Local Government Association

Achieving integrated care through community and neighbourhood working

A High Impact Change Model

Contents

Introduction

This resource focuses on how health and care partners can work differently with communities to build individual and community resilience and improve health and wellbeing.

We want to encourage health and care partners to think about how they can take their next step and make community and neighbourhood working even more effective.

It highlights evidence and good practice highlighted by local and national stakeholders and I/We statements from Think Local Act Personal Making it Real frames the changes in a person-centred way.

We have long advocated the benefit of taking decisions as close to the communities they impact as possible and of the value of involving communities in decisions that affect them:

- Shifting the centre of gravity: making place-based, person-centred health and care a reality
- Localising decision making: a guide to support effective working across neighbourhood, place and system.

Who is this guide for?

This guide will be of interest to:

- NHS and council colleagues, particularly commissioners, providers and those working to implement integrated and personalised care
- Colleagues working with communities or at neighbourhood level to help improve health and wellbeing.

The evidence – what we know

The need for better community and neighbourhood working

- Clinical treatment and access represent only 25 per cent of a population's health showing the need to focus on the wider determinants of health.
- £7 out of every £10 of health and care spending in England is spent on long term conditions showing the need for preventative care and support for people to build resilience.
- Loneliness increases someone's likelihood of mortality by 26 per cent, equivalent to smoking 15 cigarettes a day.
- The Marmot Review and Marmot Review 10 Years On have shown the impact of health inequality with the more deprived an area the shorter someone's life expectancy and worse their outcomes are likely to be.
- The 2018 Care Quality Commission Local System Reviews noted that the voluntary, community and social enterprise (VCSE) sector is underutilised in the planning and delivery of care and are often not included as full partners (Beyond barriers: how older people move between health and care in England).
- As the focus of COVID-19 moves from response to recovery there is a huge opportunity to work closely with community groups to understand needs, capture insights and make connections to local communities that are fundamental to recovery and future resilience (COVID-19 recovery and resilience: what can health and care learn from other disasters?).

The impact of working differently with communities

Working differently with communities can have significant impacts on people's health and wellbeing. Feedback while developing this guide included:

- supporting people to remain independent for longer in their own homes
- increasing the available capacity of services and support
- making it easier for people to find support and participate in their communities
- helping people to manage their own conditions for example, through peer support, using digital solutions or assistive technology

- preventing escalation of need by helping people who need some support to stay independent but do not meet statutory eligibility requirements
- bringing a wider range of partners more fully into health and care integration including housing, primary care and the VCSE sector.

Where this has worked well

Some examples to show the tangible benefits of working differently with communities

Somerset Council and Community Catalysts working together over four years supported the development of 425 community enterprises (362 brand new). Micro-enterprises delivered 12,000 hours of care a week to 1,500 people.

Birmingham Council achieved a 36 per cent reduction in need for long-term services after adopting strengths-based ways of working.

Evaluation of Shared Lives Plus found annual savings of £26,000 per person for people with learning disabilities and £8,000 for people with mental ill health.

Evaluations of social prescribing at the University of Westminster have shown improved mental and physical health and reduced demand on GPs, Accident and Emergency and secondary care.

High impact actions – what makes the difference?

These six high impact actions provide a helpful list of things to consider when working with communities and wider partners to improve health and wellbeing and can form the foundation for discussions with partners.

The high impact action list is not exhaustive and recognises that community and neighbourhood working will look different in different areas based on the assets that exist locally, the partners who are working together and their priorities.

The changes are also interdependent and inter-related, with crossover between the services and approaches highlighted in each change.

1. **Coproduce with communities** – set priorities, make decisions and design and deliver services in partnership with local people, understand what they want and need and then build it with them.
2. **Invest in communities** – the assets and services in communities are not a 'free' resource to support health and social care. To realise the benefits, systems need to recognise the value of community and invest time, energy and resources to help develop and sustain community capacity.
3. **Use asset and strengths-based working** – look at what people and communities can do for themselves and the assets that already exist and build from this.
4. **Housing and the VCSE sector as trusted partners** – including both as equal partners in strategy and delivery, with the funding and autonomy to work closely with communities.
5. **Maximising independence and recovery** – ensuring that the services and support increases people's independence, enables people to help themselves and prevent and or reduce ill health.
6. **Social connection and peer support** – making it easier for people to form relationships, to share their learning and expertise, and to support each other. Helping to both improve people's wellbeing and build community capacity.

Each high impact action includes:
I/We statements – taken from Think Local Act Personal's Making it Real to show what the change means in practice for individuals and practitioners

Tips for success – advice and insights to implement the change

Supporting materials – useful documents, reports or resources relevant to the action

Case studies – relevant practical examples.

1. Coproduce with communities

Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.

Working in this way can unlock ideas, assets and resources and lead to creative solutions that could otherwise be lost through a top-down or 'one-size-fits-all' approach.

The change could be co-producing and agreeing local priorities, designing or improving services, or building groups, activities and events to improve health and wellbeing.

'Making it Real'- I/We statements

- **I** have a co-produced personal plan that sets out how I can be as active and involved in my community as possible.
- **We** work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services.

Tips for success

1. Involve communities as partners at all stages. For example, setting priorities, planning, designing services, improving services, and evaluation.
2. Ensure that people have access to statutory and non-statutory advocacy to ensure their views and wishes are respected and they are fully involved in any decisions about their care.
3. Leaders need to prioritise this work and recognise that building relationships with communities or individuals takes time and needs to be appropriately resourced.
4. Focusing on people's experiences can break down barriers both between organisations, and between organisations and communities.
5. Start small to show the value of coproduction and build on this.
6. Look at how you communicate with communities, ask 'who are we leaving out?' to ensure your coproduction is not perpetuating inequalities.

7. Explore how training can encourage health and care staff to share power and work better with communities and how mentorship can enable people with lived experience to participate in coproduction.
8. Promote local leadership, recognising that the people best placed to bring partners together and unlock local assets may not be health or social care staff.

Supporting materials

National Co-production Action Group and Think Local Act Personal.

Public Health England resource to help implement and embed community-centred approaches to health and wellbeing.

Think Local Act Personal 'Ladder of co-production' which simply and effectively describes the steps to full co-production.

National Voices' six principles for engaging people and communities.

National Institute for Health and Care Excellence (NICE) on community engagement.

Nesta on co-production and the things needed to make it successful.

Case studies

Healthier Fleetwood - primary care working in partnership with residents to understand what they want and need. Building groups, activities and events to tackle health inequalities.

Rotherham's hyper-local priorities for neighbourhood wards co-designed by councillors, communities and public sector staff using a range of local data and intelligence.

An expert by experience group in Bradford who shaped and improved primary care services by using their lived experience of disadvantage and discrimination.

2. Invest in communities

Health and care partners investing in neighbourhood and community working to build community capacity and improve resilience. This means funding the community groups and services that work at neighbourhood level but also includes:

- investing in infrastructure or roles that help to make connections and drive integration
- helping local organisations to develop their model or access other streams of funding
- ensuring that health and social care staff have the time and training to allow them to work differently with communities.

'Making it Real'- I/We statements

I feel welcome and safe in my local community and can join in community life and activities that are important to me.

We invest in community groups, supporting them with resources – not necessarily through funding – but with things like a place to meet or by sharing learning, knowledge or skills.

Tips for success

1. Recognise that voluntary and community support isn't 'free', and it needs funding to be sustainable.
2. Invest in local infrastructure such as umbrella bodies which can help to develop and sustain local networks.
3. Invest in and embed link roles to help bring stakeholders together. Ensure that these roles are focussed on sustainability and embedding business as usual changes not pilots or project work.
4. Work around a neighbourhood footprint that makes sense to local people and priorities that matter to local people.
5. Use service data and self-reported outcomes to quantify the impact of working better with communities.

6. Work with local organisations to make sure they have what need to support people, remain sustainable and ensure demand does not overwhelm capacity. Be careful to not overload neighbourhood groups with new referrals or push costs onto them without further funding.
7. Ensure that commissioning and funding arrangements encourage collaboration not competition and that procurement does not act as a barrier to smaller organisations.

Supporting materials

Centre for Excellence in Community Investment resources which offer advice around topics such as health and wellbeing, isolation and loneliness, and older people.

Power to Change a charitable trust that supports and develops community businesses in England, with guides and research including on the impact of community business.

Power to Change article about the risks to social prescribing and link working if they are also not accompanied by investment.

Social Value UK and Cabinet Office resources to measure, manage and account for social value and impact showing the value of investment.

Lloyds Bank Foundation's on small charities (97 per cent of organisations only 20 per cent of funding) and how current engagement and competitive funding and commissioning can disadvantage them.

Case studies

The Preston Model, how partners have implemented the principles of Community Wealth Building in Preston and the wider Lancashire area.

Community Catalysts, an organisation which helps people to establish small enterprises create jobs and care for people in their community.

Community Catalyst's work with Somerset Council.

NHS England and Improvement Healthy New Towns report which includes learning and examples of how to create healthier and connected communities.

Birmingham's Neighbourhood Networks, locality and constituency-based networks which enable the engagement with and investment in community assets.

3. Asset and strength-based working

Strengths and asset-based working starts by looking at what is strong not what is wrong. Either at an individual or community level this way of working looks at skills, strengths, and networks to:

- enable people to have a more active role in their care
- ensure care and support is more personalised
- understand, build on and sustain the assets and networks that exist within communities
- think of creative solutions to improve health and wellbeing and use support outside of traditional or statutory services.

'Making it Real'- I/We statements

- **I** have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.
- **We** have conversations with people to discover what they want from life and the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.

Tips for success

1. Focus on getting support right for people and building better relationships with them. Any money saved or capacity freed up will be a by-product of that process.
2. People being able to set their own goals and targets makes them more motivated and likely to meet those goals.
3. Ensure staff can spend time in communities to build relationships and a better understanding of local assets and priorities.
4. Help communities to publicise what is available locally and make this information more accessible. Timely, accurate and relevant information and advice makes it easier for people to find support themselves.

5. Ensure that paperwork and operational processes don't stop health, care, VCSE, housing staff or volunteers from working in a person-centred and strengths-based way.
6. Capture and use self-reported outcomes such as wellbeing, independence and ability to self-care to help show the impact of strengths-based working.
7. Build in regular time for staff to reflect and discuss openly and honestly what is working, what the challenges are and share their experiences and solutions.

Supporting materials

A summary of Asset Based Community Development including information on what it is and advice on how to implement it.

A self-assessment tool from Think Local Act Personal, Shared Lives Plus and the Social Care Institute for Excellence to help develop 'asset based areas'.

Social Care Institute for Excellence guides and tools about strengths-based approaches and how to implement them.

NHS personalised health and care framework which contains advice and information about taking a personalised approach in health and social care.

Helen Sanderson Associates tools and templates to use in care planning to have strengths-based conversations.

Skills for Care resources outlining how supervision and support, performance measures and business support need to change to fully enable personalised care.

NHS England and Improvement personalised care page which includes information on the NHS commitment to implement personalised care and further resources and evidence.

Case studies

The Pod – a Coventry day centre for people with severe mental illness which became a community hub using social brokerage to support mental health recovery.

Frome's model of enhanced primary care where asset mapping and community development have been embedded in the primary care offer.

Institute of Public Care case studies about Leeds, Coventry and Thurrock's approach to strengths' based working.

Gloucester City Council during COVID-19 saw a strong community-led and collaborative response to the crisis based on relationships formed through their Asset Based Community Development work.

4. Housing and the VCSE as trusted partners

Housing and the VCSE sector should be both strategic partners and delivery partners in helping to improve health and wellbeing. Housing is integral to health and wellbeing and VCSE organisations are often the first to identify and respond to local needs.

Seeing them as full partners and ensuring they have the funding and autonomy to work closely with communities can increase community capacity, help build resilience and sustainability, and empower communities to design services and support that work for local people.

'Making it Real'- I/We statements

- **I** have a place I can call home, not just a 'bed' or somewhere that provides me with care.
- **We** know that the place where people live, the people they live with, and the support they get, are important to their wellbeing and often interlinked. We have conversations with people to make sure we get all aspects right for them as individuals.

Tips for success

1. Recognise the valuable role of VCSE organisations connecting people into hyper-local services and support. For example, VCSE hospital discharge services convening other more local VCSE organisations to coordinate and ensure people have some ongoing support.
2. Recognise the important role community groups can play in tackling health inequalities often working closely with people who health and social care organisations can struggle to reach.
3. Build on what already exists in communities rather than starting from scratch, for example, joining up primary care network link workers, community navigators, mental health and other neighbourhood roles to have a greater impact.
4. Understand that short-term non-recurrent funding and competitive tendering can act as a barrier to sustainability, scaling up or adapting services, and collaboration.

5. Explore how VCSE organisations can provide preventative support to individuals and families who would not otherwise meet eligibility criteria for statutory services.
6. Look at different models of housing and support such as Shared Lives Plus or Keyring which focus on social connection and build community capacity, are cost effective and deliver positive outcomes.

Supporting materials

Housing LIN resources and research relevant to anyone working in housing, health and social care. Focus on living well in good quality housing.

Conclusions of the Joint VCSE review initiated by the Department of Health, Public Health England, and NHS England.

Centre for Ageing Better on safe and accessible homes showcasing research, good practice and innovation.

Institute for Voluntary Action Research case studies from the Building Health Partnerships programme which encouraged joint working between the NHS, local government, citizens and VCSE organisations.

Case studies

Isle of Wight's Living Well Service, co-designed and operated by a coalition of VCSE partners which have successfully managed demand, including case studies.

Bromley By Bow Centre – a combined neighbourhood hub, medical practice and community research project, a pioneer in community and neighbourhood working.

Keyring – a strengths-based model of accommodation and support which emphasises social connection.

Shared Lives Plus – shared lives and home sharing where people visit or live with carers, combining social relationships and professional support.

Leicestershire's case study of their Lightbulb schemes which saw reductions in NHS admissions and spend.

Wakefield and York's experiences of aligning link worker and community capacity.

5. Maximising independence and recovery

Health, social care, housing and VCSE organisations working with people to maximise their independence and support recovery:

- helps people to live the life they want
- allows people to stay independent at home for longer
- reduces or delays the need for emergency and statutory services.

This will not be achieved through any one method but might include social prescribing, enabling self-care, adaptations and equipment, assistive technology or information and advice.

'Making it Real'- I/We statements

- **I** can live the life I want and do the things that are important to me as independently as possible.
- **We** work with people to make sure that their personal plans promote wellbeing and enable them to be as independent as possible.

Tips for success

1. Talk to people about what matters to them and consider their mental, emotional and social needs as well as their physical health to support recovery.
2. People recovering from a period of illness should be supported to resume their normal life including social activities, hobbies and interests to help improve their chances of recovery and reduce the risk of social isolation.
3. Ensure staff training, technology, equipment and care planning processes all encourage and enable self-care and self-management.
4. Ensure that carers and families are supported in their caring role. This can both help to improve the outcomes of the people they support but also avoid caring having a negative impact on their own health and wellbeing.

5. Ensure that people can receive support, information and advice to prevent escalation of need even if they are not eligible for statutory services or fund their own social care.
6. Consider how health and social care can connect people to VCSE and community support like social prescribing or peer support groups to support their independence or recovery.
7. Use self-reported outcomes and people's stories to show the impact of this way of working on people's health, wellbeing, resilience, friendships, or ability to self-care.

Supporting materials

NHS England and Improvement page highlighting the Long Term Plan's commitment to self-management including guides and resources.

Social Prescribing Network – resources including research, evaluations, good practice and presentations.

The National Institute for Health and Care Excellence guideline on supporting adult carers.

National Association of Link Workers – membership association which has various resources on how to help link workers to succeed in their roles.

Social Care Institute for Excellence guide highlighting the importance of involving families in reablement.

Case studies

Surrey's free remote monitoring service to identify signs of ill health early on so that prompt advice and support is provided which can reassure people and reduce anxiety.

Dance to Health – an enabling therapy programme which uses dance, social connection and peer support to prevent falls.

Audley Health Centre in North Staffordshire case study implementing assistive technology to better support people with long term conditions helping them to manage their conditions.

Institute of Public Care report which outlines how Coventry City Council commissioned 12 locally-based organisations and supported their innovation to deliver a range of models which help people to maintain their independence in the community.

6. Social connection and peer support

Making it easier for people to get involved in their community, to form relationships, to share their learning and expertise with each other, and to support each other. This can help to improve people's wellbeing and at the same time build community capacity.

There is a clear case for health and social care to explore how they can help to improve social connection and participation. For example:

- people who volunteer report improved mental health, confidence, skills and experience, and physical health
- loneliness and social isolation increase someone's likelihood of mortality by 26 per cent, or equivalent to smoking 15 cigarettes a day.

'Making it Real'- I/We statements

- **I** can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.
- **We** know it can be helpful for people to share experiences so we encourage specialised support, peer support, self-help and self-advocacy groups.

Tips for success

1. Invest infrastructure that supports organisations that recruit volunteers and explore how health and care partners can publicise and promote volunteering opportunities.
2. Ensure that peer groups have access to clinical support or statutory services to give specialist advice or help manage escalation of need where relevant.
3. Invest in the recruitment, training and management of volunteers and recognise that they may need support to continue doing the hard work they do.
4. Recognise that peer support and community organisations can create a space for conversations that some people might struggle to have in a professional health or social care context.

5. Enable people to volunteer and contribute recognising the value of their skills and experience.
6. Remove barriers to people accessing their community, for example, by helping people to physically leave their homes, building their confidence to participate, helping them to use technology or ensuring local places are dementia/autism friendly.

Supporting materials

NCVO reports about volunteering and how and why people get involved in groups, clubs and organisations.

National Voices – peer support hub which brings together guides and resources to support implementation of peer support.

Q Lab – report on how people make decisions in peer support and an essay which gives useful insights for developing peer support.

Nesta report on peer support highlighting its potential to improve outcomes and the value of training and supporting volunteers.

Royal Voluntary Service report highlighting some the challenges and opportunities around volunteering and integrated care.

Case studies

King's Fund report focussing on how five organisations have found different ways to support the people and how these approaches can be spread more widely, including how peer support and co-design has been used in a mental health inpatient context.

Plymouth's Good Neighbours scheme, an online platform in partnership between the council and VCSE sector that connects people to volunteering opportunities.

Gig buddies, a project which pairs up people with and without learning disabilities (and/or autism) to be friends and go to events together.

Care and Repair England evaluation of the Silverlinks Programme where older volunteers in a peer support model helped people make housing/care decisions.

Alzheimer's Society resources about how to make communities and organisations dementia friendly.

A Living Autism resource about creating autism friendly environments.

Action planning template

High impact change	Where are you now?	What do you need to do?	When will it be done by?	How will you know it has been successful?
Coproduce with communities				
Invest in communities				
Asset and strength-based working				
Housing and the VCSE as trusted partners				
Maximising independence and recovery				
Social connection and peer support				

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