

IVAR

Briefing One: Improving self care at a local level.



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#BHPselfcare
Part-funded by NHS England



Key terms

Sustainability and Transformation Partnerships (STP): The NHS and local councils have formed partnerships in 44 areas covering all of England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations¹.

Voluntary, Community and Social Enterprise (VCSE) organisation: VCSE organisations include small local community and voluntary groups, registered charities both large and small, foundations, trusts and the growing number of social enterprises and co-operatives. These are often also referred to as third sector organisations or civil society organisations².

Self care: People have a key role in protecting their own health, choosing appropriate treatments and managing long-term conditions. Self care is a term used to include all the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with the healthcare system³.

¹ <https://www.england.nhs.uk/stps/>

² http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Aboutus/OrganisationsthatworkwithDH/Workingwithstakeholders/DH_128070

³ <https://www.england.nhs.uk/ourwork/patient-participation/self-care/>

Background

About the Building Health Partnerships: Self care programme

Building Health Partnerships: Self care is a programme of support for STP areas to engage with VCSE organisations on wellbeing and self care priorities. It is funded by NHS England and the National Lottery through the Big Lottery Fund. It is delivered by the Institute for Voluntary Action Research and Social Enterprise UK, who have developed a successful intervention that brings together cross-sector agencies working in health and care to address key local health challenges. You can read more about the programme [here](#).

About the Institute for Voluntary Action Research (IVAR)

IVAR is an independent research charity that works closely with organisations that are striving for social change. We bring to the project over 17 years worth of research experience and a network of cross-sector, multi-disciplinary relationships. Keep up to date with our latest findings by signing up to our [newsletter](#).

About Social Enterprise UK (SEUK)

Social Enterprise UK is the biggest network for social enterprises in the UK. We are strategic partners to a number of government departments and have led public policy on social enterprise for 15 years.

Introduction

The Building Health Partnerships (BHP) Self care programme may be of interest if you want to know more about how STPs are working with the voluntary sector and local people to design health and care services; how self care is perceived at a local level or if you want to know where to start with setting up partnership working.

In eight areas of England, the Institute for Voluntary Action Research (IVAR) and Social Enterprise UK (SEUK) are facilitating collaboration between local people, the voluntary, community and social enterprise (VCSE) sector and Sustainability and Transformation Partnerships (STPs).

In these areas, people are working together over the course of four partnership meetings, to identify improvements to self care at a local level and then to start delivering those improvements.

Part one of our briefing starts as the sessions did, with two broad questions: what helps you to look after yourself, and what gets in the way? From these discussions, we developed an understanding of what self care means from different perspectives: from the individual who talks about 'wellbeing' or 'staying well' to the system that sees a need for collaboration to reduce use of costly health services.

The focus then shifted towards how self care could be improved in communities, and we were able to identify a set of themes across the eight areas. The long list of ideas tended to include some things that could be achieved quickly with little or no resource; a few things that would require moderate investment of time and/or money; and some ideas that would require significant resource.

In **part two**, we have shared where each area has decided to focus with **part three** highlighting some examples of the small, quicker things that areas are getting started with already.

Part four of our briefing is the process we have followed for setting up partnership working between local people, the VCSE sector and STPs, including what we have learned. We end in **part five** with the questions that we will be exploring over the next few months, which we hope give a flavour of the kind of learning we expect to generate as the programme moves forwards.



Part 01

What does self care mean locally?

Self care means different things from different perspectives:

1. Individual

When asked about self care, people talked about 'wellbeing' or 'staying well', for example preventing illness, leading healthier lifestyles, self-management of health condition(s), personal resilience, recovery or ***'a personal road to independence, recovery and happiness'***.

For some, the term self care had negative connotations and meant being 'left to fend for yourself' because of cuts and austerity. In particular, they felt that rhetoric around self care shifted the responsibility of care to the individual when many of the issues causing ill health were to do with poverty and deprivation.

2. Organisations

For organisations, self care is about preventing people from becoming unwell and helping recovery by supporting people to take responsibility for their health and wellbeing, for example by eating healthily, quitting smoking and doing exercise. It is also about supporting and encouraging people to manage health conditions such as diabetes. Some people thought self care meant maintaining or reaching independence, for example by providing care in the community for older people.

"Treatment often needs behaviour change - that needs proper support."

"Amazing if you give people tools, technology and support, how much they can do themselves."

"A real opportunity to do things differently to empower our communities more effectively."

Part 01

3. Community

For the community, having a range of activities and facilities can help people to care for themselves, by providing opportunities to be active, pursue interests and access social networks. These are driven by the energy and commitment of service users and volunteers, whether the activity is a singing group for people with lung conditions or Men in Sheds (a project that supports older men who want to get together, share and learn new skills). People from a range of organisations talked about different ways to support, replicate and celebrate such initiatives.

People also talked about the importance of **'friends, family and social networks'**, **'a sense of belonging'** and **'social interaction'** as crucial to their ability to take care of themselves.

4. System

From a health and social care system perspective, promoting self care requires a joined up approach where organisations share information and work together to support people in a holistic way. The self care agenda is driven in part by the need to reduce use of costly health services, for example by keeping visits to a GP or hospital to a minimum. As one person put it: **'how "social" can support people to be less dependent on services.'**

You can listen to different perspectives on self care in our film, [What is self care?](#)

Self care – what gets in the way?

1. Resourcing

In many areas, people felt that resources were not organised to support self care in the community, for example prevention initiatives are often not resourced for long enough to demonstrate impact. Linked to this, participants from voluntary organisations said collecting evidence and measuring the impact of social interventions to improve health and wellbeing was challenging and that this meant it was difficult to convince funders to support community-based initiatives.

Part 01

2. Overstretched workforce with limited training

Some people talked about a lack of support and training for staff and volunteers: **'we need trained people to support us'**; some thought NHS staff were overstretched and demoralised by a system under pressure, with more focus needed on self care for staff and volunteers. Others felt staff and volunteers would benefit from training on issues like mental health and support for carers.

3. A medicalised understanding of self care

People observed that the 'medicalised' way of thinking about self care is currently dominating. The perception was that there was a lack of understanding – and an undervaluation – of the voluntary sector and what it offers.

"We are working in a system that is constantly changing and dominated by the medical model. Loads of self care happens in the community. Community organisations need to come together to make an offer to [the] STP in terms of facilitating access to services and be confident about that offer."

4. Peoples' ability to self care is heavily influenced by 'systemic issues' like poverty and deprivation

Ability to self care is heavily influenced by social circumstances, for example:

- Poor housing might exacerbate respiratory conditions
- Inadequate transport might limit access to social networks and services
- Lack of training and employment opportunities: those coming out of a mental health crisis into recovery are likely to relapse if they cannot get work to support themselves financially
- Access to affordable, healthy food
- Cuts to benefits

Part 01

Things that help people to care for themselves

1. Individual support tailored to each person, building on strengths and capabilities, which helps people take responsibility for their health and care. This might involve behaviour change techniques, life coaching, rehabilitation in the community, as well as initiatives to promote healthy eating, exercise and mindfulness.

2. Information to enable people to understand and manage health conditions. Partners talked about an easily accessible single point of information; tailoring information to different needs and technology that facilitates access and control over personal/patient data. Partners also talked about *'information overload'* and social media as a source of stress and potential threat to wellbeing.

3. Healthy environments including dry, warm living conditions, clean air, stopping smoking and awareness of toxins which trigger poor health.

4. Services which are aligned and tailored to communities and which draw on the local knowledge and energy. Access to services and medication, bearing in mind that this can be a particular challenge in rural areas. Professionals that make the links between other conditions and are able to signpost and facilitate access to 'social' activities and services. Positive, happy, well staff.

5. Community support which offers a range of choices for different needs and interests, for example: peer support, face-to-face relationships, dancing classes, self care groups (e.g. Puffers Club – an exercise support group for people who have lung conditions and their carers), learning opportunities, community groups.

Part 02

Emerging themes

During the first wave of meetings, people were asked to generate ideas to support self care in their communities. Below we outline some of the emerging themes which will be developed into action plans in the second wave of partnership sessions:

- Workforce/training
- Roles to support self care: connectors, champions, link workers, etc
- Peer support
- Embedding social prescribing across the system
- Modeling co-production and engaging residents/service users/people with lived experience
- Support for carers
- Mapping, connecting, building on what's already happening and supporting signposting to services and activities in the community
- Measuring and demonstrating impact
- Shifting resources into communities

What are the eight areas focusing on?

Humber, Coast and Vale:

'What makes us feel good – our health in our hands'

This partnership is exploring local efforts to improve health and wellbeing. Working with three volunteer and community-led groups from across the STP, they are looking at: demonstrating benefit, measuring impact, communicating value, sharing learning and scaling up.





**Greater Manchester:
Building Health Partnerships Rochdale**

Aiming to implement the Greater Manchester Population Health Plan at a local level to strengthen relationships between the VCSE and public bodies and engage with residents to learn what matters in neighbourhoods, what mobilises engagement and what will lead to behaviour change in self care.



**North East (NTW and NDDDTHRW):
'Keeping well in communities'**

Exploring ways to utilise community asset-based and social prescribing approaches to address some key (costly) health problems, prevent ill health and promote wellbeing. The aim is to see this better reflected in commissioning approaches and Sustainability & Transformation Plans across the North East.



**Mid and South Essex:
'Breathing well – pathways for respiratory health'**

Focusing on self care in the respiratory care pathway, working with carers, people living with respiratory problems, those working with children and young people.



**Herefordshire and Worcestershire:
'Think Carer'**

Developing a wider understanding and respect for carers' knowledge, experience and role as expert partners to the NHS through a common approach to workforce training and development for staff and partner services.



**North Central London:
'Social Prescribing and Care Closer to Home'**

Using the emerging Care and Health Integrated Networks (CHINs) framework, and existing social prescribing initiatives across North London, to 'reimagine' the role of all players (VCSE, Commissioners, residents, service users, Public Health) in self care at a system-wide level.



Bristol, North Somerset and South Gloucestershire:
'Good life in old age'

Exploring, experimenting and scaling up approaches with VCSE and citizens to co-design pilots on social prescribing, supported self care, long-term conditions and mental health to support health and wellbeing in old age.



Hampshire and Isle of Wight:
'Pathway to engagement & co-production – mental health crisis care'

Looking at mental health crisis care, they will use 'peer support' as a lens to explore whole system vision, community development, social prescribing, co-design, prevention, digital solutions and workforce support and development. They will be looking for opportunities to embed peer support in all of these areas, and identify tangible projects to work on.

Part 03

Examples of activity so far

The value of bringing together mixed groups and providing space to think about shared concerns and areas for improvement is that it builds local networks and relationships: we don't always know exactly what action this will lead to but, in our experience, it does lead to action. Following the first round of meetings, the eight partnerships have begun to make changes locally. Examples include:

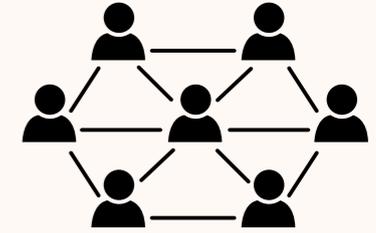
- Establishment of the Herefordshire and Worcestershire Joint Carer Scrutiny group that will hold the STP to account for its policy and practice decisions affecting carers. Co-chaired by the Chair of Herefordshire Carers Support and a Young Carer. First meeting was held 4th Sept 17.
- Community Furniture Project in Humber Coast and Vale: *'I've talked to a GP here today and am going to go and meet with the local Doctors group about them referring people to the furniture projects - that'll bring us volunteers and reduce stress on the doctors because they won't need to go to the GP so much.'*
- A Hampshire and Isle of Wight Mental Health Survey has been distributed through the **Building Health Partnerships** network – intended to gather people's views on mental health hospitals across the STP area. This is aimed at people using the services; caring for someone who does; or working in them.
- The Civil Society Forum in Southampton will pursue work to improve availability of information on community activities and invite councillors and others along to a meeting of interested parties to progress this.

Part 03

- In Bristol/BNSSG following the first session, the leader of a local Community Development Association joined the core group to support the activity from a local grassroots perspective and make it relevant to citizens and smaller organisations.
- In the North East VONNE produced a briefing note outlining the BHP programme to share with members and other partners - this led to a range of conversations including with the Healthwatch Chairs and Chief officers group to establish a link into developments and support any patient/citizen/carer engagement in the wider STP area.

Part 04

Learning from the process



What good set-up looks like for working across sectors:
Learning from Building Health Partnerships

1. Core group



A '**core group**' with representatives from the **Health, Local Authority** and **VCSE** sectors apply to be part of the national Building Health Partnerships programme

2. Set-up phase



1-2-1 calls with a core group



Reading to understand context



Further calls & meetings as recommended by core group



Face-to-face core group meeting



Liaising with core group to confirm speakers and involvement of people with lived experience

3. Round one



Planning

Facilitation plan, briefing speakers, inviting local people and cross-sector representation



Event

Introduces the programme & possible areas of focus, agree actions & next steps

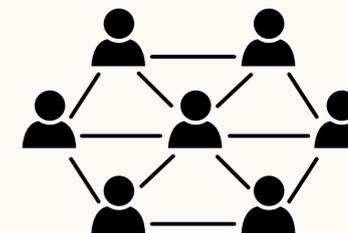


Follow up

Core group share actions / next steps with all attendees. Support is provided between sessions to help develop a clear focus

Part 04

Learning from the process



What good set-up looks like for working across sectors:
Learning from Building Health Partnerships: Self care



1. Membership of the 'core group'

The core group are central to the process – they help set the context for the facilitators, drive activity and model good ways of working. Membership must include champions of collaborative working from each of the groups involved and, ideally, a mix of senior and middle cross-sector leaders, some with STP-specific roles. This 'hub' is also key to getting the right people in the room at partnership events.



2. Facilitators developing a thorough understanding of the local context

The facilitator(s) need to understand the context the programme will be unfolding in. They start by having 1-2-1 conversations with the core group and branch out; arranging calls throughout the programme as new perspectives are recognised. Other activity includes attending related meetings or events and reading about/meeting with local initiatives. Facilitators often have to make difficult decisions about what to attend or who to speak to, to strike the right balance of time between set-up and delivery.



3. Face-to-face meetings

Early on, meeting people face-to-face can be important for developing relationships – however, this takes longer both in terms of travel time and organising diaries. Senior engagement is essential but can be hard to access – perseverance is key.



4. Admin support in the local area

Having someone who can coordinate events and the diaries of multiple, senior stakeholders frees up the facilitators' time for developing understanding of context and planning the sessions.



5. Access to facilitators

Being able to pick up the phone/email facilitators with questions, ideas, concerns or feedback is vital. Where possible this kind of dialogue should take place as a loop with the entire core group, but the opportunity is available and independent support can help to convey more sensitive matters.

Part 05

Questions we will be exploring over the next few months

1. How can local resources be organised in a way which supports and trusts VCSE organisations to deliver self care with genuine shared goals and shared commissioning across sectors?
2. With social prescribing and asset based approaches becoming increasingly recognised, including the VCSE sector's role as an equal partner in delivering the solutions, is it time for a new and different conversation that isn't just about money, but about recognition of all skills and expertise too?
3. Lived experience must come from a range of people and backgrounds, not just those empowered enough to speak out or campaign. How can initiatives avoid taking a token approach to self care and engage and amplify some less well-heard voices?
4. What is the impact of new STP boundaries on partnership working? Is it harder to see what's working well in a wider geography? What are the mechanisms which connect initiatives and how might we avoid falling back on a mapping exercise or directory which will always need updating?
5. How might VCSE organisations demonstrate their impact, outcomes of 'the difference they make' to health and wellbeing in a meaningful way, bearing in mind that the results of prevention programmes might not be evident until well after a programme has finished?