
Making it happen

Practical learning and tips
from the five Realising the Value
local partner sites

About this catalogue

This catalogue of learning – produced as part of the Realising the Value programme – sets out practical learning and examples of good practice from the five Realising the Value local partner sites. It is aimed at practitioners and local commissioners seeking to get to grips with the practicalities of implementing person- and community-centred approaches for health and wellbeing.

It was written by Johanna Ejbye and Annette Holman from Nesta in collaboration with the Realising the Value local partner sites:

- **Positively UK:** Allan Anderson and Ginger Drage
- **Penny Brohn UK:** Helen Seers, Jo Durrant, Rachel Jolliffe, Michael Connors, Catherine Zollman and Marian Naidoo
- **Big Life Group and Being Well Salford:** Francesca Archer-Todde
- **Creative Minds:** Phil Walters, Mark Wisbey and Debs Taylor
- **Unlimited Potential with Inspiring Communities Together:** Chris Dabbs and Bernadette Elder

It has been informed by the work of the broader Realising the Value programme - in response to the NHS Five Year Forward View vision to develop a new relationship with people and communities. In particular, the work with sites was supported by consortium partners Nesta and Voluntary Voices.

We hope you find it useful.

Acknowledgements

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About the Realising the Value programme

Over the last 18 months, the Realising the Value consortium has brought together the perspectives of people with lived experience, the voluntary, community and social enterprise (VCSE) sector, practitioners, academics, commissioners, providers and policymakers to consolidate what is known about person- and community-centred approaches for health and wellbeing and make recommendations on how they can have maximum impact. The Realising the Value programme has also developed practical resources to support implementation of these approaches at the frontline.



Full details of the resources produced by the Realising the Value programme are provided at the end of this document.

We also highlight particularly relevant resources at various points in the text.

1. Introduction

This catalogue of learning forms part of a final package of recommendations and resources from the Realising the Value programme. Over the course of the last 18 months, we have sought to consolidate what is known about person- and community-centred approaches for health and wellbeing¹ and make recommendations on how they can have maximum impact.

While there is significant breadth and variety across person- and community-centred approaches, they are united by a common purpose: to genuinely put people and communities at the heart of health and wellbeing, focusing on what is important to people, what skills and attributes they have and on the role of their family, friends and communities.

The most successful examples of person- and community-centred approaches in practice are those which are developed by people and communities, working with and alongside commissioners and policymakers, to build on existing assets and co-produce² solutions that work.

The Realising the Value programme has focused on five approaches in particular, to develop a richer understanding of how they add value, and what works to embed and spread them. In practice, person- and community-centred approaches are often not separate or distinct interventions – for example, peer support can include elements of self-management education and health coaching. However, some distinction has been necessary to enable greater understanding of what they look like and how they work.

As a key part of this work, we have worked with five voluntary community and social enterprise (VCSE) sector organisations as local partner sites, each with a wealth of experience of working with these approaches.

This catalogue of learning has been produced in close collaboration with the sites, drawing on evidence combined with their practical learning and tips to others seeking to get to grips with the practicalities of person- and community-centred approaches.

The Five Realising the Value local partner sites



Local partner site: **Positively UK**
Approach: **Peer support** for people living with HIV



Local partner site: **Penny Brohn UK**
Approach: **Self-management** education for people living with and recovering from cancer



Local partner site: **Big Life Group** with **Being Well Salford**
Approach: **Health coaching** for a range of health behaviours



Local partner site: **Creative Minds**
Approach: **Group activities** to promote health and wellbeing for people living with mental health conditions



Local partner site: **Unlimited Potential** with **Inspiring Communities Together**
Approach: **Asset-based** approaches in a health and wellbeing context

2. Learning from sites

This section focuses on the five person- and community-centred approaches that were selected for the Realising the Value programme, with an emphasis on learning and practical tips from our local partner sites. It also draws on a wide-ranging research evidence review and economic modelling³ carried out by the programme.



a. Peer support: Positively UK

What do we mean by peer support?⁴

Peer support in health and care encompasses a range of approaches through which people with shared experiences, characteristics or circumstances provide mutual support to promote health and wellbeing.

Peer support can be delivered in a range of ways - through one-to-one sessions, in person, through telephone or online support, or in a group setting. It can be delivered by trained peer support staff and volunteers, or through more informal ad hoc support among peers with lived experience. The majority of peer support opportunities are arranged through organisations that recruit volunteers for the role, although in some instances people are paid for being peer supporters.

The relationship between peer supporters and recipients is one of equality, although each of them may be at different stages of their experience. Peer supporters can include people with similar health conditions, as well as coming from similar communities or backgrounds, such as from Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) communities, and can also have age, gender or immigration status in common.

The key components of peer support include:

- Support between people who share a similar condition or experience.
- Participants largely determine the content of peer support sessions.
- Recognising people's strengths, resources and potential.
- Sharing between people as equals, creating opportunities for all parties to strive and achieve a sense of control and empowerment.
- Working towards wellbeing and recovery.

Regardless of the structure, the support aims to achieve health or social care goals and improve quality of life.

The value of peer support

Evidence from research and practice demonstrates the value of peer support as follows:⁵



Mental and physical health and wellbeing: Peer support has been shown to lead to significant improvements for people with long-term physical and mental health conditions across a range of health and wellbeing outcomes, including: individuals' knowledge, skills and confidence to manage their health and care; physical wellbeing; adherence to medication, quality of life and social functioning. Improvements are also shown in condition-specific health and clinical outcomes such as hopefulness in mental health, or blood glucose and weight loss in diabetes.⁶



Financial sustainability: There is considerable uncertainty about the scale of any potential savings, but if implemented well and at scale across England, economic modelling carried out as part of the Realising the Value programme has found that there may be potential for savings of up to £950 million per year, from targeted peer support and self-management education to people with particular conditions who are expected to see the most benefit. The full impact of investing in person- and community-centred approaches could be significantly higher than this. In terms of financial outcomes, the available evidence suggests peer support for mental health issues provides the greatest net gain.^{7,8}



Wider social value: The reciprocity of peer support is a key benefit, supporting outcomes for peer supporters as well as those supported. For example, peer support workers in mental health often experience an increased ability to cope with their own mental health issues.⁹ The modelling carried out by the Realising the Value programme shows that the wider social impact of implementing self-management education across the country could be significant with a potential value of £4.5 billion across peer support and self-management education although many of these savings will not accrue to the health and care system.¹⁰

CASE STUDY

Positively UK



In 1987, two women living with HIV, finding that no services for women existed, took matters into their own hands. They placed hand-drawn posters at clinics and invited other women to meet in their living room. From this, the charity Positively Women was founded, with an ethos of peer-led support. Over time, new communities came to the charity seeking peer-led support, including parents, heterosexual men, newly diagnosed gay men, and young people. Now called Positively UK, the organisation still believes that the emotional and practical needs of people living with HIV can only be truly understood and addressed by the meaningful involvement of others living with HIV.

HIV in the UK today

There are over 100,000 people living with HIV in the UK.¹¹ Advances in medications mean that HIV is now a long-term condition, and with a timely diagnosis people can expect to live to a normal life expectancy.

People living with HIV are often from vulnerable groups that have experienced discrimination, including gay men and migrant communities. HIV is still met with stigma in society and within healthcare settings, which can have a negative impact on people's experience of care and act as a barrier to accessing the care required.¹²

All of Positively UK's frontline staff and volunteers are people living with HIV. Positively UK takes an asset-based approach, recognising the value of people supporting each other and achieving change at a local level. To support this, they have developed an in-house training programme in HIV peer support, accredited by the Open College Network, and volunteers who have completed the training programme receive an NVQ Level 2 in Mentoring.

Positively UK supports over 1,000 people living with HIV each year through:

- Assessments that enable participants to identify their priorities and develop an action plan.
- One-to-one support providing mentoring, advocacy, information and case management to work through the action plan.
- Group support and workshops to promote health and wellbeing, providing information and enabling participants to build sustainable support networks - for example 'recently diagnosed' workshops.
- Collaborative working with peer support integrated into 11 HIV clinics across London where peer workers are members of interdisciplinary teams.
- Working collaboratively with local NGOs and social care providers to ensure that people have access to specialist support including expert-patient programmes, housing, financial advice and social services.

In 2016, Positively UK embarked on a four-year capacity building programme, entitled Project 100, to train 1,000 people living with HIV across the UK as peer mentors. The ambition is to ensure that 100 per cent of people living with HIV has access to high quality peer support.

The seven roles of a Positively UK peer supporter

An evaluation of Positively UK's work with Homerton University Hospital to embed peer support within the clinic and care pathway has identified seven roles a peer supporter can play. These are each illustrated below with quotes from participants:

1. **A person living with that condition:** *“Reading a book about the violin does not mean you know how to play the violin. If you want to teach somebody else how to play the violin, you have to have played it yourself.”*
2. **Someone like me:** *“The gay sex scene is different from the heterosexual sex scene – more sex and more HIV, and lots of social sex, drugs, alcohol and smoking; I needed a peer supporter who understands the risks.”*
3. **A truth teller:** *“The doctor can say ‘take medication because you have to look after your health’, it’s beneficial but also dictatorial. It’s more real and powerful to say ‘look at me, I take medications and I’m well.’”*
4. **A confidant:** *“The worst thing that can happen is to have nobody to talk to when you get a diagnosis...”*
5. **A navigator:** *“It doesn’t work to show someone a website and tell them to go to an organisation. You need to remove barriers for people to move on to the next step.”*
6. **A role model:** *“I have hope. I look at her and say ‘I will be OK’.”*
7. **A life coach:** *“It’s like the doctor is for my body, the psychologist for my mind and the peer navigator is for my life”.*



Positively UK

What Positively UK has achieved

Jasper's story

The impact of peer support on Positively UK's participants is well demonstrated by Jasper's story as told by Positively UK (name changed to protect anonymity).

When Jasper first started accessing our peer support he had no immune system and faced the challenge of adhering to his HIV medication. He was extremely isolated, he had lost his mother back home in Uganda; and was reluctant to meet new people as he thought no one would understand him or his HIV status.

It took time and persistence from our peer supporter for Jasper to fully engage in our services, but after months of ongoing support Jasper began to open up and came to grips with his status. He explained that once he

had met another person living with HIV, he realised that he wasn't completely alone. With patience and the example of our peer supporter, Jasper came to realise that he too is capable and deserving of good mental health, fair medical treatment and healthy sexual relationships.

After two years of peer support and through step-by-step action plans, Jasper has managed to adhere to his medication. He now studies business at university, works part-time, and is a valued volunteer in our peer support programme, inspiring others with his progress.



Positively UK

Positively UK's peer support improves the mental health and emotional wellbeing of participants; reduces their isolation and increases social inclusion; promotes self-management through increased understanding of their condition, and can help improve relationships with healthcare professionals.

An independent evaluation of Positively UK's peer support programme¹³ found that:

90% of participants are better able to manage stigma and talk to others about HIV

80% of participants reported reduced feelings of isolation and were better able to talk to others about living with HIV; they were better able to manage the emotional issues of HIV and build their self-esteem and confidence

95% of participants reported improved wellbeing
52% that their wellbeing had improved significantly

75% of participants achieved increased emotional wellbeing through the introduction to others living with HIV

In line with the NHS Outcomes Framework over

90%

were able to better manage HIV as a long-term condition, including having an increased understanding of HIV, better understanding of treatments and adherence to HIV treatments

The evaluation also gathered the perspectives of healthcare practitioners'

100%

of healthcare practitioners surveyed stated that Positively UK's peer support significantly (40 per cent) or very significantly (60 per cent) improves wellbeing

100%

of healthcare practitioners surveyed thought that peer support complements clinical care

100%

of healthcare practitioners surveyed said that peer support significantly or considerably improves understanding and management of HIV



Positively UK

“ Without Positively UK I wouldn’t have been the person I am today. Through the support groups I was able to make friends; I now have a social life. Through the motivation I received I went back to school, have gained a BA and look forward to getting back to work.”

Person living with HIV

“ Introducing peer caseworkers has provided a level of support for our patients which we have never been able to achieve using healthcare professionals alone”

HIV Clinician, Barts Health NHS Trust

Practical tips for others seeking to implement peer support

There are many factors which have an impact on the successful implementation of peer support. This section identifies the current learning from the evidence^{14, 15} supplemented by the practical experience and advice from Positively UK.



Be clear on the purpose of the support

However short an intervention and regardless of it being one-to-one or group support, there needs to be a purpose of the support. What does the participant want to achieve? What can they expect? There are a number of approaches you can use, such as mutual learning within intentional peer support, setting SMART goals or introducing workshop topics to groups.¹⁶



Create practical links with statutory services

Positively UK's peer support is integrated into 11 HIV clinics across London. A number of factors have helped make this relationship succeed in practice. These include: identifying a champion in the clinic who understands the benefits of the service provided, being clear on the role of peer supporters and when people should be referred to the service.



Plan a clear selection and induction process

There needs to be a clear selection process for appointing suitable peer supporters as it may not be appropriate for everyone.¹⁷ Start with a clear role description and interview based on the skills needed for the role. Ensure training provides clarity on the role. Further assess the person's peer support skills, through practical and interactive activities. Be clear up front about the amount of time and numbers of people peer supporters can commit to. Also ensure time and space for peer supporters to share their own experiences, solve problems, receive feedback and support each other.



Set boundaries and limitations

For peer support to be effective, the boundaries need to be clear and people need to understand the nature of the support on offer. As part of the training and ongoing support you will need to clearly set out what the confidentiality boundaries are, who the peer supporter should go to for any safeguarding concerns and when the right point to refer on for additional support would be.



Make peer support accessible and flexible

Make it as easy as possible for people to participate in peer support.¹⁸ Peer group members may have difficulties attending regular face-to-face meetings due to a number of factors including location, timings and accessibility. Online support can be preferable to some but could limit access for others. Therefore, meetings may work better when they are not time-limited or tied to the delivery of a particular training content. This way, peer support can be a mechanism for responsive and sustained support. Some peer support may include a self-management education component. Time and space is needed for each individual to be able to apply newly acquired knowledge to their own lifestyles.



Ensure there is ongoing support and supervision for peer supporters and peer support groups¹⁹

The breadth of knowledge and skills involved in providing peer support means it is important that those providing peer support have access to structured and ongoing training, possibly linked to professional qualifications such as NVQs. Continuous professional development will enable people to keep their knowledge and skills up to date and to acquire new skills. Make sure you make it easy for people to access training. For volunteers, you may want to provide training at different times to allow people to attend around other commitments.



Ensure that building social networks is part of the support

The social aspect of peer support is important for many people. Ensure that your project planning includes building on people's social networks so they are in a position to carry these on once the structured peer support has come to an end. Ensuring that time is provided at group meetings for individuals to talk and socialise over breaks or food, for instance, can support this process.²⁰



Plan for measurement throughout

Even with informal peer support, it is important to measure the effectiveness of the intervention as this is motivating to both parties and can be useful for the organisation to demonstrate evidence of its effectiveness to potential commissioners. It is important to be clear from the outset what you want to measure and keep it simple. You should be realistic as to what you can measure and how. For instance you might decide to measure people's engagement within a group through observation by staff and improvements in emotional wellbeing by asking those accessing services to score themselves at the beginning of the support programme and again at the end. There are some good resources to help you, including the [NCVO's Inspiring Impact Programme](#).



Be realistic about the costs

Peer support is never free, even when fully provided by volunteers. Peer supporters need to be managed, supervised and trained for the role and this will take time and resources. When budgeting, it is important to think about all the costs involved such as salaries for both frontline staff and those supervising or managing staff and volunteers. Some peer supporters may need police checks and out of pocket expenses such as travel, there may be resources required for groups, a contribution to overheads such as premises costs and possibly costs of engaging someone to undertake evaluation. [NCVO](#) have a range of tools to support financial management including budgeting.



b. Self-management education: Penny Brohn UK

What do we mean by self-management education?²¹

Self-management education includes any form of formalised education or training for people with long-term conditions which focuses on helping them to develop the knowledge, skills and confidence to effectively manage their own health and care. The content of self-management education varies depending on the nature of the people taking part and, often, on people's condition and their information and support needs. Self-management education is a core component of many wider programmes to support self-management.

Self-management education can be delivered in different ways: it may be face-to-face or online; one-to-one or in groups. Structured group education can be generic²² (i.e. for people regardless of their long-term condition) or specific to a particular condition or group (e.g. group education for school children with asthma or structured education for people with type 2 diabetes).²³ Resources such as leaflets, booklets, guidebooks, online training, and videos are sometimes provided as part of self-management education but this tends to vary by specialty.

The diversity of approaches, methods, tools and techniques used to implement self-management support, including education, can make it difficult to distil a standard set of core components. We know, however, that support for people to self-manage is most effective when it is focused on helping people to change their behaviour by developing their knowledge, skills, and confidence in their ability to manage conditions, as opposed to simply providing them with information. As with the other approaches described in this catalogue of learning, we also know that self-management education is often not a 'stand-alone' intervention, and may in practice incorporate elements of e.g. peer support or group activities.

The value of self-management education

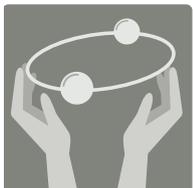
The evidence from research and practice demonstrates the value of self-management education as follows:²⁴



Mental and physical health and wellbeing: Self-management education has been shown to be effective for a wide range of long-term conditions and both a condition-specific and more generic education approach have shown benefits. There is good evidence for improvement in a range of clinical outcomes such as blood pressure or HbA1c in diabetes, behavioural outcomes such as improved diet or frequency of exercise, and educational outcomes such as knowledge of a condition, attitudes about self-efficacy and skills to self-care.²⁵



Financial sustainability: There is considerable uncertainty about the scale of any potential savings, but if implemented well and at scale across England, there may be potential for savings of up to £950 million per year, from targeted peer support and self-management education to people with particular conditions who are expected to see the most benefit.²⁶ The full impact of investing in person- and community-centred approaches could be significantly higher than this. Our economic modelling suggests that self-management education for people with asthma provides the highest net gain and can lead to a reduction in A&E admissions, bed days and inpatient admissions. Supporting people to self-manage has also been shown to reduce demand on acute services such as A&E and unplanned admissions to hospital.²⁷



Wider social value: Broader social outcomes of self-management education include improved communication and relationships. The economic modelling carried out by the Realising the Value programme shows that the wider social impact of implementing self-management education across the country could be significant with a potential value of £4.5 billion across peer support and self-management education, although many of these savings will not accrue to the health and care system.²⁸



Penny Brohn UK

CASE STUDY



Penny Brohn UK

Penny Brohn UK is a charity specialising in helping people to live well with cancer, particularly focusing on person-centred self-management education. Penny Brohn UK was founded in 1980 by Penny Brohn and Pat Pilkington. Penny Brohn, herself a cancer survivor, believed that care was needed for “... *the mind, the spirit, the emotions, the heart and the soul*” as well as the body. This was the start of the Bristol Whole Life Approach.

Cancer care in the UK

Approximately two million people in the UK are living with cancer, with numbers predicted to increase by approximately one million per decade, leading to around four million people living with cancer by 2030.²⁹ Those living with and beyond cancer often have poorer wellbeing and health when compared to the general population, and often feel in need of further support at the end of medical treatment.³⁰

The Bristol Whole Life Approach addresses each part of a person – mind, body, spirit and emotions – recognising that these parts are interconnected and work together to support the immune system and the body’s natural ability to heal. If people keep themselves well in each of these areas, they are able to take back some control over their health and wellbeing, build their resilience and live well with the impact of cancer.

There is substantial research evidence behind the Bristol Whole Life Approach in terms of its lifestyle advice (diet, exercise and self-help techniques) and its ability to address patient concerns, improve wellbeing and increase patient activation.³¹

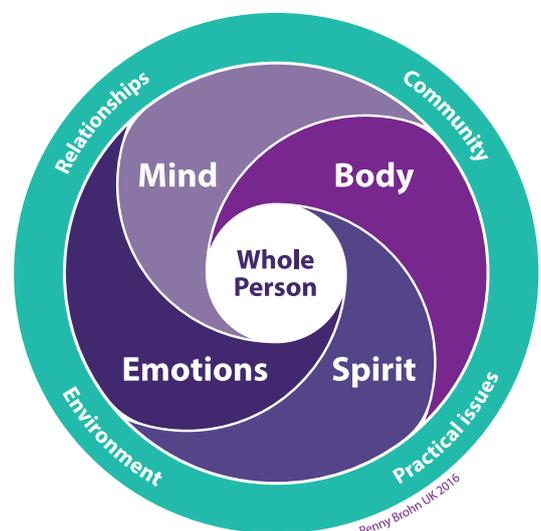
The Bristol Whole Life Approach is delivered to Penny Brohn UK clients through a wide range of person-centred services, providing self-management education for any stage of the cancer survivorship journey. Crucially, services are holistic and allow the individual to decide what elements of support are most important to them.

The Living Well course is Penny Brohn UK’s main way of delivering self-management education across the UK. The Living Well course was designed to be flexible and modular so it can be delivered in different formats at different locations in the UK. Penny Brohn UK has delivered over 500 of these courses to date and reached over 11,000 individuals last year. The course can be delivered over two consecutive days or over two, three or six weeks.

In order to ensure excellence in delivery and facilitation, Penny Brohn UK worked with the National Accrediting body AptEd to develop a Level 4 Living Well Facilitation training course. All the facilitators must complete this training and a continuous professional development programme that follows.

The key aim is to of the Living Well course is to provide clients with a toolkit of techniques that can help address the impact of cancer across the eight components of Penny Brohn UK’s Bristol Whole Life approach.

The Penny Brohn UK Bristol Whole Life Approach to holistic cancer care



What Penny Brohn UK have achieved³²

Steve's story³³

The impact of self-management education for Penny Brohn UK's clients is well demonstrated by Steve's story. He was diagnosed with a melanoma after caring for his late brother and came to Penny Brohn UK through the Living Well course.

"I'm quite a typical person. I was a busy electrician, doing lots of calls across South Wales and the South West, quite stressful, really. I played lots of sport, rugby and golf in particular. I enjoyed the occasional beer on weekends.

Supporting others

I was fine and then my brother was diagnosed with cancer. It was stressful. I cared for him for the last three months of his life. The same day I picked up the death certificate I was diagnosed with melanoma. About two weeks later, I had an incision all down one side of my neck and right across the other side, which was quite traumatic, to totally remove the cancer. I had staples from side-to-side, lots of stiffness and pain for two-three months. Not long after, I had a bit of a nervous breakdown. I put it down to a bit of grief for my brother and the trauma I was going through.

Needing support

When I first came to Penny Brohn I had not spoken to many people about what I was going through, it was very difficult, even with close family and friends, but it was great to be able to speak with people on the course, get things off my chest and gain the knowledge to help me, and see other people's positivity. I've been coming here for a while and my life seems enhanced. I've learnt more about myself and I'm more open to people around me.

Discovering mindfulness

Thankfully, I discovered mindfulness when I found out about Penny Brohn. I tried to be mindful after losing my brother and because the cancer had spread to my lungs, and into the nodes in my neck. I went on a Living Well course and experienced mindfulness and meditation to a higher level. It had an amazing effect on me and it grew and grew as I

experimented and used it as a tool. I was feeling flat, down, not really depression, but close to and these tools helped these feelings disappear. For example, I had a scan which showed that some cancer had decreased while it had increased in other areas and it helped calm me then. When I get bad news I use mindfulness and it's amazing, the effect is so quick.

The Living Well course was fantastic for me. It's helped me massively with nutrition. I thought I was eating healthily before, but I was having too much sugar and processed food. I've cut all processed food, I've changed my diet completely and feel so much better. Penny Brohn's nutritionist was lovely. It wasn't 'rabbit food', it was food that tastes better than any food I've ever eaten. It was full of spices, natural ingredients, no processed food. It was also a privilege to eat food in Penny Brohn's canteen. My weight was fluctuating due to treatment and the cancer, but it's now steady and I feel strong. It's been very helpful spiritually. I don't need to sit back and let the disease control my body, I can fight it better by exercising even when I don't feel like it. This is 100 per cent due to the Living Well course.

I've been on the Approach course since, which is even more detailed. It sort of tweaks things. I'm now doing even better with nutrition, it's been an enriching experience.

Noticing change

I can't thank Penny Brohn enough for what they've done for me, for my nutrition and mindfulness. My stress levels have dropped and it's been amazing on my physical, emotional and spiritual sides. Everything about my life has changed since coming here. I'm positive across the board. I take more notice of what is around me.

The Living Well course has been shown to:³⁴



Evaluation results also showed that clients started experiencing difficulties with maintaining lifestyle changes at around three-to-six months after the Living Well course. Further to this, clients who returned to Penny Brohn UK for more support after the Living Well course had bigger improvements in their HRQoL and wellbeing at the 12 month follow-up.

From 2014, follow-up support was therefore added to the Living Well course package, to enable self-management changes to be sustained. This involved follow-up top-up reminders (including emails, one-to-one appointments with a doctor or nutritional therapist, and follow-up days). In 2016 an evaluation of the Living Well course and further follow-up support³⁵ after the Living Well course found:

- A. **Self-management was supported and enabled.** A significant change in Patient Activation Measure (PAM)³⁶ scores was found, with clients at the lowest levels of ‘activation’ before the course showing the greater levels of improvement:

86% of clients reported that the course had enabled them to self-manage their health more effectively

“ I feel more well-informed now. The fear of having cancer has disappeared, and my control has taken over ”

Living Well course participant

B. **Health related quality of life was significantly improved** and changes were further maintained by experience of follow-up support provided.

“ The Living Well course taught me things like how food, nourishment, exercise and relaxation can help my health and wellbeing. It was also good to share experiences, thoughts and feelings with others with different cancers. For the first time since diagnosis – I was treated like a whole person. ”

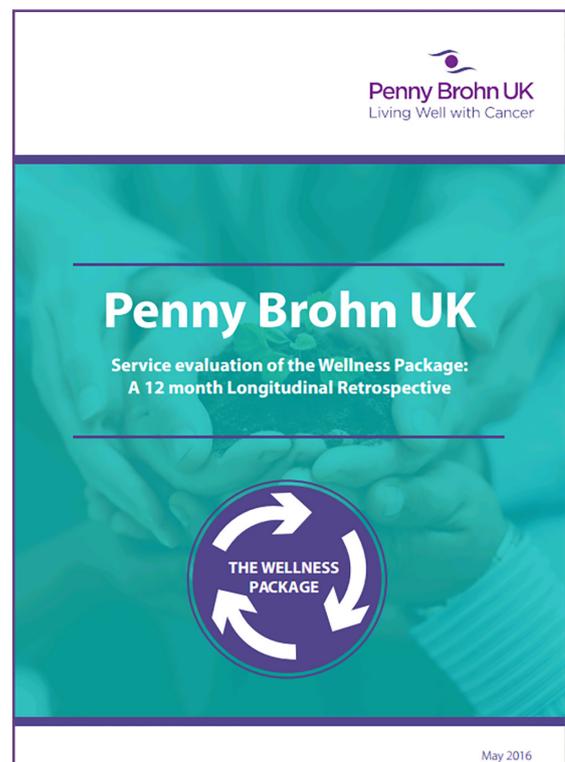
Manvinder, Penny Brohn UK client

C. **Reduction in the need for some formal health and care services.**

Twelve months after attending the Living Well course, **45%** of people reported that the Living Well course had made a difference to the way they accessed medical services.

“ I feel more able to be self-aware and listen to my body and therefore I don't rush to the GP with every ache and pain ”

Living Well course participant



Penny Brohn UK

Practical tips for others seeking to implement self-management education

There are many factors which have an impact on the successful implementation of self-management education. This section identifies the current knowledge from the evidence³⁷ supplemented by the practical experience and advice from Penny Brohn UK.



Make the intervention person-centred and holistic

Give people choice without overwhelming them. Creative engagement of those using the service is needed to help design and modify appropriate self-management strategies. Some groups may prefer practical activities like exercise and nutrition, others may respond better to emotional support and knowledge sharing so allow for flexibility. Offer opportunities for social action and peer support.



Design your service delivery model carefully

Aim to create a free, accessible, replicable and evidenced service delivery model. Make the model simple and flexible, allowing it to be used in different ways – e.g. modularise the different components. Remember the health impact and continue to aim to evidence this in order to reach health professionals and commissioners.



Use holistic self-assessment to set learning objectives and plan how to deliver these in the best way for each individual

Support and encourage people to identify their own knowledge and skills gaps (perhaps they have never cooked a healthy meal before, perhaps they are not confident about how to exercise after surgery) and then help them set realistic learning objectives that will give them the self-management education they need. A modularised education offering allows people to focus on the areas and objectives that are most relevant for them at that time, and to come back for more education later, if needed.



Offer ongoing support

People should be made aware that the initial inspiration and motivation after a self-management education intervention often fade without regular follow-up, even with the best intentions. Needs change over time and with changing circumstances, so periodic opportunities to re-assess holistically should be built into any self-management programme. It is important to give people a choice of how they would like to access follow-up support and to ensure there is easy and prompt access to professional support and advice if they feel that they are not coping.



Help people link their self-management goals to their aspirations and beliefs

Take time to discover and tap into what motivates and inspires people in their lives, and try to show them how appropriate self-management can bring them closer to the things that really matter to them. Look to enhance people's confidence and motivation along with developing their skills and knowledge.



Every journey starts with a single step

Small positive steps in lifestyle changes are often the best and most sustainable way to change behaviours. Help people to realise that achieving even small specific self-management goals can have far-reaching and often life-changing effects on many other aspects of their lives. Success often builds on success, and early benefits can motivate further changes.³⁸



Avoid burden/blame

Encourage people to develop a realistic sense of responsibility and ownership over their own health but be careful not to let this turn into a culture of guilt and self-blame when things are difficult. It is useful to provide regular reminders that we can control some, but not all, aspects of our lives.



Avoid 'tyranny of the positive'

Becoming involved in self-management requires a proactive and motivated approach, but some people mistakenly believe that they have to be constantly 'upbeat' and deny all negative thoughts and feelings, such as fear, doubt or sadness. Appropriate self-management education involves recognising and addressing the full range of psychological and emotional responses to ill-health and its challenges.



Penny Brohn UK



c. Health coaching: Big Life Group with Being Well Salford

What do we mean by health coaching?³⁹

Health coaching is a form of coaching that aims to help people to set goals and take actions to improve their health or lifestyle. It can be described as: ‘unlocking a person’s potential [...] helping them to learn rather than teaching them’.

Key characteristics that run throughout health coaching methods and approaches, regardless of the provider are:

- Empowering people to take ownership and responsibility for their health.
- A focus on an individual’s goals rather than what professionals think they should do.
- An equal and collaborative relationship between the individual and the coach.
- Recognising people’s resources and potential and ability to change.
- Focus on helping people to assess where they are now and where they want to get to rather than exploring the historical reasons for present day issues.
- Helping people plan and break down their goals into manageable steps.
- Helping the individual find the solutions and way forward regarding their issues; the individual is an expert on their life.
- Challenging habits, behaviours and limiting beliefs.

Health coaching can be done on a one-to-one basis, in pairs or in small groups and can be delivered in person or – for individual coaching at least – by telephone or online.

A health coaching role can take many different forms. It can be built into the roles of existing healthcare professionals, who become trained to use these techniques and tools within routine consultations, or delivered in a community setting. In recent years there has also been an increase in initiatives to train lay people as health coaches to work with those with the same or similar medical conditions as themselves.

Health coaching has some synergies with other person-centred approaches. A key distinction, however, between health coaching and some other forms of support, such as self-management education, is that the health coach is not there to teach, advise or counsel but, rather, to support people to find the answers themselves and plan to achieve their goals.

The value of health coaching

Evidence from research and practice demonstrates the value of health coaching as follows:⁴⁰



Mental and physical health and wellbeing: Health coaching interventions have been shown to increase participants' knowledge, skills and confidence to manage their health and care and can also support people to adopt healthy behaviours and make different lifestyle choices. Some evidence shows it can lead to improvements in cholesterol, blood pressure, better pain management and weight loss.⁴¹ There is also evidence of impact for individuals with diabetes, cardiovascular disease or multiple health issues. This suggests that health coaching may be particularly valuable for people with multiple long-term health conditions.⁴²



Financial sustainability: There is currently limited financial evidence with which to calculate the potential savings from offering group activities, health coaching and asset-based approaches to a population. If we assume that these interventions are similarly effective as providing peer support to people with mental health issues and coronary heart disease, the economic modelling carried out by the Realising the Value programme suggests a saving somewhere in the region of £1,000-£1,500 per person per year for each intervention.⁴³ The full impact of investing in person- and community-centred approaches could be significantly higher than this. There are also some promising individual studies which show that health coaching can save costs for inpatient, outpatient and prescription drug expenditures although more evidence is still needed.⁴⁴



Wider social value: There is evidence to suggest wider social impact of asset-based approaches, group activities and health coaching. The potential wider social savings estimated by our economic modelling for these approaches combined are approximately £1.3 billion per year, although many of these savings will not accrue to the health and care system.⁴⁵ There are also a number of studies which show a positive impact on the social life and perceived social support of health coaching participants.⁴⁶ On the whole, more evidence is required to fully understand the wider social impact of a health coaching approach.

CASE STUDY

Big Life Group and Being Well Salford



Being Well Salford, a public health service commissioned by Salford City Council was created with a clear remit – to do things differently.

The service, initially commissioned from 2013 to 2016, with the scope for extension and expansion, aims to empower participants to make positive changes. It set out to reach communities and people who are most disadvantaged and least likely to respond to public health messages.

The health coaching approach works with people who want to change two or more entrenched lifestyle issues: low mood; activity levels; weight; smoking; or alcohol intake. They are likely to be people who also find it hard to believe they can effect change and aren't sure what to tackle first. Typically, they have already accessed specialist services and not met their goals.

Referrals into the service come from a range of sources – including GPs, Jobcentre Plus, community health professionals, housing associations and prison services – or via self-referrals. Once referred, a participant can stay with the service for up to 12 months.

Being Well Salford's team use coaching and motivational interviewing techniques. This involves regular one-to-one meetings with a participant, encouraging them to set their own goals, and giving them the tools and techniques to achieve them.

Coaches and participants meet in community settings ranging from health centres and libraries to fire stations, as well as having telephone sessions and online support.

To deliver the service, 11 Salford organisations – predominantly from the VCSE sector – work in partnership. Operating within a shared set of values and aims and steered by a central board, this model of delivery allows for wider co-production across the city, and gives participants access to a much wider range of support.

The Being Well Salford service is managed by Big Life Group who offer the infrastructure to support smaller, local organisations to deliver their contracts.

What Big Life Group and Being Well Salford has achieved

Irene's story

The impact of health coaching of Being Well Salford's participants is well demonstrated by Irene. She was seeing her Being Well Coach, Hannah, to help overcome two mental health breakdowns.

In 2008 I had a breakdown, through worrying about losing my job and paying my mortgage. I gradually regained my confidence, until a relationship I was in ended when my partner cheated on me. I felt my confidence go down to the ground and I had another meltdown.

I went to the Willow Tree and found a leaflet for Being Well Salford. I phoned up and clicked with Hannah straight away. The first time I met her, I cried all the way through our session,

but I kept coming back and have made great progress.

I can't praise Hannah enough – she is definitely the right person for me. She has given me so many options and strategies for when I'm feeling alone or like I can't be bothered with anything. And when I've had a blip, she's been in touch straight away to help me get back on track. Walking to the Willow Tree to get that leaflet was the best walk I ever made!"



Being Well Salford

In 2015/16 Being Well Salford delivered more than 7,000 individual health coaching appointments, to nearly 2,000 individuals and over 500 health coaching group sessions. Sixty per cent of participants were from the 20 per cent most deprived areas in the country.

Before using the service:

70% of participants did less than the recommended amount of exercise

48%

of participants smoked, consuming an average of 18 cigarettes per day

95%

of those participants who shared their weight with the service had an unhealthy BMI

74%

of participants had low wellbeing scores

After using the service:⁴⁷

58% of participants reported that they had increased their physical activity levels

The percentage of people achieving their activity target doubled from

23% to **49%**

48%

of smokers reduced or quit smoking

44%

of participants reported weight loss

66%

of participants said that their mood had improved



Being Well Salford

“ I feel much stronger now and able to deal with my problems and make decisions. I feel like I am climbing a ladder and sometimes I’m knocked back but I keep on climbing now instead of giving up. I’m going to carry on moving forward.”

Former participant, Being Well Salford

“ As a general practitioner I see many patients with problems which are sometimes more in the realm of psychological and social distress rather than pure organic disease. Pointing them towards a health and wellbeing coach provides them with an opportunity to look at alternative ways to making themselves feel better.”

Dr Jeremy Tucker, GP

“ I am volunteering and attending an art group and I am far more active. It is established that I am valued and I have value in life. I feel normal again, ‘my normal’. You can’t put a price on a person’s health and wellbeing.”

Former participant, Being Well Salford

Video diaries for Being Well Salford coaches and participants can be found online.⁴⁸

Practical tips for others seeking to implement health coaching

There are many factors which have an impact on the successful implementation of health coaching. This section identifies the current knowledge from the evidence⁴⁹ supplemented by the practical experience and advice from Big Life Group and Being Well Salford.



Commissioners should set a clear vision

In Salford, the public health team set out a clear vision with strong leadership. They identified the need for a different kind of service to fill the gap between community services (such as health promotion activities and health trainer services) and specialist services (more complex behavioural and psychological support, for example around alcohol and mental health). Due to this understanding, they were able to commission the design, development and implementation of a health coaching vision.



...and follow through with a robust procurement process

To commission a new service to meet this vision, commissioners needed to be sure that the delivery partner(s) had the relevant experience, knowledge and commitment. During the Being Well Salford commissioning process the following questions were asked to ensure there was a robust approach to co-production and that the vision could be realised:

- What is the organisation's experience of delivering behaviour change models and what is the evidence to demonstrate their effectiveness?
- What is the rationale for proposing a particular model (i.e. coaching)?
- What processes are the provider putting in place to ensure staff have the skills and supervision to deliver the proposed model?
- How will partners be accountable to deliver the model and not just an extension of their current approach?
- What is the 'plan B' if the model is not delivering as planned?



... which builds social value

Commissioners should ask bidders to describe how their vision will support the development of local social capital. This means that practices such as employing locally and supporting local organisations should be encouraged.⁵⁰



Train health coaches well

Some form of education or training is essential for health coaches. A number of different coaching standards and courses exist, although there is no one recognised set of these in the UK.⁵¹ Ideally training should be adapted to the needs of the group. The appropriate length of training will depend on the purpose and goals of using coaching and whether coaches will be incorporating skills into existing consultations or undertaking one-to-one coaching on an ongoing basis. Two days is seen as the minimum for basic health coaching training. Being Well Salford's approach to training has been to:

- Recruit coaches on the basis of values, lived experience and resilience.
- Implement a robust training plan with clear processes to look after the coach's own wellbeing.
- Ensure that shared values underpin the work of not only the prime contractor, but all the partner organisations.



Cultivate a two-way relationship with commissioners that encourages innovation

There has been strong leadership in the local authority and third sector partners in Salford who have been keen to trial the new approach.⁵² An initial six month design, implementation and co-production phase built up trust amongst partners and stakeholders. This approach has continued throughout the duration of the service. There is ongoing discussion on what is and is not working with the public health commissioning team, partners and staff. This could be seen as ‘risky’, but this honest approach gives everyone a focus and enables the service to develop. Regular review days with staff to look at evaluation data coupled with quarterly board meetings with partners has enabled Being Well Salford to understand what worked for participants and how they could ensure the service was flexible enough to lead to the best outcomes.



Co-produce and evaluate the service with participants and staff

Continue to learn from people’s journeys and experiences and ensure there is regular time put aside for evaluation, review and discussion as people’s opinions count and are valuable. Quarterly review days with staff have given Being Well Salford some of the best solutions to the challenges they have faced throughout the programme and service users have come up with innovative approaches with which have been developed further, such as an app.

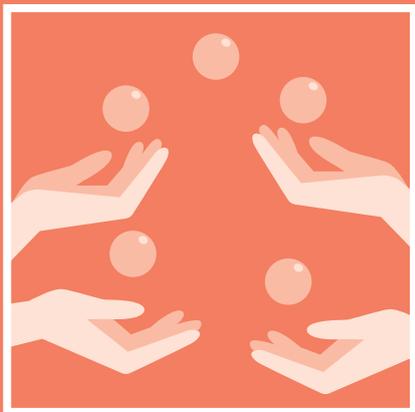


Have a clear, targeted engagement and promotion strategy for both communities and other services

Keeping a clear record of where and who you have spoken to means this can then be evaluated to see what approaches are working and what are not. It also enables the service to help create pathways for integration which makes journeys around ‘the system’ as easy as possible for individuals.



Being Well Salford



d. Group activities to promote health and wellbeing: Creative Minds

What do we mean by group activities to support health and wellbeing?⁵³

There is a wide range of group activities that can be beneficial to support health and wellbeing. Examples include exercise classes, cookery clubs, community choirs, walking groups and gardening projects.

These activities can help many different people in the community, including older people, parents with young children, people with mild to moderate depression, those with long-term conditions and those who are socially isolated. Many group activities promoted through health and social care organisations may be focused on an aspect of healthy living in order to also increase physical health. Examples of this include cookery groups which encourage a healthy diet, exercise activities targeted to meet the needs of those who are less likely to join local leisure centre classes, or other approaches which involve physical activity, such as gardening groups.

As with the other approaches described in this catalogue of learning, group activities are often not a 'stand-alone' intervention, and may in practice incorporate elements of e.g. peer support, asset-based approaches or health coaching.

The value of group activities to support health and wellbeing

Evidence from research and practice demonstrates the value of health coaching as follows:⁵⁴



Mental and physical health and wellbeing: UK-based studies on the benefit of group activities among those with dementia and those with mental health issues have reported impressive outcomes in areas such as quality of life, anxiety, depression, communication, and feeling in control of life and able to cope with its challenges.



Financial sustainability: There is currently limited financial evidence with which to calculate the potential savings from offering group activities, health coaching and asset-based approaches to a population. If we assume that these interventions are similarly effective as providing peer support to people with mental health issues and coronary heart disease, the economic modelling carried out by the Realising the Value programme suggests a saving somewhere in the region of £1,000-£1,500 per person per year for each intervention.⁵⁵ The full impact of investing in person- and community-centred approaches could be significantly higher than this.



Wider social value: As well as having a positive benefit for individuals, group activities can also contribute to strengthening the community itself. Two projects working with Creative Minds (see overleaf) have carried out evaluations which show that for every £100 invested they get a £700 social return on investment⁵⁶ of asset-based approaches, group activities and health coaching. The potential wider social savings estimated by our economic modelling for these approaches combined are approximately £1.3 billion per year, although many of these savings will not accrue to the health and care system.⁵⁷



Creative Minds

CASE STUDY

Creative Minds



Creative Minds is a multi-award-winning approach that develops community partnerships and co-funds creative projects across South West Yorkshire Partnership NHS Foundation Trust's (SWYFT) health and wellbeing services in Barnsley, Calderdale, Kirklees, Wakefield, and in SWYFT's forensic services.

The aim of Creative Minds is to develop creative group activity projects that support the SWYFT's mission to help people who use their services to live well in their community and to reach their potential.

SWYFT knew achieving this aim would require a culture change. Its objectives were to:

- Increase participation in creative group activities for people who use their services.
- Increase high quality creative practice and approaches within the organisation.
- Develop a research/evidence base about creative approaches to health and wellbeing.
- Increase inter-agency partnerships to bring about more funding for creativity and wellbeing.

SWYFT recognised that the use of creative group activities in healthcare settings can have a big impact on a person's wellbeing, for example by increasing their self-esteem, developing social skills or providing a sense of purpose. Where individuals have low expectations and poor self-image, the sense of achievement found in creativity gives participants a chance to start to move away from negative or self-destructive patterns and habits and start to write a more positive story for their life.

Creative Minds defines creativity in the broadest sense to take into account the contribution of the arts, but also sports and other recreational and leisure activities. This has given participants a greater choice of activities that includes music, dance, poetry, but also includes football, walking, gardening and knitting. Creative approaches offer a different way of engaging with communities and have worked particularly well with people who have traditionally been more difficult to engage. A good example is the Assertive Outreach Team's⁵⁸ work with people who are often deemed as lacking insight into their mental health condition and subsequently rejecting a medical approach. Assertive outreach workers play football in the same team as this group of people because they find this environment less threatening than a health clinic.

The main reason for developing Creative Minds was to meet a continued desire from service users and carers to use more creative approaches to understand and support their health and wellbeing. Workshops were held across the Trust that brought service users/carers, staff and community partners together to co-produce a strategy. This involved working in equal relationships based on mutual respect and challenged the assumption that people who use services are passive recipients of care. The aim was for people who participate in Creative Minds activities to be empowered to take control of their own health and wellbeing and to lead by example.

A key part of the feedback stressed that participation in creative group activity needed a safe, supportive environment to get started in, and that participants from here could be supported to challenge themselves constructively and start to imagine and plan for a different life for themselves. Creative engagement was also seen as an opportunity for people to engage as equals, to shift the power imbalance between care providers and the cared for, and for people to progress towards personal autonomy through developing a creative passion.

What Creative Minds has achieved

Nina's story

The impact of group activities for Creative Minds participants is well demonstrated by Nina's story (name changed to protect anonymity) as told by a Creative Minds partner.

Nina's dementia brought a great sadness and emptiness. She would come to the day centre and just sit quietly by herself, with no engagement with anyone. She would also eat alone; staff would have to remind and encourage her to eat

When we began the creative project we worked very hard to connect with Nina. During the movement/music part of the session, our dance worker would lead the session and I would sit close to her, gently guiding her through the movements. We would often use a silk parachute and midway through the project Nina was lifting the parachute herself and raising her hands during other movement exercises.

We encouraged staff to bring Nina to the table for the art activities and I worked alongside her. Initially she would not do anything – almost not 'see' the paint or pastels in front of her. The first thing to connect with her was a very gentle activity

of washing inks over wet paper. After initially guiding her hand with the brush she took obvious delight in washing the beautiful colours over the paper. This was the first time she made eye contact.

Each week, her connection to the creative sessions became stronger – sustained eye contact, speaking to me directly, connecting the colours and textures of marbling inks with rivers of her childhood. Instead of having to encourage her to move to the art table she began to stand with everyone else and come to the table. She would now also join the other women at the table to eat her lunch, and also ate more.

Even when the art sessions were not running, Nina was now more fully engaged with the centre and the rest of the group. On a couple of occasions she has shared detailed reminiscence about her childhood with staff and the other women.

Reach

SWYFT's launched Creative Minds in November 2011 and since then they have supported more than 250 creative projects in partnership with over 120 voluntary, third sector, not-for-profits organisations and other community groups to deliver creative arts, spiritual, sporting and environmentally based group activities to more than 20,000 people.

Image

Creative Minds wanted a strong image so a colourful logo was developed and they produced their strategy in magazine format to get it into community venues, grabbing people's attention, along with a clear website.



Creative Minds

Interactive

To inspire people, the team ran ‘Creative Minds Live’ events to showcase the talents of people who use their services. These events were in mainstream venues such as the art galleries, theatres, etc.

They have also developed a suite of films⁵⁹ involving people involved in Creative Minds telling their stories and promoting the benefits. These have been promoted through social media channels and have received a lot of interest locally regionally and nationally.

Evaluation

All projects carry out their own internal evaluation using outcome and quality indicators and service user reported outcomes measures such as the Warwick-Edinburgh Mental Wellbeing Scale⁶⁰ and self-reported satisfaction measures they consistently show improvements in mental wellbeing.

Reducing stigma

Showcasing positive artistic achievement challenges negative stereotypes and celebrates participants’ talents and abilities, conferring value and esteem in the process. Spending time together in mutually valued activities over long periods of time improves community attitudes and acceptance of people with mental and physical health problems.

“ I was very socially isolated, I spent 90 per cent of my time indoors. Now it’s [attending group activities] given me a sense of purpose and direction. ”

Creative Minds service user

“ I am often desperate as a clinician to be able to link people into finding a way forward... These creative projects allow people to find who they are and what they are good at. I have had some very positive feedback from people I have referred into Creative Minds projects. One or two people have said to me it’s saved their life. It has given them something that nothing else in their organisation has given them. That is so powerful, and I want to help refer others into these. ”

Dr Graham Hill, Consultant and Psychiatrist

“ Creative Minds have supported voluntary groups to start up and grow and helped those with mental health issues to be more independent and outgoing. ”

Creative Minds service user

Practical tips for others seeking to implement group activities for health and wellbeing

There are many factors which have an impact on the successful implementation of group activities. This section identifies the current knowledge from the evidence⁶¹ supplemented by the practical experience and advice from Creative Minds.



Actively seek out new types of partnerships

Creative Minds have an unusual position of being a charity that is hosted within SWYFT. It works in effect as a link between the NHS and local voluntary and community organisations. NHS bodies should aim to work actively with the voluntary sector to enable it to provide group activities, whether funded through grant aid or commissioning.



Community ownership is key

Any mission should lead with helping people to reach their potential and to live well in their community. This approach can allow you reach to those that are hardly ever reached. Allow opportunities for people to choose to do what they want rather than giving instructions. This enables different points of view to be heard, decision-making to come from within and a wider range of people to find something they can engage with.



Co-create new projects

Co-creating new and innovative solutions to the issues faced by individuals and communities can add substantial value to the overall service offer. The approach builds and uses social capital to create and restore a community spirit that enables people to reach their potential and live well in their communities. Working and delivering services in partnership has also had large mutual benefit to Creative Minds. Their partners learn from each other and have greater awareness of mental and physical health conditions, and SWYFT has learnt more about group activities and creating closer links with the voluntary and community sector.



Language matters

Person-centred approaches to health and wellbeing aim to enable people to live well whatever their condition. Having a clear message that people will relate to is key in your communication. Creative Minds try to avoid negative language such as ‘helping to cure’ or ‘finding a solution’. They prefer terms such as ‘helping you to live well’. Telling the story of different experiences, both of participants and those delivering a service, can also be a great way to bring your work, and the difference it can make to life.⁶²



Link with other approaches to health and wellbeing

Asset-based and other community approaches, which focus on working collaboratively with communities to map assets and develop solutions to community-identified needs, often lead to the establishment of a range of community and group activities. For example, a project based on community organising in Littlehampton led to the development of a range of group activities including a youth club, arts group and community ‘edible garden.’



Use a solution-focused approach

Look at what you can do and how to get activities going, rather than looking at reasons not to do it.

This will be easier if you first all understand the culture of your organisation, and that of your local stakeholders, as it will enable new ways of working to be embraced rather than challenged.



Choose partners carefully so that each have their own benefits and are not in competition with each other

A major aim of Creative Minds was to build a strong infrastructure of community and voluntary sector organisations. All partners become ‘preferred suppliers’ and subject to SWYFT’s stringent governance process around quality, safeguarding etc. SWYFT provides half of the funding to projects and increases capacity and sustainability through their partners bringing match funding from various sources such as Arts Council England, Big Lottery Fund etc. Most partners also have a large body of volunteers supporting them and this adds further resource and social value.



Encourage innovation and creativity at all levels

As well as supporting participants to seek new and imaginative approaches to support their personal growth and development, the creative approaches of group activities can be used at all levels within NHS organisations to seek innovative approaches to client care, team development, service development and organisational management.



Creative Minds



e. Asset-based approaches in a health and wellbeing context: Unlimited Potential with Inspiring Communities Together

What do we mean by asset-based approaches in a health and wellbeing context?⁶³

Asset-based approaches in a health and wellbeing context are ways of working that build on and connect existing assets and strengths to maintain and sustain health and wellbeing. Fundamentally, asset-based approaches in a health and wellbeing context ask the question ‘What makes us healthy?’ rather than ‘What makes us ill?’ The vision is to improve people’s life chances by focusing on what improves their health and wellbeing and reduces preventable health inequalities.

An asset could be:

- The practical skills, capacity and knowledge of local people.
- The passions and interests of local people that give them energy for change.
- The networks and connections – known as ‘social capital’ – in a community, including friendships and neighbourliness.
- The effectiveness of local VCSE associations.
- The resources of public, private and VCSE sector organisations that are made available to support a community.
- The physical and economic resources of a place that enhance wellbeing.

There are five principles for asset-based approaches.⁶⁴ They should be:

- **Asset-based** – value strengths, groups and networks.
- **Community-based** - work in the space in which networks come together and shared interests are negotiated and acted on.
- **Relationship-based** – create the conditions for exchange, sharing and solidarity.

- **Person-led** – encourage individuals and communities to discover their full potential and take control of their lives.
- **Promote social justice and equality** – enable everyone to have access to the assets they need to flourish.

This shift from a ‘deficit-based’ to an asset-based approach requires a change in attitudes and values. Agencies and professionals have to be willing to share power; instead of doing things for people, they have to help people and communities to do things for themselves (for example, just over 10 per cent of the population provides unpaid care for a loved one). People should therefore be respected and supported as a major part of the health and social care workforce.

Examples of asset-based approaches

Asset-Based Community Development (ABCD).⁶⁵ ABCD is a strategy for sustainable community-driven development where communities drive the development process and both respond to and create local opportunities. They do this by mobilising individuals, associations and institutions to come together to build on their assets. An extensive period of time is spent in identifying the assets of individuals, associations, and then institutions before they are mobilised to work together to build on the identified assets of all involved. The identified assets from an individual are then matched with people or groups who have an interest or need in that asset. The key is to begin to use what is already in the community.

Positive Deviance (PD).⁶⁶ PD is based on the observation that in every community there are certain individuals or groups (the ‘positive deviants’), whose uncommon but successful behaviours or strategies enable them to find better solutions to a problem than their peers. These individuals or groups have access to exactly the same resources and face the same challenges and obstacles as their peers. The PD approach is a strengths-based, problem-solving approach for behaviour and social change. The approach enables the community to discover and optimise existing, sustainable solutions to complex problems within the community, which speeds up innovation. This approach has been used to address issues as diverse as children’s wellbeing, childhood malnutrition, neo-natal mortality and hospital acquired infections.

Other asset-based approaches include social network building, social prescribing and co-design, co-production and co-delivery.

The value of asset-based approaches in a health and wellbeing context

Evidence from research and practice demonstrates the value of asset-based approaches in a health and wellbeing context as follows:⁶⁷



Mental and physical health and wellbeing: There are strong links between social relationships and reduced mortality and morbidity. Asset-based approaches commonly work to increase community and social connectedness. There is good evidence on the theory underpinning assets but not yet the detailed evidence base on the precise outcomes from different asset-based interventions. Asset-based approaches can particularly promote mental wellbeing, which can be both a cause and a consequence of inequality and physical ill-health. The capacity and motivation to choose healthy behaviours is strongly influenced by mental wellbeing as well as by socio-economic and environmental factors.



Financial sustainability: There is currently limited financial evidence with which to calculate the potential savings from offering group activities, health coaching and asset-based approaches to a population. If we assume that these interventions are similarly effective as providing peer support to people with mental health issues and coronary heart disease, the economic modeling carried out by the Realising the Value programme suggests a saving somewhere in the region of £1,000-£1,500 per person per year for each intervention.⁶⁸ The full impact of investing in person- and community-centred approaches could be significantly higher than this. Some social return on investment (SROI) studies of interventions such as time banking, also suggest they could be cost-effective. For example, an ongoing study of Unlimited Potential's work which provides a support group for fathers in a deprived area of Salford (see overleaf) has shown promise across a number of outcomes with participants have reported increased wellbeing and reduced use of mental health services.



Wider social value: Asset-based approaches can connect people with communities, build social networks and 'social capital', and reduce social isolation. They therefore also tackle social, environmental and economic factors that influence health and wellbeing. The potential wider social savings estimated by our economic modelling for these approaches combined are approximately £1.3 billion per year, although many of these savings will not accrue to the health and care system.⁶⁹

Unlimited Potential and Inspiring Communities Together



Citizens and communities have been described as the ‘renewable energy’ of the NHS,⁷⁰ but what does it really mean to harness this? Unlimited Potential and Inspiring Communities Together have been answering this question by applying asset-based approaches in health and wellbeing for more than ten years, working with around 7,000 people a year on average.

Below are a few examples of the difference asset-based approaches in a health and wellbeing context have made in Salford.

What Unlimited Potential and Inspiring Communities Together have achieved

Billie’s story

The impact of asset-based approaches for Unlimited Potential and Inspiring Communities Together participants is well demonstrated by Billie’s story (name changed to protect anonymity).

Billie is 79 years old and has attended sessions of Tech and Tea [see below]. She has dementia and was nervous about taking part and worried it would be very confusing for her, but wanted to take part like everyone else. Since attending the sessions she now feels that she has become more confident and is not frightened of computers anymore. She

complimented the tutor for being patient and said she had lots of fun at the sessions. The added benefits for her have been an increase in confidence and knowledge. She enjoyed the social side of the sessions and has made new friends and has even been able to reconnect with an old friend she knew from school days.

Tech and Tea

In Salford an asset-based approach has been built into the Integrated Care programme – Salford Together. The model builds on the assets of older people to look after their own health and wellbeing and support others to identify their own strengths. The approach uses a wellbeing conversation tool based on the five steps to wellbeing,⁷¹ which is delivered by Volunteer Wellbeing Champions and links older people to assets within their own communities.

Within the community assets workstream of the Salford Together Integrated Care Programme, there is a five-week, low level digital skills project called Tech and Tea⁷² which aims to improve access to information and IT skills for people over 65.

A report on older people, technology and community⁷³ identified that the benefit of technology is not simply access to technology but more specifically how technology can foster improved social interaction, engagement of older people in their communities and promote high quality face-to-face contact.

The Tech and Tea project aimed to engage older people in understanding the benefits of technology in helping them to:

- Engage in neighbourhood activity.
- Reduce social isolation and loneliness.
- Improve health and wellbeing.

The project is delivered within neighbourhoods at community venues and works with both paid tutors and Volunteer Wellbeing Champions. Built into the programme is also the opportunity for people to purchase reduced-cost equipment which could be a laptop, tablet or a dongle, helping to remove the barriers to carrying on developing digital skills.

Outcomes – Tech and Tea

50% of those who have taken part in Tech and Tea consider themselves to have a disability and **48%** live alone

The majority of participants are aged **65-89** and **7%** of those taking part are over **90** years of age

In week one over **70%** of participants recorded having no prior experience of doing basic computer tasks

After five weeks, over **90%** recorded that they had gained knowledge and felt they could complete basic tasks

“ I love the conversations I have with people, that is the best bit ”

Morag is 65 years old and retired. After taking part in a Tech and Tea programme she became a Volunteer Wellbeing Champion in March 2016



Inspiring Communities Together

“The key thing across the whole of the health and social care spectrum is closer partnership working, so that it’s our service. It’s not the doctor’s service; it’s not the patient’s service. We own the service together and jointly we try and make things better.”

GP and CCG chair

Dadly Does It

Unlimited Potential ran a pilot project called Dadly Does it with the aim to find new ways to improve the wellbeing of fathers from disadvantaged backgrounds in Salford and to understand the potential impact on their children’s wellbeing.

Using a ‘positive deviance’ approach, the project was co-produced with a Council of Dadz, (now called Salford Dadz).⁷⁴ They have created male-friendly spaces where positive role models can talk openly to each other and try out fun dad–child activities that can enable bonding.

Outcomes – Dadly Does It

Fathers reported a greater sense of positive identity, increased social connectedness and move towards or into meaningful employment. Children reflected better relationships with their fathers, with consequent improvements in their own behaviour and wellbeing. With greater shared parenting, mothers related significantly improved family relationships and, for some, a much more positive view of men.

“ When I grow up and have kids of my own I’ll bring them to Salford Dadz. I know what my dad’s done for me. Everything he’s done for me I can pass on to my kids”

Teenage boy from a neighbourhood in the 3 per cent most deprived in England

A social return on investment study of Salford Dadz found that £1 invested yielded approximately £3 of potential savings to children’s services and also yielded approximately £13 of wellbeing value for the fathers involved.



Unlimited Potential

Practical tips for others seeking to implement asset-based approaches in a health and wellbeing context

There are many factors which have an impact on the successful implementation of asset-based approaches in a health and wellbeing context. This section identifies the current knowledge from the evidence⁷⁵ supplemented by the practical experience and advice from Unlimited Potential and Inspiring Communities Together.



Start with people's strengths

Everything is done from people's strengths to create a positive mind-set throughout the organisation - this applies to everyone, including local people, volunteers, staff and managers. Building trust from all parties will develop a shared understanding of what can and cannot be achieved in the time frame set.



Training and support is required

A theme to emerge from research to date is the potential tension between asset-based approaches and ways of working. Agencies and practitioners have to be willing to share power and work with people and communities to identify the priorities that matter to them. Published case studies also show that some people struggle with the new model as it is not the model⁷⁶ of care they expect from the health service. Therefore training and support for healthcare professionals is required along with raising the awareness of this approach among the general public.



Consider the wider context

Always recognise the wider physical, social and economic environment in which a person lives their life. This is key to understanding people's way of life and building relationships in order to offer the most effective health and social care.



Work to people's agendas

People are motivated by what they are interested in, not in the agendas and priorities of agencies. Therefore engage with people's own interests and priorities. Ask why a person or group is how they are, and what is really important to them.



Have fun!

Start all conversations on a positive note, for example a cup of tea and a biscuit!. Incorporating fun into any approach is effective at attracting and retaining people in any endeavour. Providing space and time to share frustration allows a platform for change to then be adopted.



Success takes time

It takes a couple of years to show impact. Lots of small steps are ok and can build a large scale impact. Be clear about the distance you can and have travelled over time and seek to capture and evidence this.

Common learning

Many of the key insights presented here apply more broadly than to each individual person- and community-centred approach.

We also know that these person- and community-centred approaches must be supported by a range of enabling mechanisms – such as personalised care and support planning, personal budgets, social prescribing and bridging roles. These mechanisms are often the way people are introduced to person- and community-centred approaches and the ongoing structure that provides coherence and accountability.

Common factors that have been key to the successful work of the five local partner sites include:

Developing, quality-assured practice

There is growing – and increasingly convincing – evidence that person- and community-centred approaches lead to better outcomes and significant benefits for individuals, services and communities. We still, however, need to know more about what works.

Quality standards and assurance can play an important role in ensuring that person- and community-centred approaches have maximum impact. If quality assurance is maintained throughout the delivery of a service via evidence-based and monitored training and service delivery, then services can be rolled out at greater scale nationally, with potential power to meet the needs of more people and increase overall learning in the field.



Substantial and ongoing training and support for staff is essential. Ensure standardised and accredited training, allowing services to have quality assurance at the heart of service delivery and that all members of staff are supported to deliver well.

Penny Brohn UK

Building sustainable relationships with commissioners

Identifying timely moments in the commissioning cycle and making it easy for commissioners to understand a service or commission a full service package are both important factors that have led to Realising the Value sites building sustainable relationships with commissioners.⁷⁷ Aligning person- and community-centred approaches with local and national priorities is also key.

Focusing on access and inclusion

Everyone should have equal access to health and to the things that support it. Whilst we still need to know more about the best ways to target person- and community-centred approaches to different parts of the population, it is key to build in considerations around access, inclusion and engagement from the start.



Issues relating to access are especially important to make these approaches work in practice. Access requirements and engagement should be considered, for example for people who are at risk of social isolation, who are most disadvantaged or least likely to access traditional health and care services. Practical issues to consider include; overcoming barriers related to transport and venues, making access to be free or low-cost and using several different communications and engagement methods, such as not relying on websites and social media for services for older people.

Creative Minds



To be serious about access and inclusion involves going to where people normally are, meeting them on their territory and engaging on their terms. The starting point should be their priorities, not those of any organisation. Careful thought should be given to asking ‘who is not here?’ There is no one who is ‘hard to reach’ – the challenge is ours, to see the world from their perspective and to adapt our approach accordingly.

Unlimited Potential

Factoring in evaluation from the start

The type of evaluation that is most appropriate for a project or service will vary. The Health Foundation’s quick guide to evaluation gives a range of practical tips for planning and carrying out an evaluation and provides resources to support further learning.⁷⁸



Without evaluation evidence and a clear articulation of how services positively impact people’s lives, it is hard to clearly communicate benefit to the outside world.

Penny Brohn UK use a mixed-methods, holistic evaluation approach, collecting both qualitative and quantitative data on the rich experiences of people using their services. Evaluation tools are carefully chosen to be brief (minimising burden) and flexible enough to capture the wide variety of situations people encounter.⁷⁹

It is crucial to not overstate evaluation findings. However, if a rich and rounded enough picture is built up, using appropriate mixed-methods data to capture the holistic experience of a service, and the results are clearly presented with relevant caveats, then this is service evaluation work at its best.

Penny Brohn UK

Recognising the importance of local relationships and assets

Person and community-centred approaches work best when they are developed by people for people and are strongly rooted in a local context.



Being Well Salford ensured that the delivery of the service was done by a range of local social enterprises and that 80 per cent of the local staff team came from Salford. By using local delivery partners, the service was not starting from scratch. They had partners who knew their communities, who had existing referral pathways and good engagement with people who might want to access the service and were able to signpost participants to other local assets to sustain their behavioural change in the longer term.

Big Life Group and Being Well Salford

3. Communities of interest

Through the Realising the Value programme, we have gathered evidence that shows person- and community-centred approaches can lead to better value for individuals, communities and health and care services. In practice, evidence needs to be deeply intertwined with implementation experience. There is still much to understand in terms of the ‘how’ as well as the ‘what’.

Right from the outset we were therefore interested in finding ways to broaden the pool of knowledge feeding into programme outputs. We also wanted to support wider networks of local places and organisations committed to putting this agenda into practice, to sustain momentum beyond the lifetime of the programme. We therefore worked with our local partner sites to establish a ‘community of interest’ in their area of practice. This work has brought together not just frontline practitioners but academics and commissioners with a shared interest in and passion to spread person- and community-centred approaches.

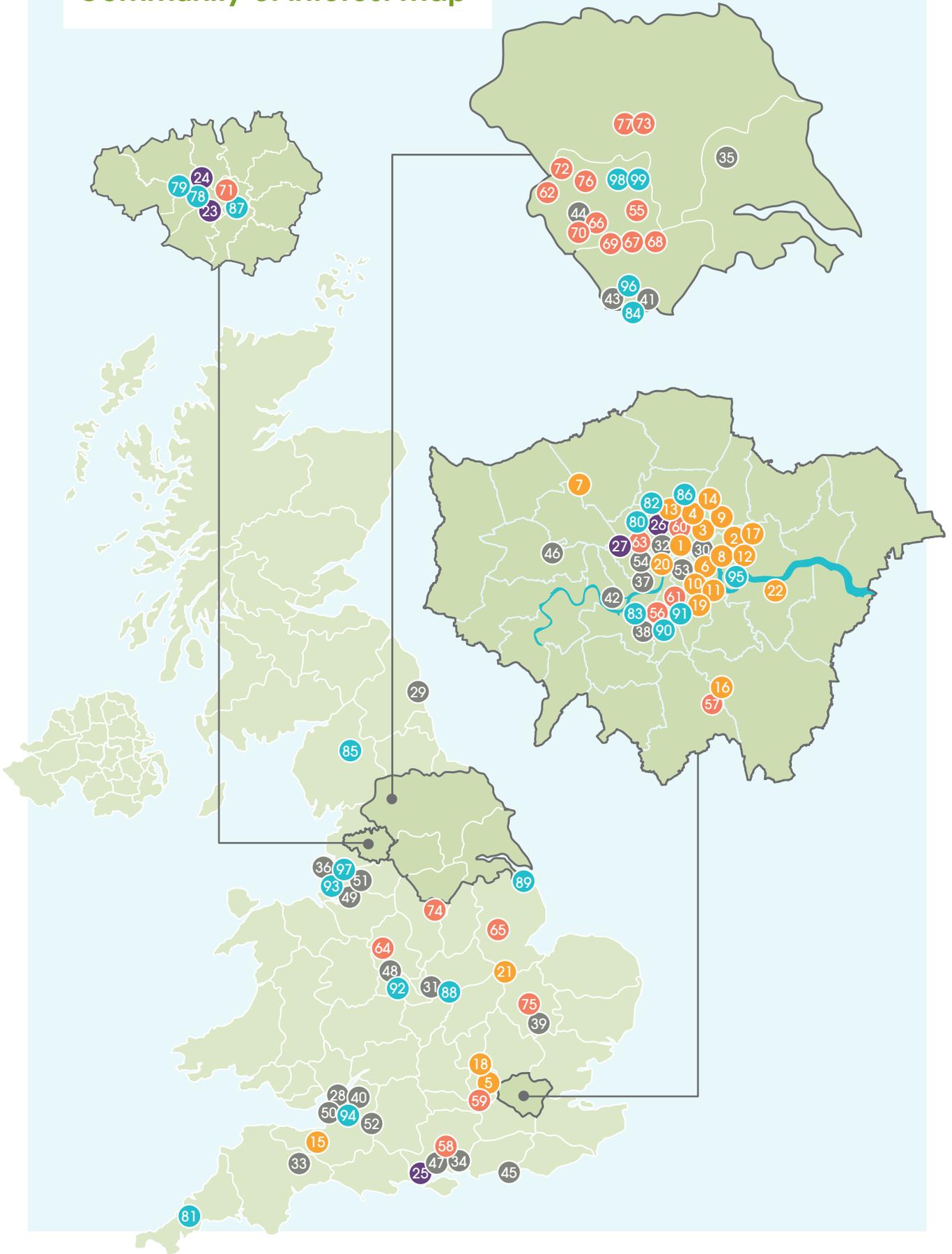
In a short space of time, these communities of interest came together to share knowledge and experience (see map overleaf). They helped shape programme outputs, ensuring for example that this catalogue of learning and Behavioural Insights guides were built with frontline insight.

Establishing a shared understanding of practice features, challenges and opportunities has been a key part of this work. In many cases, this has helped organisations to deliver more effectively on the ground. For example, the connections made have allowed practitioners to share good practice on how to forge strong links with statutory providers and how to work well with commissioners.

Continuing support will ensure that broad and interdisciplinary networks continue to play a role to support the spread and development of person- and community-centred approaches by:

- **Sharing and disseminating learning:** for people who are designing and delivering person- and community-centred approaches to share and disseminate learning and good practice, so people can deliver these approaches well on the ground
- **Creating supportive relationships:** to create useful relationships and connections that can increase overall capacity in the field.
- **Advising new adopters:** to reach and engage areas that are not currently using these approaches.

Community of interest map



Peer support

- 1 Positively UK
- 2 Mind
- 3 Arthritis Care
- 4 Together UK
- 5 NRAS
- 6 Diabetes UK
- 7 MS Society
- 8 Alzheimer's Society
- 9 Afasic
- 10 Parkinson's UK
- 11 Macmillan Cancer Support
- 12 Bloodwise
- 13 British Heart Foundation
- 14 Compassion in Dying
- 15 LGBT Consortium
- 16 Athena Project - Hexagon Housing
- 17 Asthma UK
- 18 The Lymphoma Association
- 19 MSA Trust
- 20 Terrence Higgins Trust
- 21 Helplines Partnership
- 22 Greenwich Action for Voluntary Service

Health coaching

- 23 Big Life Group
- 24 Being Well Salford
- 25 Help and Care
- 26 Dr Penny Newman
- 27 OSCA

Self management

- 28 Penny Brohn UK
- 29 DAFNE
- 30 Arthritis Care
- 31 Coventry University
- 32 University of Westminster
- 33 Culm Valley Integrated Centre For Health

- 34 QISMET
- 35 Anam Cara Holistic Health
- 36 Sefton Carers Centre
- 37 Macmillan, HOPE project
- 38 Bridges Self-Management
- 39 Cambridge University Hospitals
- 40 Expert Self-Care
- 41 NAVCA
- 42 The Haven
- 43 Cavendish Cancer Centre
- 44 Kirklees Public Health
- 45 Recovery College
- 46 Transverse Myelitis Society
- 47 SM Voiced
- 48 Wolverhampton NHS Trust
- 49 Wellbeing Enterprises
- 50 North Somerset CCG
- 51 Self-management UK
- 52 We hear you
- 53 Breast Cancer Care
- 54 Talking Health

Group activities

- 55 Creative Minds
- 56 South West London & St Georges Mental Health Trust
- 57 South London & Maudsley NHS Trust
- 58 Dorset Wellbeing and Recovery Partnership
- 59 National Rheumatoid Arthritis Society
- 60 NCVO - The Cultural Commissioning Programme
- 61 New Economics Foundation Co-production department
- 62 Hebden Bridge Community Association
- 63 University College London Hospital: Arts and Heritage
- 64 South Staffordshire & Shropshire NHS Trust

- 65 Lincolnshire partnerships & NHS Foundation Trust
- 66 Support to Recovery
- 67 Creative Recovery
- 68 Yorkshire Sculpture Park
- 69 Hoot Creative Arts
- 70 Women's activity centre
- 71 Artworks Creative Support
- 72 Project 6
- 73 Orb Community Arts
- 74 Arthritis UK
- 75 Arts and Minds
- 76 Hale Project
- 77 Carers Resource

Asset based

- 78 Unlimited Potential
- 79 Inspiring Communities Together
- 80 Positively UK
- 81 Volunteer Cornwall
- 82 Race Equality Foundation
- 83 New NHS Alliance
- 84 Sheffield City Council
- 85 Cumbria Partnership NHS Foundation Trust
- 86 Holy Cross Centre Trust
- 87 The Orange Club UK
- 88 Mayday Trust
- 89 Care Plus Group
- 90 Mosaic Clubhouse
- 91 Lambeth CCG
- 92 Dudley CVS
- 93 PSS (Person Shaped Support)
- 94 Bristol Health Partners
- 95 Spice
- 96 South Yorkshire Housing Association
- 97 Wellbeing Enterprises
- 98 Leeds City Council
- 99 Leeds CCGs

Annex 1: How the catalogue of learning was developed

The five Realising the Value local partner sites were selected in December 2015. During a programme of stakeholder workshops, primary research and data collection from January - June 2016, consortium partners worked with sites to:

- Identify barriers to implementation.
- Shape and test implementation tools for practitioners, commissioners and communities.
- Extract relevant information and data to model the impact of different person- and community-centred approaches
- Establish a community of interest in their area of practice.
- Shape policy recommendations for the wider health and care system.

Sites and their communities of interest were supported throughout this process by consortium partners Nesta and Voluntary Voices.

There are many common themes in the insights and learning from sites, all of which have helped shape programme publications (see Annex 3).

The practical recommendations in this publication for each of the five approaches were developed on the back of this activity, in a joint workshop with sites in June 2016 and individually with the five sites over the summer of 2016.

Annex 2: Resources

You can find a range of resources relating to the five person- and community-centred approaches explored by the [Realising the Value](#) programme on our [resource centre](#).

We have also provided below details of a range of resources that relate to the broader field of person- and community-centred approaches for health and wellbeing:

The Health Foundation

Person-Centred Care Resource Centre

The Health Foundation's person-centred care resource centre provides a large number of resources including blogs, evidence reviews, training materials and practical guides on a wide range of person-centred care topics.

Quick guides

The Health Foundation has also developed a number of quick guides including for [person-centred care](#) and [self-management support](#).

The King's Fund

People in control of their own health and care. The state of involvement

This report examines the reasons why there has generally been a lack of progress towards fully involving people in their own health and care, and considers how we can advance the cause of making person-centred care the core of health and care reform. It calls for consistent national leadership of the involvement agenda, and meaningful support in areas such as measurement, training and tools for care and support planning.

Supporting people to manage their health. An introduction to patient activation

With 60 to 70 per cent of premature deaths caused by detrimental health behaviours, it is vital that people engage more with improving their own health. This paper introduces a way of conceptualising and measuring that engagement known as 'patient activation'.

Delivering better services for people with long-term conditions

This paper describes a personalised, coordinated service delivery model – the 'house of care' – that aims to deliver proactive, holistic and patient-centred care for people with long-term conditions. It incorporates learning from a number of sites in England that are working to achieve these goals, and makes recommendations on how key stakeholders can work together to deliver personalised care and support planning for people with long-term conditions.

National Voices

Evidence for Person-Centred Care

A summary of the overall findings from a number of systematic reviews from National Voices of existing research which looks at the impact of a range of person-centred approaches.

Five 'narratives'

Five 'narratives' that define what person-centred care looks like in different health and care services.

Nesta

Health for People, by People and with People

This report shows how People Powered health care can combine the best scientific and clinical knowledge with the expertise and commitment of patients themselves.

Health as a Social Movement: The Power of People in Movements

This report illuminates The Power of People in Movements to improve health and proposes the need for new models of engagement between institutions and social movements.

The Business Case for People Powered Health

This report from Nesta's People Powered Health programme goes beyond making the moral case for better self-management and details how to make general and local business cases. It is based upon the experience of the People Powered Health programme with six different NHS localities, each of which over the year of the project had to learn to make that business case.

NHS England and Coalition for Collaborative Care

Personalised care and support planning handbook: The journey to person-centred care

This handbook provides an introduction to personalised care and support planning. It contains and links to practical guidance, case studies and theory on how to introduce personalised care and support planning.

NICE

Community engagement: improving health and wellbeing and reducing health inequalities (NG44)

This guideline covers community engagement approaches to reduce health inequalities, ensure health and wellbeing initiatives are effective and help local authorities and health bodies meet their statutory obligations. The guideline complements work by [Public Health England](#) on community engagement approaches for health and wellbeing.

Multimorbidity: clinical assessment and management (NG56)

This guideline covers optimising care for adults with multimorbidity (multiple long-term conditions) by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care. It aims to improve quality of life by promoting shared decisions based on what is important to each person in terms of treatments, health priorities, lifestyle and goals. The guideline sets out which people are most likely to benefit from an approach to care that takes account of multimorbidity, how they can be identified and what the care involves.

Think Local Act Personal

Personalised Care and Support Planning Tool

This tool is aimed at leaders, commissioners, planners, clinicians and practitioners involved in designing and delivering personalised care and support planning for people with a variety of health and social care needs.

Year of Care programme

Thanks for the Petunias - Developing and Commissioning Non-Traditional Providers to Support the Self-management of People with Long-Term Conditions

Developed as part of the national Year of Care programme exploring how to implement care planning, the guide sets out why it is important to include non-traditional providers (e.g. charities, community organisations and social enterprises) in the mix of services. The guide explores a possible organisational model that can be adapted according to local circumstances, resources and needs, and how it could work on a practical level.

Other

Better conversation: better health

A set of 'Better conversation' resources for clinicians and health and care leaders which include a short video, infographics and a resource guide which contains case studies, evidence and tips on how to introduce a health coaching approach to improve the quality of conversation and help patients change behaviour.

A guide to community-centred approaches for health and wellbeing

This report, by Jane South for Public Health England and NHS England, outlines a 'family of approaches' for evidence-based, community-centred approaches to health and wellbeing. It aims to help create the conditions for community assets to thrive, to remove any barriers and for services to work alongside communities in ways that are empowering, engaging and meaningful. The report demonstrates the diversity and richness of community-centred approaches and the need to take not just one approach.

Effects of personalised care planning for people with long-term conditions

This Cochrane systematic review focuses on whether a personalised approach, in which patients are encouraged to participate in setting goals and action plans and determining their support needs, leads to better outcomes than when these decisions are taken by health professionals alone.

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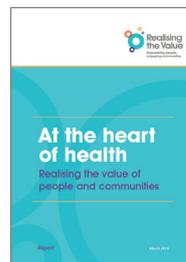
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Realising the value: Ten key actions to put people and communities at the heart of health and wellbeing

Key learning and recommendations from the Realising the Value programme, based on what we think it means to realise fully the value of people and communities at the heart of health and wellbeing.



At the heart of health: Realising the value of people and communities

This report explores the value of people and communities at the heart of health, in support of the NHS Five Year Forward View vision to develop a new relationship with people and communities.



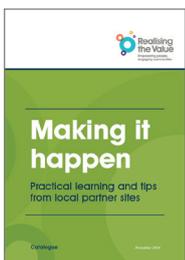
Making the change: Behavioural factors in person- and community-centred approaches for health and wellbeing

Drawing on robust studies of what influences behaviour, this report sets out a number of factors that can lead to greater involvement in self-care.



Spreading change: A guide to enabling the spread of person- and community-centred approaches for health and wellbeing

Guide to how behavioural science can help spread the take-up of person- and community-centred approaches to health and wellbeing.



Making it happen: Practical learning and tips from the five Realising the Value local partner sites

Catalogue of practical learning and examples of good practice from the five Realising the Value local partner sites.



Supporting self-management: A guide to enabling behaviour change for health and wellbeing using person- and community-centred approaches

Guide to how the science of behaviour can help people to self-manage their health and wellbeing.



New approaches to value in health and care

Calls for action to ensure that the approach to understanding, capturing, measuring and assessing value in health and care takes full account of value as it is experienced and created by the people and communities with whom formal systems seek to work.



What the system can do: The role of national bodies in realising the value of people and communities in health and care

How national bodies can best remove barriers to progressing person- and community-centred approaches for health and wellbeing.



Impact and assessment: Economic modelling tool for commissioners

Economic model, in the form of an excel spreadsheet, a user guide and a report, to help commissioners evaluate the potential impact of investing in person- and community-centred approaches for health and wellbeing in their local area.

About Realising the Value

Realising the Value was a programme funded by NHS England to support the NHS Five Year Forward View. It ran from May 2015 to November 2016. The programme sought to enable the health and care system to support people to have the knowledge, skills and confidence to play an active role in managing their own health and to work with communities and their assets.

There are many good examples of how the health and care system is already doing this. For example, recognising the importance of people supporting their peers to stay as well as possible or coaching to help people set the health-related goals that are important to them.

Realising the Value was not about inventing new approaches, but rather about strengthening the case for change and identifying evidence-based approaches that engage people in their own health and care. It also sought to develop tools to support implementation across the NHS and local communities. But putting people and communities genuinely in control of their health and care also requires a wider shift. The programme therefore considered the behavioural, cultural and systemic change needed to achieve meaningful transformation.

www.realisingthevalue.org.uk

www.health.org.uk/realising-the-value



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