecting and engaging with people during this development process.

The approach is centred around three key ambitions which were described by local people and communities: health equity, people participation, and community engagement.[22] Underpinning these three ambitions is a focus on areas such as ensuring access to services for diverse communities, increasing opportunities for patients, families, carers and local groups to be involved in the design and improvement of services, and understanding what communities are best placed to do and how the trust can support them in this.[23]

20 *Alongside Communities: The Solent Approach to Engagement and Inclusion (2020-2025)*. (2020). Solent NHS Trust. https://www.solent.nhs.uk/media/3376/alongside-communities-final-september-2020.pdf (accessed 19/12/2023).
21 Ibid.
22 Ibid.
23 Ibid.

Now in the phase of delivery, the Community Engagement and Experience Team is working with local people, communities and groups in a range of ways including through community conversations workshops, efforts to improve experiences of care, and working with community partners. Underpinning all the engagement work is a focus on a strengths-based approach – starting with 'what's strong, not what's wrong'.[24]

Recent work has included expansion of the Community Partners Programme – these partners can be voluntary organisations, other NHS organisations, patient representatives and members of the public. The team draw on the knowledge and community links of these partners to support sessions like community conversations workshops.

The team has worked on specific projects including one on the complaints feedback process. An action plan was developed from this including the introduction of a reflection toolkit and values and behaviours champions. The team has also tackled specific challenges such as looking at how to improve engagement with men from ethnic minority backgrounds – they worked with a group of men to develop new engagement approaches and have since found the number of ethnic minority men attending events has gone up by 25 per cent.[25]

Impact: In 2022/23, the team worked with 100 community organisations. They also supported eight other services to work with 500 community members around service development and improvement. More widely, conversations and feedback from 5,000 people have been used to inform service improvements.[26]

24 *Community Engagement and Experience: Impact Report April 23.* (2023). Solent NHS Trust. https://www.solent.nhs.uk/media/4352/impact-report-final-23.pdf (accessed 19/12/2023).

25 Ibid.

26 Ibid.

Learning about the health and wellbeing issues that matter to people and their ideas for addressing them:
Frimley Health and Care ICS world cafés

Background: The Royal Borough of Windsor and Maidenhead Council and Frimley Health and Care ICS have been working in partnership to deliver a series of world café events.[27] This case study provides a practical example of an approach to engaging with communities to explore health and wellbeing from their perspectives and identify solutions to concerns or challenges raised.

Approach: World cafés are a method for community participation. They are usually held in an informal café-type setting and provide an opportunity for small discussions at a series of tables.[28] The council and ICS have worked in partnership to run a world café event across every ward in the borough. The events enabled communities to explore the issues that impact on their health and wellbeing and to start to think about developing solutions to the challenges identified.

A number of different themes were raised during the events. For example, people highlighted challenges around the cost-of-living crisis including the impact on household bills and on food. Others raised the issue of social isolation including how this linked to the cost-of-living crisis and to other factors such as digital exclusion. People also spoke about experiences around services including the NHS, council and schools.[29]

Impact: As well as identifying the challenges people are facing, the world cafés were also about starting to develop and match solutions to these challenges. People suggested a range of community-led solutions, challenges were fed back to colleagues where further action could be

27 'World Cafés'. Royal Borough of Windsor and Maidenhead Together. https://rbwmtogether.rbwm.gov.uk/world-cafes (accessed 19/12/2023).

28 For more details on world cafés see 'World Café'. Involve. https://www.involve.org.uk/resource/world-cafe (accessed 19/12/2023).

29 See: 'World Cafés – Outcome reports'. Royal Borough of Windsor and Maidenhead Together. https://rbwmtogether.rbwm.gov.uk/world-cafes. (accessed 15/01/2024).

taken, and people were also connected to existing information, initiatives, services and groups.[30]

For Frimley Health and Care ICS this engagement activity is part of a wider collection of ways it listens to, works with and supports communities. For example, their Innovation Fund is an initiative to provide funding and support to communities to progress innovative ideas to improve health and wellbeing in their local area. The fund has now been available to a range of communities across the ICS footprint and so far over 50 projects have been funded.[31]

Embedding community engagement practices across an ICS footprint: North Central London ICS Community and Action Research Programme

Background: North Central London ICS has developed a Community and Action Research Programme which aims to inform the decision-making and priorities of the Borough Partnerships which sit within the ICS with a particular focus on overcoming the barriers to people accessing statutory services and tackling health inequalities.[32] This case study provides an example of how to embed community engagement practices across an ICS in order to shape strategic and service decision-making.

Approach: The Community and Action Research Programme is focused on gathering insights about the lives of the communities the ICS serves and their experiences of accessing health and care services as well as wider support. The specific activities vary across the five boroughs which sit within the ICS. A common focus is on working with deprived communities, those experiencing the biggest health inequalities, or those that health and care services may

30 Ibid.

31 'Innovation Fund'. Frimley Health and Care. https://www.frimleyhealthandcare.org.uk/get-involved/innovation-fund/ (accessed 19/12/2023).

32 This case study is drawn from an evidence submission.

not always hear from, such as young people. Close working with VCSE partners – with a focus on developing VCSE partnerships of grassroots organisations – is a key feature of the approach including training and supporting these organisations in community research methods and in how to access services and support in the local health and care system.

The programme has used innovative research methods such as street-based outreach and peer researchers. There is also a strong emphasis on a 'research and action' approach – meaning not just learning about the issues and challenges that communities face, but then working with them and VCSE partners to co-design solutions and respond to immediate issues through services and support where needed, for example through registering with a GP, attending a local coffee morning, or accessing pharmacy services.

Impact: The Community and Action Research Programme approach is developing and embedding across the ICS. For example, there is now a VCSE partnership in each borough which is made up of a lead facilitating organisation and other grassroots bodies. These organisations all work with local communities in different ways to better understand and overcome issues around health inequalities and access to services. A best practice community engagement and empowerment model has been developed alongside a network set up to support partners in this work across the ICS. Importantly regular meetings between VCSE partnership leads and Borough Partnership leads mean that the insights from community research activities are being fed back to each of the Borough Partnership Boards.

The ICS has also developed this approach through something called The Research Engagement Network. Through this, they are now working with academic health research partners, VCSE partnerships and local communities. The aim is to increase diversity of community voice in health research and work with local communities to identity research priorities.

2 Centring service design and delivery around communities

There is growing recognition of the importance of person and community-centred services – services that are designed and delivered around people's needs and experiences rather than informed by institutional silos, 'the usual way of doing things', and other constraints. Interest in these community-powered approaches to service design and delivery is underpinned by three interrelated opportunities:

- To design and deliver services in ways that better meet people's needs.
- To improve access to services for people and communities who might currently face barriers.
- To ensure services make use of and connect people to wider networks of support and assets within their communities.

There are a wide range of approaches to designing and delivering services in ways more clearly centred around communities' needs and priorities. The case studies below demonstrate creative ways community powered service design and delivery is being implemented in practice. Locating services out in community venues rather than in formal public sector settings is an important way to begin to make services more accessible and welcoming to communities.

Approaches like co-production can provide a way to directly involve people in the design of services. While service models, such as those using peer-support or community volunteers, create opportunities to draw on the experiences and expertise of communities more deeply. Strengths- or asset-based approaches to service delivery provide a route to having different conversations with people about what is really important to them and what they want to get from accessing a service, as well as providing a way to connect people into wider networks of support in their communities.

Practical examples

Taking services out into communities:
Manchester's Lung Health Check Pilot

Background: The Lung Health Check was an approach piloted by the lung cancer team at Wythenshawe Hospital (Manchester University NHS Foundation Trust), in partnership with Macmillan Cancer Support, and involving researchers from The University of Manchester. The aim of this initiative was to find lung cancer at an earlier, and therefore more treatable stage, as well as to check for other lung conditions like Chronic Obstructive Pulmonary Disease (COPD). The pilot was also looking at how to target screening in deprived areas of Manchester, where lung cancer is more prevalent.[33] This case study provides an example of how to widen access to healthcare - in this case screening - by taking services out into communities, rather than inviting people into traditional healthcare settings.

Approach: Across the participating GP practices, people aged 55 to 74 who were smokers or ex-smokers were invited to book a lung health check. The health check itself took place in mobile units in locations which were easy to access, such as supermarket carparks. The check was designed as a 'one-stop shop', so people had an initial discussion and breathing test with a lung specialist nurse, followed by a CT scan in a mobile scanner, if needed.[34]

Impact: The programme delivered a high number of early detection diagnoses of lung cancer with 79% diagnosed at stage one compared to a national average of 19.5%.[35] Participants were also positive about the service, with 99% responding "excellent" or "good" with regards to the care and treatment, waiting time, location and communication.[36] The approach was subsequently rolled out nationally through the National Targeted Lung Health Check Programme.[37]

33 Manchester's Lung Health Check Pilot. (2016). Macmillan Cancer Support. https://mft.nhs.uk/app/uploads/sites/12/2019/02/lung-health-check-manchester-report_tcm9-309848.pdf (accessed 16/01/2024); and Crosbie, P., Johnson, S., & Shackley, D. 'Disadvantage and Disease: Finding solutions to inequalities in cancer'. Policy@Manchester (28 July 2022). https://blog.policy.manchester.ac.uk/posts/2022/07/disadvantage-and-disease-finding-solutions-to-inequalities-in-cancer/ (accessed 15/01/2024).

34 Manchester's Lung Health Check Pilot. (2016). Macmillan Cancer Support. https://mft.nhs.uk/app/uploads/sites/12/2019/02/lung-health-check-manchester-report_tcm9-309848.pdf (accessed 16/01/2024).

35 Crosbie, P., Johnson, S., & Shackley, D. 'Disadvantage and Disease: Finding solutions to inequalities in cancer'. Policy@Manchester (28 July 2022). https://blog.policy.manchester.ac.uk/posts/2022/07/disadvantage-and-disease-finding-solutions-to-inequalities-in-cancer/ (accessed 15/01/2024).

36 Manchester's Lung Health Check Pilot. (2016). Macmillan Cancer Support. https://mft.nhs.uk/app/uploads/sites/12/2019/02/lung-health-check-manchester-report_tcm9-309848.pdf (accessed 16/01/2024).

37 Crosbie, P., Johnson, S., & Shackley, D. 'Disadvantage and Disease: Finding solutions to inequalities in cancer'. Policy@Manchester (28 July 2022). https://blog.policy.manchester.ac.uk/posts/2022/07/disadvantage-and-disease-finding-solutions-to-inequalities-in-cancer/ (accessed 15/01/2024).

Co-producing a Type 2 diabetes clinic: Heeley Plus Primary Care Network

Background: Heeley Plus Primary Care Network (PCN) delivers GP services to a population of 42,000 across Sheffield.[38] This case study looks at how Heeley Plus PCN took an innovative approach to Type 2 Diabetes (T2D) management through exploring opportunities around person and community-centred approaches.

Approach: This work began with a co-production steering group drawn from primary care teams, including a GP, practice nurse, OT, health coach, and care co-ordinator and local community anchor organisations in the voluntary sector. It also included people with lived experience of T2D - six people in total, including three staff members who also live with T2D.

The group started with the premise that they wanted to focus on the following:

- Using the latest evidence for self-management, peer-support and group work, and a low-carb, real-food diet.
- Empowering people and communities in line with asset-based community development, so that the locus of control shifted from services of 'doing to' to things 'being done by'.

The main output from this initial co-production work was an ambition to create a 'life enhancing system' rather than a traditional T2D clinic. Good metabolic health was seen as an essential ingredient in this, but not the only factor.

Following the initial co-production work, a process of action learning began – so approaches could be tried, and the team could review progress. Through regular debriefs and reviews over the course of six months, the team refined their process as they learned together and gathered feedback from the patients they interacted with.

38 Case Study written by Dr Ollie Hart, Clinical Director, Heeley Plus PCN; Elaine Cross, Peer Leader NHSE and Patient Peer Support Volunteer Lead, Heeley Plus PCN; and Sheruba Draviaraj, Heeley Plus PCN Manager.

Drawing on this co-production work and action learning, Heeley Plus PCN now offers a range of support for T2D. Key features include:

- Facilities for a 30-minute medical review by a GP or diabetes nurse. This involves assessing medical markers of health and developing a collaborative care plan, while taking a holistic approach, with consideration of what matters most to the patient in pursuit of enhancing their life.

- Opportunities to work 1:1 with a social prescribing link worker, health and wellbeing coach, or care co-ordinator.

- The 'Kick Start' group – entirely patient-led by patient peer support volunteers. Focused on supporting each other as a group, building collective and individual confidence to self-manage, and working in partnership with other members of the team.

- The 'Diet for Remission' group - more information heavy and led by a clinician focusing on behaviour change. It is aimed at people who wish to learn how to put their T2D into remission and be part of a supportive coaching-style group setting.

- More informal support – the Patient Peer Support Café, organised and facilitated by the Patient Peer Support Volunteers, provides a space for a chat, peer support and motivation. The Patient Group provides another space for informal support, as well as seminars, activities, and opportunities for feedback.

Impact: The clinic has benefitted from the involvement of voluntary and community organisations. For example, health trainers working with Asian communities have helped to overcome language and cultural barriers to improve patient outcomes. Another important feature of the clinic has been the bringing together of a range of different experience including lived experience, local communities and professional knowledge.

In terms of measuring impact, the PCN are collecting patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) as well as markers of biomedical improvement. Heeley are also seeking to track markers of community development (including development of peer-patient volunteers) and workplace wellbeing, all important factors for a high performing system.

Peer-support for families through pregnancy and early parenthood: Auntie Pam's, Kirklees Council

Background: Auntie Pam's is a peer-support service for women and their families during pregnancy and early parenthood.[39] This case study demonstrates how a service can be designed, developed and delivered to respond to the complexities of people's lives. It also shows how a service can draw on knowledge and experience in communities through peer-support and volunteering.

Approach: Auntie Pam's is a service delivered by volunteers, with a strong focus on taking a holistic approach to health and wellbeing – understanding that to encourage healthy behaviours people also need to be supported to address a range of other challenges around areas such as housing, education, money and relationships. The service has been developed and delivered in Kirklees for over 13 years. Auntie Pam's began as a pilot in 2010 – a social marketing model was used to design the service, using the Total Process Planning Tool. This approach allowed for co-production and a clear focus on designing something that really met people's needs. Originally sitting as part of NHS Kirklees Primary Care Trust, the service transferred to Kirklees Council (along with Public Health) in 2013.

39 This case study is drawn from an evidence submission.

The service has evolved since the original pilot, and now has two drop-in centres based in Dewsbury and Huddersfield, as well as outreach support in local communities across North and South Kirklees. People are offered information and support across a range of areas such as housing, benefits, smoking cessation, and healthy eating as well as specific support around becoming a parent. At the drop-in centres there are a range of other services such as one-to-one conversations with peer-supporters, a library of books and a baby clothes swap shop.[40]

The service has also developed a bespoke training programme where senior volunteers provide mentoring for new volunteers. The training covers key topics such as pregnancy, caring for a baby, and health and mental health. It also covers ways of working including motivational interviewing and making every contact count.

Impact: Between 2010-2023 there have been over 7,800 visits to the centres and outreach locations, as well as over 1,500 referrals to other services and support. The volunteer programme has also been a success, with over 300 local women trained as peer-support volunteers. The service adapted to the pandemic by introducing a volunteer staffed phone support line.

40 'What we offer'. Kirklees Council. https://www.kirklees.gov.uk/beta/auntie-pams/what-we-offer.aspx (accessed 15/01/2024).

3 Investing upstream in communities

Improving people's health and wellbeing requires action upstream of formal services and within communities, as well as in the health and care system itself. This is particularly relevant in the context of two underlying priorities for the health and care system:

- The need to take action on health inequalities.
- The need to support the large number of people living with one or more long-term health conditions, including supporting people to live well as they get older.

Tackling health inequalities requires action beyond health and care services across a whole range of factors which contribute to the wider determinants of health. This requires ICSs and health organisations to work with partners across places including councils and the VCSE, and also, critically, communities. Professor Sir Michael Marmot and his team have highlighted the importance of community control and empowerment and social capital as a key factor in addressing health inequalities.[41]

Supporting people living with long-term health conditions necessitates personalised and strengths-based provision, but it is also essential that people are connected into wider networks of support beyond formal services. Informal groups and networks are important for self-management of long-term health conditions and ensuring people get more holistic support for their health and wellbeing.

The case studies below demonstrate ways to invest in and work with communities and VSCE organisations upstream of formal services in order to tackle health inequalities, support people to live well and manage long-term conditions, and improve community health and wellbeing.

41 Marmot, M. et al. (2010). *Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities in England post-2010*; and M. Marmot. et al. (2020). *Health Equity in England: The Marmot Review 10 years on.* Institute of Health Equity.

Practical examples

Supporting VCSE organisations to widen people's access to physical activity - Move More Empowered Communities Sheffield

Background: "A Sheffield where everyone can enjoy movement and physical activity" is the vision of the Move More Communities programme. There are a high number of people in Sheffield who are living with circumstances that make it harder for them to be active and experience the health and wellbeing benefits that comes from doing so. These circumstances are not evenly spread across communities; people most affected by health inequalities are least likely to be physically active.

Move More is a physical activity strategy for Sheffield.[42] Within this overall strategy, Move More Empowered Communities is a project, which ran in two phases from August 2019-August 2022, and is now running a further phase from January 2024. The project is funded by Sport England and led by Voluntary Action Sheffield.

This project supports VCSE organisations in Sheffield to work with communities where there are low levels of physical activity in order to understand how to best support people to become more active.[43] This case study highlights the opportunities of supporting and working with a wide range of VCSE organisations to improve people's health and wellbeing upstream of formal health services.

Approach: An important feature of the approach was the wide range of VCSE organisations supported - including those with reach into specific communities - and the coordinating and development role played by Voluntary Action Sheffield. This range of VCSE organisations worked with communities to understand their needs and priorities and

42 See: 'What is Move More?' Move More Sheffield. https://www.movemoresheffield.com/whatismovemore (accessed 16/01/2024).

43 'Move More Empowered Communities'. Move More Sheffield. https://www.movemoresheffield.com/move-more-empowered-communities (accessed 16/01/2024).

develop physical activities which were tailored to and responsive to this.[44] Activities looked different depending on the VSCE organisation and the communities they were working with.[45] Some organisations offered a wide range of physical activities while others focused on a smaller and more specifically targeted set of activities. Organisations sometimes had to use trial and error to develop and adapt activities to the communities they worked with. Others didn't focus directly on physical activity at all, instead building it into other activities like history and nature sessions or social café drop-ins.

Impact: An evaluation of the first two phases of the project by Sheffield Hallam University found that organisations developed an understanding of the needs of the communities they were working with.[46] The evaluation also highlighted the importance of a person-centred approach – understanding people's priorities but also recognising and addressing wider factors that may be barriers to participating in activities such as lack of childcare or lack of confidence. The evaluation captured how the approaches taken helped build people's confidence and practical knowledge as well as creating a trusting environment to introduce them to new activities and experiences.

The next phase of the project, announced in January 2024, will develop and test community-led approaches further, focusing efforts on answering the question: "What becomes possible when we put communities at the centre of our approach to creating more equal access to physical activity in Sheffield? And what does it take to make this possible?"

44 Griffiths, K. & Shearn, K. (2022). Evaluation of Move More Empowered Communities Sheffield: Final report. Sheffield Hallam University. See MMEC Final report here: https://www.movemoresheffield.com/move-more-empowered-communities (accessed 16/01/2024); and for a summary see: 'Move More Empowering Communities' (1st December 2022). https://www.movemoresheffield.com/blog/internationalmixedabilitysports-mjk7g#:~:text=Move%20More%20Empowering%20Communities%20%28MMEC%29%20project%20aimed%20to,communities%20with%20the%20lowest%20levels%20of%20physical%20activity (accessed 16/01/2024).

45 Ibid.

46 Ibid.

Working in communities to support healthy ageing: Leeds Neighbourhood Networks

Background: In Leeds, 37 Neighbourhood Networks, each run by a voluntary organisation, cover the whole of the city. The purpose of the Neighbourhood Networks is to support healthy ageing within communities.[47] This case study highlights the potential for supporting people's health and wellbeing through a community-based approach, as well as the opportunities to develop bespoke and responsive local support through the work of VCSE organisations.

Approach: There are some core features to each Neighbourhood Network across the city, but also plenty of variation depending on the organisation running the network and the context of the area the network is based in.[48] Each network is run by a voluntary organisation, with a mixture of paid staff and volunteers. Another important common feature is older people being involved in the governance. The organisations all receive some core funding from Leeds City Council.

A wide range of voluntary organisations run the networks including community groups, medium-sized voluntary organisations and national organisations.[49] Each runs a range of services and activities tailored to the needs of those it works with, but there are a number of common themes across this including opportunities for people to connect, through activities like lunch clubs or day trips; information and advice; volunteering opportunities; transport provision; and support around physical activity.

47 'Leeds Neighbourhood Network'. Centre for Ageing Better. https://ageing-better.org.uk/our-work/leeds-neighbourhood-network (accessed 16/01/2024).

48 Bimpson, E. et al. (2023). Evaluation of the Leeds Neighbourhood Networks: Understanding equity of offer, access and resources. Centre for Ageing Better and Centre for Regional Economic and Social Research, Sheffield Hallam University. https://www.shu.ac.uk/centre-regional-economic-social-research/publications/understanding-equity-of-offer-access-and-resources (accessed 16/01/2024).

49 'Neighbourhood Networks: A model for community-based support'. Centre for Ageing Better. https://ageing-better.org.uk/neighbourhood-networks-model-community-based-support-web-version#what-are-neighbourhood-networks (accessed 16/01/2024).

Another important aspect of the Neighbourhood Network model is that people can join as a 'member' (networks are free to join).[50] A person might be referred to the network by their GP or social care team, but may discover it via friends, family or signposting from other organisations. People may in time also become volunteers as part of their network, and equally others who start as volunteers may step back and become members.

Impact: From 2019 to 2022, the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam researched the effectiveness of the Leeds Neighbourhood Networks through a range of evaluation activities.[51] This highlighted how the networks supported people with long term conditions through three key phases – preventing long-term conditions; delaying their onset; and reducing pressure on carers and acute services through support for people. The evaluation found that the model supports both primary and secondary prevention. It showed positive outcomes across the three key phases through action around areas like increasing social contact and connection, reducing isolation, and promoting independence.

Evaluation activities have also highlighted areas to strengthen the approach, for example through further focusing on ensuring equity in terms of the offer across the city and access to the networks. Practical actions to improve this could include focusing on overcoming barriers which get in the way of participation for some communities, and linking up with other groups to improve reach and access.

50 'Neighbourhood Networks: A model for community-based support'. Centre for Ageing Better. https://ageing-better.org.uk/neighbourhood-networks-model-community-based-support-web-version#what-are-neighbourhood-networks (accessed 16/01/2024).

51 Ibid; for more details on the evaluations see: 'Evaluation of Leeds Neighbourhood Networks'. Centre for Regional Economic and Social Research, Sheffield Hallam University. https://www.shu.ac.uk/centre-regional-economic-social-research/projects/all-projects/evaluation-of-leeds-neighbourhood-networks (accessed 16/01/2024).

Further Reading: A Community-Powered NHS

More examples of innovative practice can be found in New Local's report A Community-Powered NHS.[52]

Engaging with communities to understand what matters to them

- An approach taken in West Yorkshire to involving citizens in the challenge of the elective care backlog.
- A citizens' assembly sponsored by the Health and Wellbeing Board in the London Borough of Camden to develop a set of expectations to inform the Joint Health and Wellbeing Strategy and the focus of the integrated borough partnership.

Centring service design and delivery around communities

- George House Trust is a user-led charity that works to put people's experiences at the centre of HIV clinical care through approaches such as key workers who help individuals to be in the lead when designing their package of support.
- Local Area Coordination is an asset-based approach, used by councils and health and care organisations. It is focused on connecting people into wider support, helping them navigate services, as well as more widely building capacity in communities.

Investing upstream in communities

- Innovative approaches in primary care where GP practices are focusing on improving health and wellbeing upstream of services through supporting a whole range of community groups and activities. For example, Healthier Fleetwood, initiated by a GP, has focused on nurturing community networks and bonds, and has seen a reduction in the use of formal services as a result.

52 To read more about these case studies see Lent, A., Pollard, G. & Studdert, J. (2022). *A Community-Powered NHS.* New Local.

3. FOUR ACTIONS TO GROW COMMUNITY POWERED HEALTH AND CARE

There is growing interest in how community powered approaches can be more widely mainstreamed across health and care systems. At present, many approaches and initiatives operate at the edge of the current system, either as small-scale pilots or approaches which are sustained due to the tireless efforts of passionate teams and communities.

The case studies presented in section two demonstrate some of ways community powered practice is being applied across health and care systems. These examples span different geographies and scales and showcase a wide range of approaches and initiatives. Each example has been shaped by the needs and context of the organisations, services areas and communities involved. Despite this variation, it is possible to draw out common themes and learning from these case studies. This is captured here in the form of four key actions identified to support the growth of community powered health and care.

Action One: Look for opportunities to get out into communities

The case studies demonstrate that there are a range of different ways that health and care organisations can get out into communities rather than only ever expecting people to come into formal healthcare settings. This action can apply both for directly delivering health and care services and for community engagement activities to understand more about people's health and care priorities. Going out into communities could make it easier for people to access services, for example by removing transport issues or breaking down barriers such as fear and stigma. Taking engagement activities outside of formal healthcare settings could help to reach a wider range of people and open up space for different kinds of conversations about health and wellbeing.

The case studies highlight a range of different community settings including taking services out to easy to access locations such as supermarket carparks (see

Manchester's Lung Health Check Pilot) and taking community engagement activities out onto the streets (see North Central London ICS Community and Action Research Programme). Another opportunity, as highlighted by Leeds Neighbourhood Networks, is to consider how funding can be directed upstream to activities out in communities to support people's health and wellbeing rather than only focusing on the delivery of formal health and care services.

Action Two: Commit to ongoing community engagement as a strategic priority

The case studies focused on community engagement highlight the value of these practices for informing a wide range of strategic and operational activity across health and care systems – supporting work including identifying overarching place-based priorities, improving services and organisational processes, and action upstream of services to improve health and wellbeing, These examples help to illustrate that community engagement should be a strategic priority across health and care systems rather than just restricted to work of a particular team or service area.

The case studies also highlight a number of important insights on how to go about embedding community engagement as a strategic priority across an organisation or local system. An important feature of this is using a wide range of different engagement tools and approaches and not just seeing it as a one-off activity. All of the case studies demonstrate the importance of engagement being action-orientated. Practically this might mean listening to the challenges communities raise but also working with them to find solutions, ensuring community insights are fed back to relevant stakeholders and actively considered or acted on, as well as ensuring communities are kept updated on actions and next steps.

Solent NHS Trust's work demonstrates the importance of learning from and adjusting your approach to engagement in order to widen its reach, for example in the work it did to increase participation from underrepresented groups in workshops. While North Central London ICS shows the importance of embedding insights from community engagement into place-based governance structures so as to inform strategic decision-making.

Action Three: Take a strengths-based approach to working with people and communities

Across all three paths to embedding community powered practice there is a strong focus on taking strengths-based approaches to working with both individuals and wider communities. At the core of these approaches is a recognition that local health and care systems and individual services need to look beyond their own organisational boundaries to recognise the wealth of resources, groups and networks that can help individuals and communities to thrive. In some cases, this may mean that health and care organisations focus less on their role as 'service deliverers' and more on how they can support and enable community activity.

The case studies show a variety of ways that strengths-based principles can shape different parts of the health and care system. For example, while **Frimley Health and Care ICS world cafés** were an engagement exercise, they also provided an opportunity to connect community members to existing resources and organisations within their community for support. **Heeley Plus PCN's Type 2 Diabetes Clinic** takes a strengths-based approach through focusing both on clinical priorities and the priorities identified by the individuals accessing the service. The model recognises the value of providing informal opportunities for peer-support and for people to build connections with one another. VCSE organisations working upstream of formal health services with communities to improve physical activity, as part of **Move More Community Empowerment Sheffield**, took a strengths-based approach to recognising the assets and activities already in communities that could be further built on.

Action Four: Contribute to building capacity in the VCSE sector and in communities

To complement a focus on community strengths and assets, it is also important for health and care partners to consider how they can contribute to building capacity in the VCSE sector and in communities. The case studies highlight a range of ways to practically do this.

Direct funding is one important mechanism for building capacity – **Frimley ICS** has used an innovation fund to support community ideas around addressing health and wellbeing. **Move More Community Empowerment Sheffield** provided funding to a range of VCSE organisations to work with communities on physical activities, and **Leeds Neighbourhood Networks** supports VCSE organisations with core funding to work in communities around healthy ageing.

Another route is through offering training and support, for example **North Central London ICS** has worked with and trained VCSE organisations around community research methods, in turn providing a valuable route for partners to productively work together to gather community insights to help improve health and wellbeing outcomes. **Kirklees Council's Auntie Pam's service** has trained volunteers to support pregnant women and new families – building and developing the skills of the volunteers involved.

Another key reflection from the case studies is the importance of developing the opportunities for communities and VCSE organisations to participate through recognising their strengths and the value of their contributions – this stands out for example in **Heeley Plus PCN's development of a Type 2 Diabetes Clinic** and in **Solent NHS Trust's** approach to working with communities and the VCSE.

4. PRACTICAL NEXT STEPS: REFLECTION QUESTIONS FOR HEALTH AND CARE STAKEHOLDERS

The questions below are intended as a series of prompts to help you reflect on how community powered practice could be more deeply embedded in your service,organisation or local health and care system.

The questions are particularly relevant for: frontline health and care practitioners and managers, including in primary care; ICS teams and leaders; VCSE organisations working across health and care; and local government, including public health, social care, communities teams, and commissioners.

But the questions are also relevant to wider policy stakeholders in understanding how best to support and enable local systems to work with communities to improve services and health and wellbeing outcomes.

Engaging with communities to understand what matters to them

- What opportunities are there to listen to and understand the health and wellbeing priorities of the communities you serve and their experiences of accessing services? How are these insights shared across your service area/organisation/local system?
- How well does your current engagement approach reach all communities across your place/system? How could you work with communities, VCSE and other partners to develop approaches to help you hear from everyone?
- What routes currently exist to ensure community insights are shared at a strategic level within your organisation/local system?

Centring service design and delivery around communities

- Where could there be opportunities to draw on the experience and expertise of peer-supporters and volunteers? What good practice already exists locally that you could learn or build from?
- What opportunities are there to deliver your service(s) in a non-traditional health or care setting?
- How are communities currently involved in the design and ongoing delivery/improvement of services in your service area/organisation/local system? Are there opportunities to deepen this involvement? Where is there existing good practice to draw on?
- In what ways are people accessing your service(s) currently supported to connect into assets, networks and resources in their community? Are the opportunities to improve this?

Investing Upstream in Communities

- How well does your organisation understand the networks of VCSE organisations and community groups in your local area? Do you understand their knowledge, strengths and skills and any support they need?
- How does your organisation/local system currently support community and VCSE activity around improving health and wellbeing? Where might there be opportunities to nurture and deepen this support?
- Are there opportunities to provide spaces for local community groups to meet and run activities in your own buildings?