

Mobilising Communities

Insights on
Community
Action for
Health
and
Wellbeing

Ruth Kern and
Annette Holman

March 2017



nesta

nesta.org.uk

About Nesta

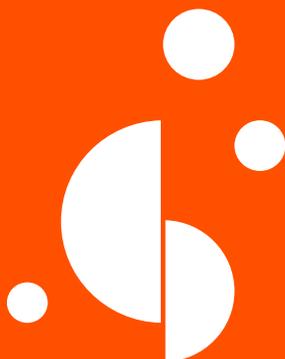
Nesta is a global innovation foundation. We back new ideas to tackle the big challenges of our time.

Our mission is to spark and shape new ideas that improve how the world works for everyone. We use our knowledge, networks, funding and skills - working in partnership with others, including governments, businesses and charities. We are a UK charity but work all over the world, supported by a financial endowment.

To find out more visit www.nesta.org.uk

About Health Lab

Nesta's Health Lab seeks to create a People Powered Health system which is for people, by people and with people. We do this through a mix of funding, research, networks, experiments and wider influence.



nesta

Mobilising Communities

Insights on Community Action for Health and Wellbeing

Ruth Kern and Annette Holman

March 2017

Introduction	4
Insights	9
What next?	12
Appendix 1: The Bromley by Bow Centre and Health Partnership - Theory of Change	13
Appendix 2: Spice and Lancashire County Council - Theory of Change	14
Appendix 3: Horsham and Mid Sussex Clinical Commissioning Group - Theory of Change	15

Introduction

Mobilising Communities was a short, experimental programme aimed at exploring the practical applications of the idea of 'social movements in health', in three different communities around England. This summary is an overview of the work that took place in the first half of 2016, which was funded by the government's Social Action Team and delivered by Nesta's Health Lab and the Behavioural Insights Team (BIT).

The objective of the Mobilising Communities programme was to work with three sites to explore the opportunities to support effective ways of combining people power and community resources, together with publicly funded health services, for better health outcomes across local communities.

Social movements in health are increasingly recognised by policymakers as a way of tapping into the energy, skills and generosity in communities to achieve improvements in health and subsequent returns on investment – a vision which was reflected in NHS England's *Five Year Forward View*. The Chief Executive of the National Health Service (NHS) England, Simon Stevens, states that scaled social movements are, "*mission critical to the future of the NHS*".*

What is a social movement in health?

For the purposes of the Mobilising Communities programme, Nesta and BIT identified three supporting elements of social movements:

Helping ourselves

Enabling people to better manage their own health and wellbeing. This includes applying behavioural insights to encourage people to access support outside of traditional clinical health service.

Helping one another

Creating opportunities for people to support one another to improve health and wellbeing. This includes creating peer-to-peer networks that give emotional and practical support and which improve self-care.

Helping healthcare

Creating clear routes for local citizens to help improve their local health and care services. This includes enabling people to volunteer in local services in ways that demonstrably add value. It also includes creating ways for communities to co-design and co-deliver services with health and care professionals.

* del Castillo, J., Khan, H., Nicholas, L. and Finnis, A. (2016) 'Health as a social movement: The Power of People in Movements.' London: Nesta.

The organisations we worked with

Nesta's Health Lab has worked with three sites across England to create an ambitious but achievable plan to build and embed social movements locally. The plans fall into five sections:

The main sections of the plans are:

- Theory of change (reproduced here in Appendix 1, 2 and 3).
- Stakeholder mapping.
- Stakeholder engagement plans.
- Activity plans - encompassing resourcing and sustainability plans.
- Evaluation and monitoring plans.

The Behavioural Insights Team (BIT) worked with the sites to develop a unique behavioural insights framework for each one that explored how applying insights from behavioural science can help to support the growth and sustainability of healthy behaviours within communities. A summary of key insights from the frameworks can be found at: www.nesta.org.uk/project/mobilising-communities.

The three sites who took part in the programme were:

The Bromley by Bow Centre and Health Partnership



Who they are

The Bromley by Bow Centre and Health Partnership have 30 years' history of working with and for the community in Bromley by Bow and the services they provide include:

- Primary care from three practices.
- Health trainers.
- Employment services.
- Social prescribing.

Their vision

Bromley by Bow has an ambitious vision for their mobilised community, which they are developing through an 18-month transformation programme called the 'Well Programme':

"At [the Well Programme's] heart is a new clinical model - a new way of managing the relationship between people and professionals, a new way to do consultations, a new way to manage the workload, a new way to support people to manage their own health.

- *Moving from a service provider model to a model based on identifying, supporting and growing community assets and capabilities. This means that we as organisations are on a journey from being primarily providers of services to being primarily in the business of supporting community activity, resilience and connectedness.*
- *Reimagining our clinical offer as one which focuses more fundamentally on health behaviour change."*

Bromley by Bow's Mobilising Communities Plan.

Their approach to Mobilising Communities

Nesta's work with the Bromley by Bow Centre and Health Partnership focused on the 'Well Community' aspect of the Well Programme. It sought to:

- Support patient/citizen activism to empower people to better manage their own health and wellbeing and that of the community around them.
- Create an active alliance of connected organisations, delivering between them the range of activity associated with the wider determinants of health.

Spice and Lancashire County Council



Who they are

Spice develop Time Credit systems that value everyone's time, no matter who they are. Time Credits open up new opportunities to try new things, learn, be healthier and have fun. They work with communities of all kinds, across many sectors. Their programmes embody exciting partnerships between individuals and the public, voluntary and private sectors.

The Wellbeing Service is run on behalf of Lancashire County Council by a consortium of the Richmond Fellowship, Age Concern Central Lancashire and n-compass Northwest Ltd and is available across all 12 districts of Lancashire.

The Wellbeing Service helps people to address the underlying causes that are affecting their ability to manage their health and wellbeing. The aims are:

- To help people lead healthier, longer lives and build personal resilience to cope with life's challenges.
- To ensure people feel included in their communities.
- To enable people to live independently and to enjoy a good quality of life.

Their vision

Spice and Lancashire County Council made a joint application to support their plans to build Spice's successful Time Credits programme into the Wellbeing Service, which has been recently commissioned by Lancashire County Council.

Their approach to Mobilising Communities

Spice and Lancashire County Council requested support through the Mobilising Communities programme to bring two key innovations to the Time Credit model:

- Catalysing multiple stakeholders to come together whilst the Wellbeing Service is at the early stages of its development to build upon their plans to support the aspiration of sustainable, locally led, co-produced service provision, and co-design and test interventions to support the development of a social movement from within a public service.
- Testing the development of social prescribing of Time Credits within the Lancashire Wellbeing Service. This involves the Wellbeing Service prescribing individuals Time Credits in order to initiate the cycle of earning and spending that has been successfully demonstrated in many areas. Typically a person would have to earn credits before being able to spend them.

Horsham and Mid Sussex Clinical Commissioning Group (HMSCCG)



Who they are

Horsham and Mid Sussex Clinical Commissioning Group commissions healthcare for a population of 280,000. Their aim is to deliver high quality, accessible and sustainable care for the population they serve – moving from a service that is primarily reactive and bed-based to one that focuses on keeping people well, treating them proactively in the community when they do become ill. *"We believe the best way to do that is to deliver new models of integrated community-based care building on the strength of general practice and the pivotal role it plays in coordinating care and preventative interventions for the most vulnerable and complex patients, particularly those with long-term conditions."*

Their vision

"We are very clear that a crucial element of delivering this new model of care will be co-designing services with both local health and care professionals, local people and our vibrant local third sector. We want to create a step change in the emphasis of how we support people to stay well and better manage their own conditions."

Their approach to Mobilising Communities

HMSCCG wanted to use their participation in the Mobilising Communities programme to build on initial engagement work that suggested that there was a significant demand for peer support groups and work with local communities and professionals to:

- Develop and deliver peer support groups.
- Co-design their long-term condition delivery model – *"to co-create a set of outcomes that matter to people and really understand what is needed to support a patient-centred approach that will enable them to support one another but also give them the knowledge, skills and confidence to manage their own condition."*

Insights

The work with the sites described above generated a wide range of insights, on how to implement a people-powered approach to health and wellbeing. The following three sets of insights were found to be most important to making a difference on the ground:

1. Helping people help themselves

The work with sites revealed four essential components that foster the conditions where a person with health conditions can better self-manage:

- **INFORMATION**

What's needed? People have access to information to understand and manage their conditions.

What helps? Peer support is a key method of improving the flow and accessibility of information to people about their health conditions.

- **SUPPORT**

What's needed? People have confidence and a support network around them to access services that can help them to self-manage their health. The work of the sites established that often people struggle to access community services provided outside of the NHS (for example peer support groups, Time Credits and exercise groups) because of initial barriers like confidence.

What helps? Practical support such as transport and childcare, and emotional support such as encouraging people to attend with friends and family, or providing volunteer 'buddies'.

- **COMMUNITY EXPERTISE**

What's needed? People are empowered to develop their own responses to health problems, for example starting up activity groups.

What helps? Part of recognising that people are the experts on their own conditions is making sure that they have the opportunity to spot gaps in services and use their expertise to establish their own responses to fill those gaps. This could include establishing their own services, whether that is peer support, activity-based groups (e.g. 'knit and natter' or walking groups), or practical support (e.g. cooking/shopping for elderly neighbours).

- **MOTIVATION**

What's needed? People are motivated to change their behaviour to adopt more healthy lifestyles. For some people the motivation of improving their own health was not sufficient to encourage people to change their lifestyles.

What helps? Other motivations might include incentives such as Time Credits or use of behavioural insights such as the fact that people are more likely to do something if they have made a pledge to do so.

2. Creating opportunities for people to help one another

The Mobilising Communities programme identified three types of behaviours and activities that need to be initiated or developed to ensure that community and statutory services are functioning well together:

- **COMMUNICATION**

What's needed? Awareness and promotion of all services across all services, with clinicians, the third sector, and local authorities able to identify interventions to address a range of needs and to signpost people to them.

What helps? Establishing a range of channels of communication, from networking breakfasts to newsletters and joint events.

- **CO-ORDINATION**

What's needed? Co-ordination between the local community, VCS and the formal structures of the NHS or local authorities to identify gaps and which is the best organisation to fill those gaps.

What helps? Creating networks of senior managers in services that have similar objectives, joint training and co-produced resources.

- **RESOURCES**

What's needed? The distribution of resources throughout the health system acknowledges that health and wellbeing are created and supported in a much wider range of ways than through traditional health structures.

What helps? Reallocating funding to person- and community-centred approaches and a more flexible attitude towards resourcing - using volunteers, delivering joint training, using paid staff to support small community initiatives when they are getting off the ground.

3. Creating value between the professional and social spheres - helping health and care

In order to mobilise communities, health professionals need to work with people to drive a shift from top-down health to co-produced health. Specific aspects of this shift include:

- **BUILDING CLINICIANS' CONFIDENCE**

What's needed? Health professionals have the confidence in social health initiatives to refer to, or 'prescribe' them.

What helps? Clear feedback on successful outcomes for people, through identifying champions from amongst the professions and getting senior buy-in. Behavioural insights research demonstrates that people are more likely to do things that are recommended to them by one of their peers.

- **INFORMATION**

What's needed? Health professionals know what social health interventions are available and how to make appropriate referrals.

What helps? Creating simple routes to access services, for example through a social prescribing service where clinicians can refer to community initiatives, or through working with patient groups to collate and disseminate information.

- **CHANGING PERCEPTIONS**

What's needed? Health professionals see their role as much about creating connections between people and a range of services, as about providing particular services themselves.

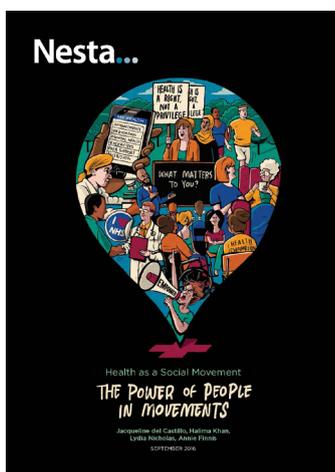
What helps? Senior staff leadership and embedding through training, creating 'champions' amongst clinicians and giving feedback on the usefulness of these interventions.

What next?

The Social Action Team, Nesta and BIT are hugely grateful to the three sites which took part in Mobilising Communities for the enthusiasm, energy and hard work that they brought to the project. Each site is taking its Mobilising Communities Plan forwards. For further information please email health@nesta.org.uk or see: www.nesta.org.uk/project/mobilising-communities

Nesta and BIT have been involved in other recent work on developing social responses to the challenges faced by the health and care system, which may be of interest to people exploring the issues raised by the Mobilising Communities Programme.

Social Movements in Health



NHS England has established the Health as a Social Movement programme which is being delivered by a partnership of the RSA, nef and Nesta. The programme recently published a report, authored by Nesta, that explores what social movements can look like in health.

Further information about the programme can be found here:

www.england.nhs.uk/ourwork/new-care-models/vanguards/empowering/social-movement

The report can be found here:

www.nesta.org.uk/publications/health-social-movement-power-people-movements

Realising the Value (RtV)

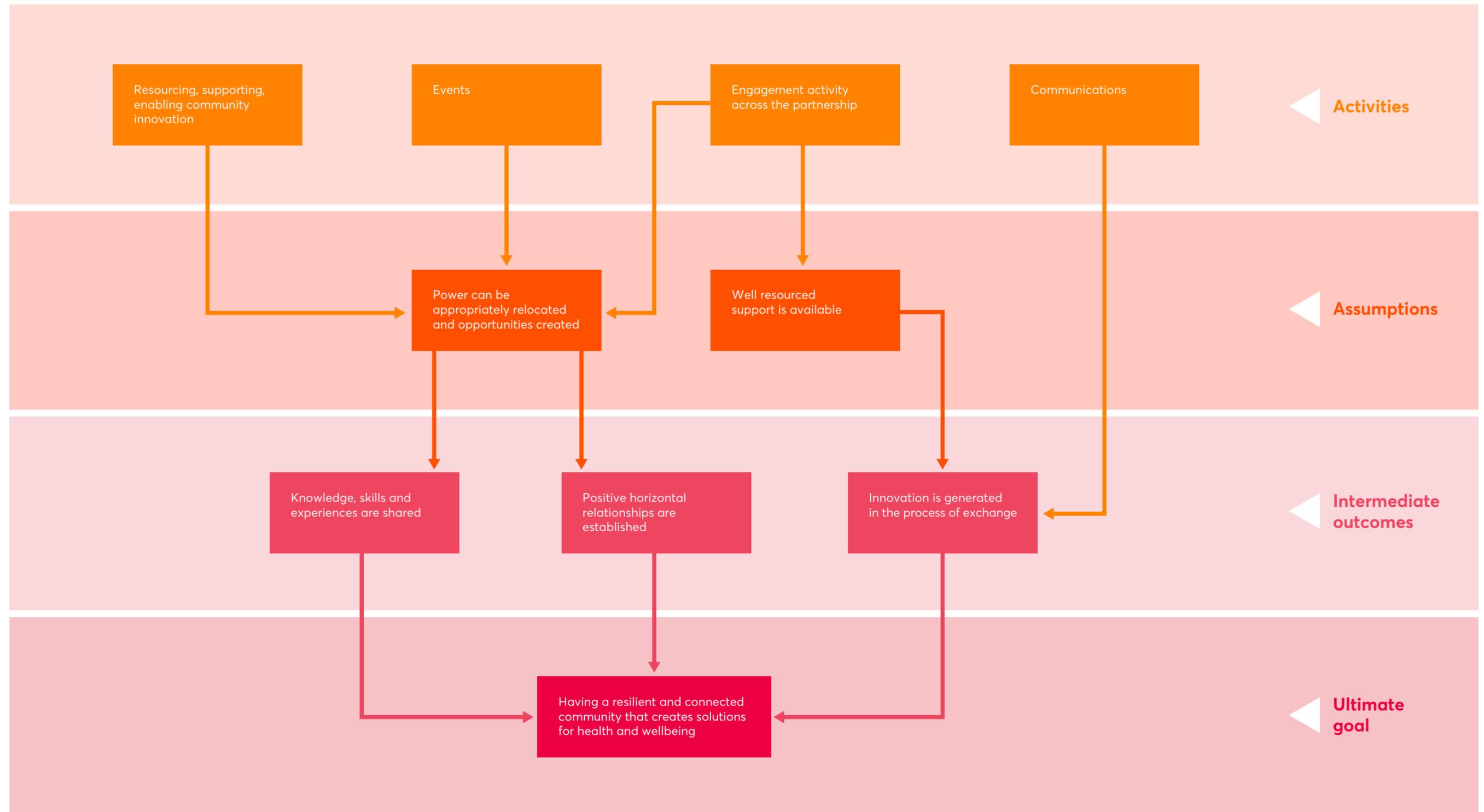


NHS England has also supported the Realising the Value (RtV) programme which has involved a partnership of Nesta, The Health Foundation, Voluntary Voices (made up of National Voices, Regional Voices, NAVCA and Volunteering Matters), the Behavioural Insights Team, PPL and the Institute of Health and Society at Newcastle University. Over a period of 18 months, Realising the Value has consolidated what is known about person- and community-centred approaches for health and wellbeing and made recommendations on how they can have wide-reaching impact on the health and care system.

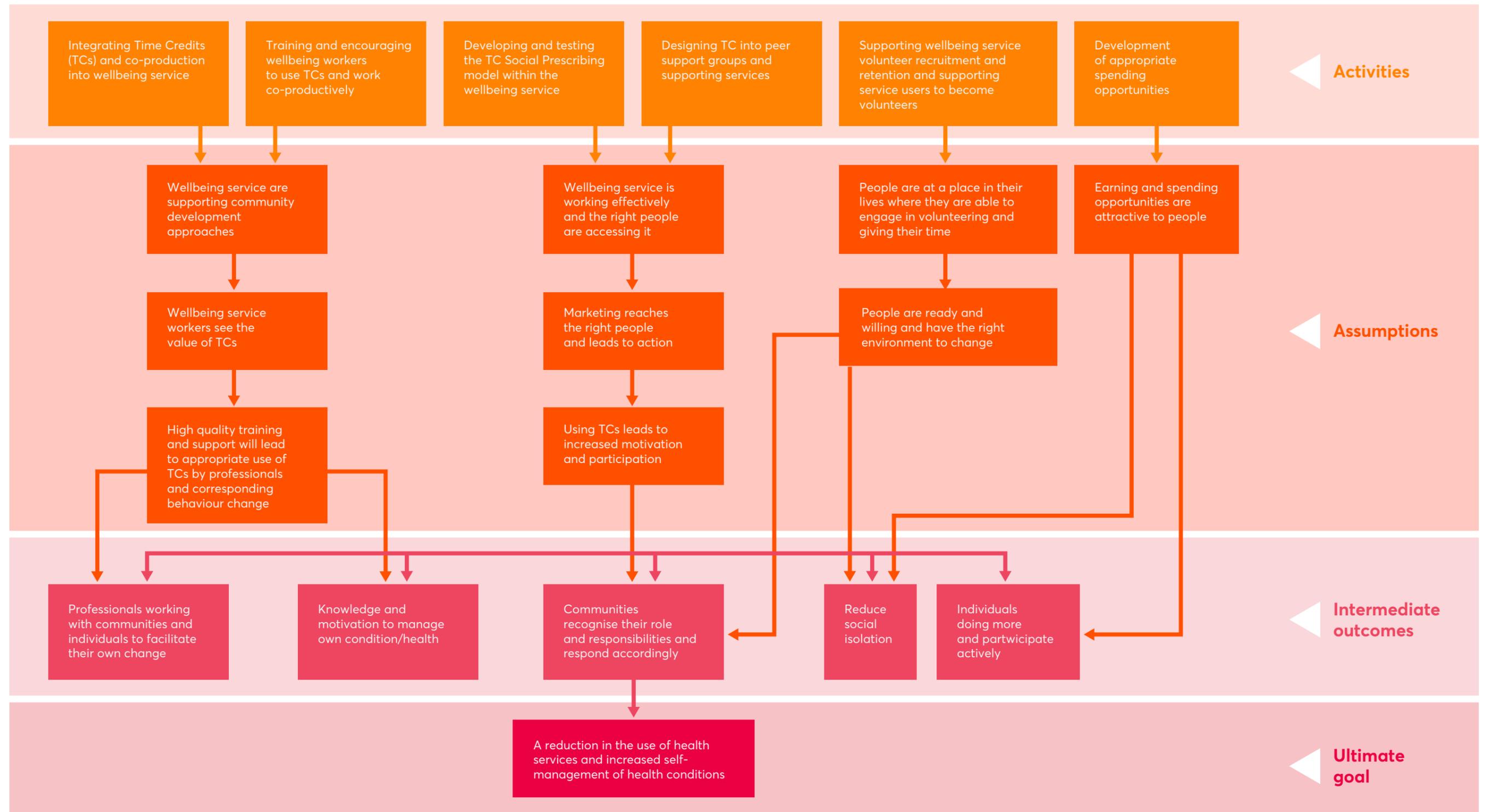
The resources produced through the RtV programme, including BIT's report on using behavioural insights to support person- and community-centred approaches can be found here:

www.nesta.org.uk/realising-value-programme-reports-tools-and-resources

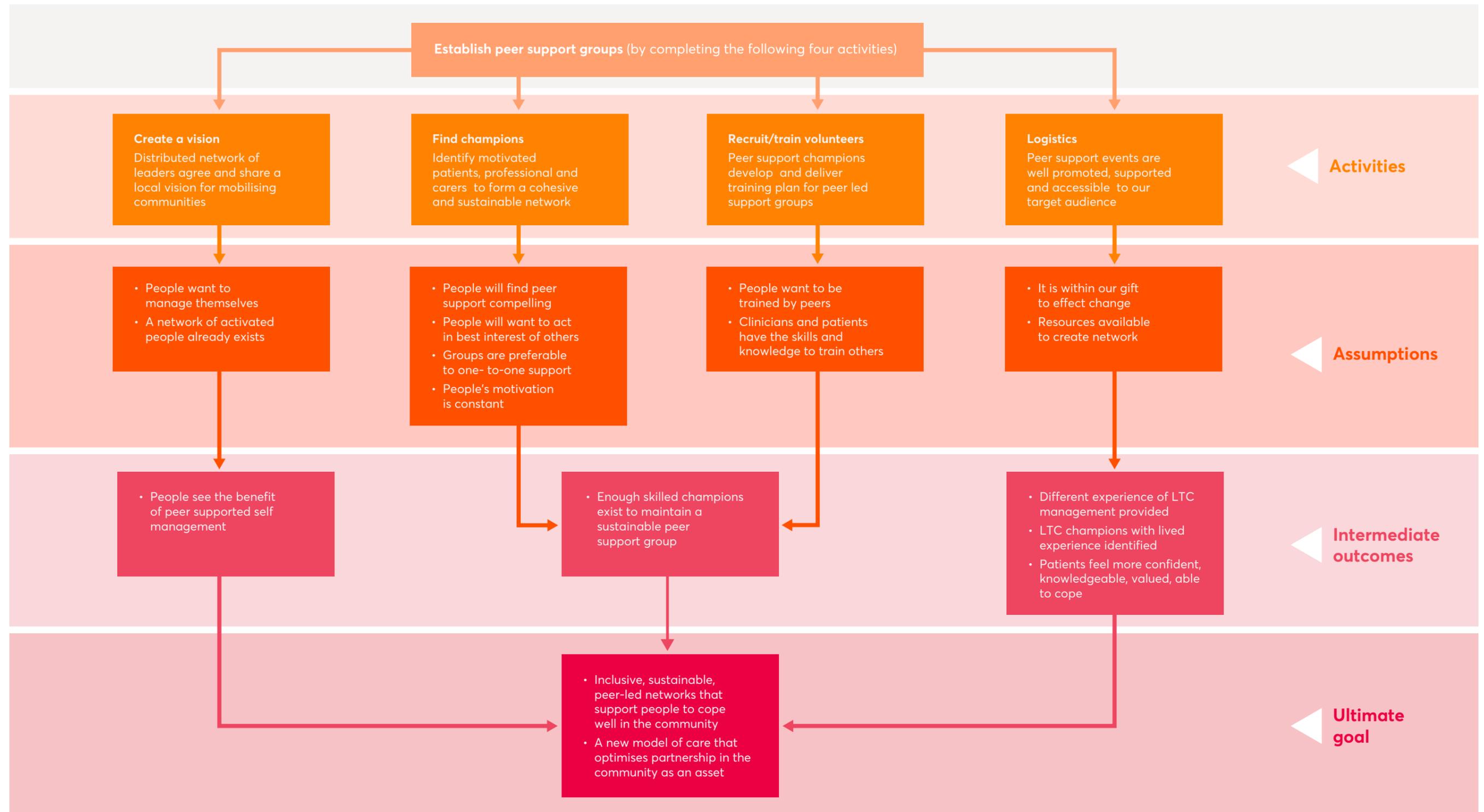
Appendix 1: The Bromley by Bow Centre and Health Partnership - Theory of Change



Appendix 2: Spice and Lancashire County Council - Theory of Change



Appendix 3: Horsham and Mid Sussex Clinical Commissioning Group - Theory of Change





nesta

58 Victoria Embankment
London EC4Y 0DS

+44 (0)20 7438 2500

information@nesta.org.uk

 [@nesta_uk](https://twitter.com/nesta_uk)

 www.facebook.com/nesta.uk

www.nesta.org.uk

Nesta is a registered charity in England and Wales with company number 7706036 and charity number 1144091.
Registered as a charity in Scotland number SCO42833. Registered office: 58 Victoria Embankment, London, EC4Y 0DS.

