Community engagement: improving health and wellbeing

NICE quality standard

Draft for consultation

July 2016

Introduction

This quality standard covers community engagement approaches to improve health and wellbeing and reduce health inequalities, and initiatives to change behaviours that harm people's health. For more information see the Community engagement: improving health and wellbeing topic overview.

Why this quality standard is needed

The quality of community life, social support and social networks are major influences on individual and population health, both physical and mental. The recent WHO European review on social determinants and the 'health divide' states: "How people experience social relationships influences health inequities. Critical factors include how much control people have over resources and decision-making and how much access people have to social resources, including social networks, and communal capabilities and resilience."

The WHO review reports that high levels of social capital – that is, a high level of understanding, trust and support enabling people to cooperate and work with each other – can buffer some of the effects of stress. Conversely, deprivation and inequalities 'erode' the resources needed for good mental health. The Marmot review, Fair society healthy lives, shows that 19% of people living in the most deprived areas of England have no social support and around 26% don't have enough, compared to 12% and 23% in the least deprived areas.[1]

[1] A guide to community-centred approaches for health and wellbeing, PHE (2015)

As the PHE Guide to community-centred approaches for health and wellbeing (2015) states, the Government has advocated changes in the relationships between local services and citizens, so that individuals and communities can play a bigger role in improving health and wellbeing. However, community-centred ways of working have often been poorly understood and located on the fringes of mainstream practice, which has largely been dominated by professionally-led solutions. This situation needs to change because:

- the health gap is unlikely to narrow without actively involving those most affected by inequalities.
- the assets within communities, such as skills, knowledge and social networks, are the building blocks for good health
- health behaviours are determined by numerous factors including influences from those around us; community engagement and outreach are often a vital component of behaviour change interventions and the support from peers who share similar life experiences can be a powerful tool for improving and maintaining health
- social isolation and loneliness is a major public health issue, associated with higher risks of mortality and morbidity
- wellbeing is a key concept for a functioning and flourishing society and community life, social connections, and active citizenship are all factors that enhance wellbeing
- a flow of new ideas and intelligence from local communities is needed to give a full picture of what works and what is needed
- in the current period of austerity, the Wanless review's conclusion that high levels of public engagement are needed in order to keep people well and manage rising demand remains highly relevant

There is a compelling case for a shift to more people and community centred approaches to health and wellbeing. The core concepts that underpin this shift are voice and control, leading to people having a greater say in their lives and health;

equity, leading to a reduction in avoidable inequalities, and social connectedness, leading to healthier more cohesive communities[2].

The quality standard is expected to contribute to improvements in the following outcomes:

- health and wellbeing of the community
- health inequalities
- community involvement in planning, designing, developing, delivering and evaluating local initiatives to improve health and wellbeing and reduce health inequalities
- improved self-confidence, self-esteem, social networks and social support.

Coordinated services

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing support for the community are listed in related quality standards.

Quality standards should be achievable by local services given the resources required to implement them. Resource impact considerations are taken into account by the quality standards advisory committee, drawing on resource impact work associated with source guidelines. The costing statements for the source guidelines provide more detailed resource impact information. Organisations are encouraged to use these tools to help estimate local costs.

[2] Public Health England (2015) Community-centred approaches for health and wellbeing

List of quality statements

Statement 1. Commissioners of health and wellbeing initiatives work with local communities to agree the aims for the initiative.

Statement 2. Commissioners of health and wellbeing initiatives agree with local communities how to measure the impact of the initiatives once the aims are agreed.

Statement 3 Commissioners of health and wellbeing initiatives work with local communities to identify the skills, knowledge, networks, relationships and facilities within the local community.

Statement 4 Providers of health and wellbeing initiatives identify community members who can take on bridging roles to form effective relationships between statutory, community and voluntary organisations and those involved in the initiative.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key principles for community engagement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 5 Statements 1 to 3 focus on the responsibilities of commissioners to work with local communities to plan health and wellbeing initiatives, do you agree with this focus or should the statements also apply to the providers of the initiatives?

Quality statement 1: Identifying local priorities

Quality statement

Commissioners of health and wellbeing initiatives work with local communities to agree the aims for the initiative.

Rationale

When a community is involved in identifying its needs and aims from the start, the initiatives are more meaningful, are likely to be 'owned' by that community and are more likely to help reduce health inequalities. Encouraging communities to get involved early helps to build positive relationships between the commissioners, providers and communities.

Quality measures

Structure

a) Evidence of local arrangements to identify local community aims for health and wellbeing initiatives.

Data source: Local data collection.

b) Evidence of local arrangements showing how commissioners work with the community to identify aims for health and wellbeing initiatives.

Data source: Local data collection.

Outcome

a) Aims for local health and wellbeing initiatives identified by local communities.

Data source: Local data collection.

b) Community ownership of health and wellbeing initiatives.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Health, public health and social care practitioners involved in health and wellbeing initiatives ensure that members of the community and professionals from the community have an equal chance to contribute to the process of identifying aims for the initiative and that their opinions are valued equally.

Commissioners (local authorities, Public Health England, NHS England and clinical commissioning groups) ensure that they commission health and wellbeing initiatives that involve local communities in specifying aims from the start of the initiative.

What the quality statement means for communities involved with health and wellbeing initiatives

Members of the local community have a key role from the start in deciding the needs of their community and the aims of programmes to improve their health and wellbeing. They have confidence that their opinions are valued as highly as the views of the professionals involved in this process.

Source guidance

- Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44, recommendations 1.1.2 and 1.1.3

Definitions of terms used in this quality statement

Community

A community is a group of people who have common characteristics or interests. Communities can be defined by: geographical location, race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds, such as health need or disadvantage. People who are socially isolated are also considered to be a community group.

[Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44]

Health and wellbeing initiatives

Health and wellbeing initiatives cover all strategies, programmes, services, activities, projects or research that aim to improve health (physical and mental) and wellbeing and reduce health inequalities.

[Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44]

Equality and diversity considerations

People in local communities may experience a range of barriers such as language, literacy, numeracy, low income, access to transport, childcare, digital exclusion and many others that prevent them from taking part in setting priorities for health and wellbeing initiatives. These barriers need to be addressed to support people to engage in the initiative effectively and increase equity.

Quality statement 2: Evaluation

Commissioners of health and wellbeing initiatives agree with local communities how to measure the impact of the initiatives once the aims are agreed.

Rationale

It is important to plan how to evaluate health and wellbeing initiatives as soon as aims are decided by the community. Evaluation is necessary to establish how effective health and wellbeing initiatives are in achieving agreed aims. The results need to be fed back to the commissioners and participants to ensure further funding and commitment. Communities whose members are engaged in initiatives and also help to evaluate their impact are likely to benefit more from the interventions.

Quality measures

Structure

a) Evidence of local arrangements for commissioners to agree with local communities how to measure the impact of the initiatives once the aims are agreed.

Data source: Local data collection.

b) Evidence of local arrangements showing how commissioners and communities evaluate local health and wellbeing initiatives.

Data source: Local data collection.

Data source: Local data collection

Outcome

a) Evaluation carried out from the start of health and wellbeing initiatives.

Data source: Local data collection.

b) Communities benefit from involvement in the evaluation process.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Health, public health and social care practitioners ensure that they support the evaluation of health and wellbeing initiatives by supplying the information needed to assess impact of the initiatives and measure outcomes.

Commissioners (local authorities, Public Health England, NHS England and clinical commissioning groups) ensure that health and wellbeing initiatives have plans for their evaluation built in from the start and that communities are involved in evaluating them.

What the quality statement means for communities involved in health and wellbeing initiatives

Members of the local community are involved in planning how to measure the impact of health and wellbeing initiatives as soon as they have agreed their aims. Being part of this process helps people to understand the effect of the work they are involved in and how it benefits their community.

Source guidance

- Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44, recommendation 1.1.2

Definitions of terms used in this quality statement

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[Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44]

Health and wellbeing initiatives

Health and wellbeing initiatives cover all strategies, programmes, services, activities, projects or research that aim to improve health (physical and mental) and wellbeing and reduce health inequalities

[Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44]

Evaluation

Existing evaluation tools are available and examples include the School for Public Health Research's Public Health Practice Evaluation Scheme and HM Treasury's Magenta Book – guidance on evaluation. A range of indicators can be used to evaluate not only what works but in what context, as well as the costs and the experiences of those involved. For example, indicators might include measures of social capital, health and wellbeing, in addition to those identified by local communities. Identify and agree process and output evaluation objectives with members of target communities and community and voluntary organisations [Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44].

Equality and diversity considerations

People in local communities who could be engaged in evaluating health and wellbeing initiatives may experience a range of barriers such as language, literacy, numeracy, low income, access to transport, childcare, digital exclusion and many others. These barriers need to be addressed to support people to engage in evaluating the initiative effectively.

Quality statement 3: Identifying local community assets and facilities

Commissioners of health and wellbeing initiatives work with local communities to identify the skills, knowledge, networks, relationships and facilities within the local community.

Rationale

Focusing solely on the problems and needs of communities limits the possibilities for change, and can increase stigma. The existing strengths, or 'assets', that communities have include their skills and knowledge, social networks and relationships, and these are building blocks for good health. By identifying and building on assets they already have, communities can be engaged more effectively. At the same time health inequalities can be addressed by drawing in assets from people from marginalised and deprived communities.

Quality measures

Structure

a) Evidence of local arrangements to ensure that community skills, knowledge, networks, relationships and facilities are identified in partnership with the community as part of health and wellbeing initiatives.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that identifying community skills, knowledge, networks, relationships and facilities is built into the local Joint Strategic Needs Assessment.

Data source: Local data collection.

Outcome

Health and wellbeing initiatives built on already existing community skills, knowledge, networks, relationships and facilities.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Health, public health and social care practitioners ensure that they use their own knowledge, social networks and relationships to help identify assets and facilities available within the community.

Commissioners (local authorities, Public Health England, NHS England and clinical commissioning groups) ensure that they commission health and wellbeing initiatives that identify local assets and facilities. They also use these to inform the local joint strategic needs assessment.

What the quality statement means for communities involved in health and wellbeing initiatives

Members of the local community work with commissioners and providers to decide what local skills, knowledge, networks, relationships and facilities could support health and wellbeing programmes. They are supported to understand and use the strengths they already have in their community.

Source guidance

- Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44, recommendations 1.4.2

Definitions of terms used in this quality statement

Community

A community is a group of people who have common characteristics or interests. Communities can be defined by: geographical location, race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds, such as health need or disadvantage. People who are socially isolated are also considered to be a community group.

[Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44]

Health and wellbeing initiatives

Health and wellbeing initiatives cover all strategies, programmes, services, activities, projects or research that aim to improve health (physical and mental) and wellbeing and reduce health inequalities.

[Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44]

Equality and diversity considerations

People in local communities may experience a range of barriers such as language, literacy, numeracy, low income, access to transport, childcare, digital exclusion and many others that prevent them from identifying local assets and facilities to support health and wellbeing initiatives. These barriers need to be addressed to support people to engage in the initiative effectively and increase equity.

Quality statement 4: Bridging roles

Providers of health and wellbeing initiatives identify community members who can take on bridging roles.

Rationale

Community engagement can be supported by finding people who can carry out a 'bridging' role – that is, provide a link between their community and the statutory, community and voluntary organisations involved in providing health and wellbeing initiatives. Community members who take on this role act as 'connectors', signposting people to services and information and supporting them to improve their health and wellbeing as well as relaying community opinion to the providers.

Quality measures

Structure

a) Evidence of local arrangements to identify members of the community who can take on bridging roles as part of all local health and wellbeing initiatives.

Data source: Local data collection.

b) Evidence of local arrangements showing the roles and responsibilities of members of the community taking on bridging roles.

Data source: Local data collection

Outcome

a) Effective links and relationships established between commissioners, providers, voluntary sector and communities.

Data source: Local data collection.

b) Health and wellbeing initiatives achieving aims set out at the start.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (primary care services, community care services and services in the wider public, private, community and voluntary sectors) ensure that they identify people who can take on bridging roles between statutory, community and voluntary organisations and the local community to support engagement with communities.

Health, public health and social care practitioners ensure that they support and work in partnership with people who take on bridging roles between themselves and the communities involved in health and wellbeing initiatives.

Commissioners (local authorities, Public Health England, NHS England and clinical commissioning groups) ensure that they commission support for identifying people who can take on bridging roles.

What the quality statement means for communities involved in health and wellbeing initiatives

Members of the local community are given support and information by members of their community to improve their health and wellbeing. These community members are working closely with organisations that aim to improve the health and wellbeing of communities and they represent local people.

Source guidance

- Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44, recommendation 1.3.1

Definitions of terms used in this quality statement

Bridging roles

These involve community members being ‘connectors’, signposting to services and information and supporting people to improve their health and wellbeing. Volunteers are often embedded in the community and are already ‘natural helpers’ but they are not necessarily peers. UK examples include health trainers, community health educators, navigators, health champions, community food workers and link workers

in primary care. Roles typically include outreach and communication of health messages, social support to help people develop skills or change health behaviours, signposting to services and sometimes offering practical assistance.

[A guide to community-centred approaches for health and wellbeing (2015) Public Health England]

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[Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44]

Health and wellbeing initiatives

Health and wellbeing initiatives cover all strategies, programmes, services, activities, projects or research that aim to improve health (physical and mental) and wellbeing and reduce health inequalities.

[Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44]

Equality and diversity considerations

People in local communities may experience a range of barriers such as language, literacy, numeracy, low income, access to transport, childcare, digital exclusion and many others. Members of the community who take on bridging roles should support people to overcome these barriers and get involved with health and wellbeing initiatives.

Status of this quality standard

This is the draft quality standard released for consultation from 25 July to 22 August 2016. It is not NICE's final quality standard on community engagement: improving health and wellbeing. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 22 August 2016. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from December 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's quality standard service improvement template helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care practitioners and diverse communities is essential. All health and wellbeing initiatives should be culturally appropriate. They should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People who wish to be involved in health and wellbeing initiatives should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The document below contains recommendations from NICE guidance that was used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Public Health England (2015) A guide to community-centred approaches for health and wellbeing
- Disability Rights UK (2014) Inclusive communities: a guide for local authorities
- NHS England (2014) Five year forward view
- Health and Social Care Act 2012
- Public Services (Social Value) Act 2012
- Department for Communities and Local Government (2011) Inspiring communities, changing behaviour
- Department of Health (2011) Changing behaviour, improving outcomes: A new social marketing strategy for public health
- Localism Act 2011
- Department of Health (2010) Health Trainers Programme: A resource pack for Community Engagement
- The Health Foundation (2010) Community engagement report

Definitions and data sources for the quality measures

- Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44
- Public Health England (2015) A guide to community-centred approaches for health and wellbeing

Related NICE quality standards

Published

- Obesity in adults: prevention and lifestyle weight management programmes (2016) NICE quality standard 111
- Alcohol: preventing harmful use in the community (2015) NICE quality standard 83
- Obesity in children and young people: prevention and lifestyle weight management programmes (2015) NICE quality standard 94
- Smoking: harm reduction (2015) NICE quality standard 92
- Smoking – reducing and preventing tobacco use (2015) NICE quality standard 82
- Smoking: supporting people to stop (2013) NICE quality standard 43

In development

- Early years – promoting health and wellbeing Publication expected August 2016.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Community pharmacy – promoting health and wellbeing
- Maternal health: promoting maternal health through community based strategies
- Mental wellbeing: life course, settings and subgroups
- Older people – promoting mental wellbeing and independence through primary, secondary and tertiary prevention
- Physical activity: encouraging activity within the general population
- Population health programmes
- Primary prevention: population and community based primary prevention strategies, including the role of A&E, at different stages of the life course
- Programme management: effective ways to run public health programmes to generate a change in behaviour
- Reducing sexually transmitted infections
- School-based interventions: health promotion and mental wellbeing
- Sexual health across the life course.

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway on community engagement.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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