

Precis of NHS Publication B1762, Working in Partnership with People and Communities; Statutory Guidance issued 4th July 2022

Introduction

The brokerage Community Voice (CV) was requested by the Community, Voluntary and Faith Reference Group (CVF-RG) to the Wirral Health and Wellbeing Board (HWBB) to provide a summary of B1762 as it relates to its endeavours to establish, through the HWBB, appropriate infrastructure developments at community level aimed at addressing health inequalities. Presentations to the HWBB on the 29th of September 2021, the 9th of February 2022 and the 15th of June 2022 refer.

CV was requested to establish the CVF-RG in 2021 and has continued to provide help and support to its endeavours.

CVF-RG has recognised that, for full active participation of people and communities in meeting the challenge of addressing unacceptable levels of health, structures need to be put in place so that comprehensive and effective engagement in partnership can take place, structures that are acceptable to each community and its people.

Precis of B1762

The 84-page guidance provides a clear and comprehensive guidance as to how new structures, established principally for addressing health inequalities, as set out in the Health and Care Act 2022 and with the establishment of Integrated Care Systems (ICSs), Integrated Care Boards (ICBs), must work in partnership with both people and communities for best outcomes.

Forewords (key extracts)

'People and communities are at the heart of everything the NHS does. Working with people and communities is critical if we are to create a health and care service which offers personalised care, is tailored to the needs of everyone, and which works for everyone.'

To achieve real impact, we need systems to look beyond those who are typically involved – building partnerships across traditional boundaries and working with people, communities and those who represent them to create real change.'

Edward Argar, Minister of State for Health

'Through Integrated Care Systems (ICSs) – particularly now they are underpinned by statutory Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) – we have an opportunity to further strengthen the relationship with the communities we serve collaboratively, with our Local Government and Voluntary Sector Partners. The involvement of our people and communities sits right at the heart of this relationship; we can't achieve best outcomes in the most effective way, without working with the people we treat and care for.'

Amanda Pritchard, Chief Executive, NHS England

Executive summary (key extracts)

'While involving people and communities is a legal requirement, working with them also supports the wider objectives of integration including population health management, personalisation of care and support and addressing health inequalities and improving quality. The legal duties provide a platform to build collaborative and meaningful partnerships that start with people and focus on what

really matters to our communities. However, the ambition is for health and care systems to build positive, trusted and enduring relationships with communities in order to improve services, support and outcomes for people.

There are clear benefits to working in partnership with people and communities. It means better decisions about service changes and how money is spent. It reduces risks of legal challenges and improves safety, experience and performance. It helps address health inequalities by understanding communities' needs and developing solutions with them. It is about shaping a sustainable future for the NHS that meets people's needs and aspirations.

This guidance is structured around 10 principles. These have been developed from good practice already taking place, and will help organisations achieve the benefits of effective working with people and communities:

Applying the principles means taking a variety of approaches to working with people and communities, depending on context and objectives. Regardless of the approach used, organisations should start with existing insight about the needs and experiences of their communities, and work with partners that already have links to them. They should also consider taking community-centred approaches – ones that recognise the strengths within communities and that build on existing assets that support people's health.

B1762 recognises the need to clarify terminology which is particularly helpful as follows

Terminology

*In this guidance we talk about **working in partnership with people and communities**. We use this phrase to cover a variety of approaches such as engagement, participation, involvement, co-production and consultation. These terms often overlap, mean different things to different people, and sometimes have a technical or legal definition too.*

*By **people** we mean everyone of all ages, their representatives, relatives, and unpaid carers. This is inclusive of whether or not they use or access health and care services and support.*

***Communities** are groups of people that are interconnected, by where they live, how they identify or shared interests. They can exist at all levels, from neighbourhood to national, and be loosely or tightly defined by their members.*

***Community-centred approaches** recognise that many of the factors that create health and wellbeing are at community level, including social connections, having a voice in local decisions, and addressing health inequalities.*

The introduction to the guidance sets out the aims and objectives of the new system, its ambitions, and expectations.

A section of the aims are set out and are summarised below

*This guidance aims to spread effective practice across all systems by building on the expertise and experience that exists and approaches already being applied. It provides **practical advice and signposts to further information including training and resources**. It also shares learning from areas where partnership is already making the vision a reality and makes clear the difference that working with people and communities makes.*

Who the guidance is for is made clear and expects that it will be followed. Departure from it will require explanation.

How the guidance should be used and by whom is described in nine bullet points and what the new arrangement should and will look like, with reference to people and communities.

It makes clear what the legal duties on public involvement are and where they fall, pointing out that ICPs, place-based partnerships and provider collaboratives have specific responsibilities to participation which it summarises in tabular form. A number refer to people and communities.

The **triple aim duty, below**, established in earlier legislation, which requires the new systems organisations to have regard to ‘all likely effects of their decisions in relation to the following three areas, applies,

1. health and wellbeing for people, including its effects in relation to inequalities
2. quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services
3. the sustainable use of NHS resources.

A statement, accompanied by a diagram that ‘*Effective working with people and communities is essential to deliver the triple aim*’ is set out. Other legal duties that lead to effective working with people and communities, and which will also inform, and support organisations are listed

The rhetorical question *Why work in partnership?* lists nine reasons in an illustrative diagram and seven of which are accompanied by a short paragraph of explanation as set out below.

These reasons lie at the heart of the guidance.

Improved health outcomes

Working in partnership with people and communities creates a better chance of creating services that meet people’s needs, improving their experience and outcomes. People have the knowledge, skills, experiences, and connections services need to understand in order to support their physical and mental health. Partnership working contributes to defining ‘shared outcomes’ that meet the needs of their communities. This is particularly relevant in the context of population health management and reducing health inequalities.

Value for money

Services that are designed with people and therefore effectively meet their needs are a better use of NHS resources. They improve health outcomes and reduce the need for further, additional care or treatment because a service did not meet their needs first time.

Better decision-making

We view the world through our own lens and that brings its own judgements and biases. Business cases and decision-making are improved when insight from local people is used alongside financial and clinical information to inform the case for change. Their insight can add practical weight and context to statistical data, and fill gaps through local intelligence and knowledge. Challenge from outside voices can promote innovative thinking which can lead to new solutions that would not have been considered had the decision only been made internally.

Improved quality

Partnership approaches mean that services can be designed and delivered more appropriately, because they are personalised to meet the needs and preferences of local people. Without insight from people who use, or may not use, services, it is impossible to raise the overall quality of services. It also improves safety, by ensuring people have a voice to raise problems which can be addressed early and consistently.

Accountability and transparency

The [NHS Constitution](#) states: 'The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.' Organisations should be able to explain to people how decisions are made in relation to any proposal – and how their views have been taken onboard. Transparent decision-making, with people and communities involved in governance, helps make the NHS accountable to communities. Engaging meaningfully with local communities build public confidence and support as well as being able to demonstrate public support for proposals.

Participating for health

Being involved can reduce isolation, increase confidence, and improve motivation towards wellbeing. Individuals' involvement in delivering services that are relevant to them and their community can lead to involvement at a service level and to more formal volunteering roles and employment in health and care sectors. It is well recognised that doing something for others and having a meaningful role in your local community supports mental health. Getting involved can be health creating – being part of a community and being in control is good for our health.

Meeting legal duties

Although this should not be the primary motivation, failure to meet the relevant legal duties risks legal challenge, with the substantial costs and delays that entails, and damage to relationships and trust and confidence between organisations, people, and communities.

Translating these benefits in reducing health inequalities is considered through joint solutions and collaborative approaches recognising the key component of community involvement.

Also considered is the essential element of building the culture of partnership working and what and how this can be achieved,

Finally, ten principles for working with people and communities are listed with some case studies, broken down through accompanying bullet points, a 'how it might be done' booklet. This looks like an instruction manual for internal consumption but fails the ultimate test of setting out how to progress. In short, although it is of considerable value it is nevertheless top down with the intention of doing to and not doing with.

There then follows in Annex A, Implementation, a summary of the many ways working in partnership may be done with accompanying Case Studies. This is undoubtedly very helpful also but still fails the ultimate test of forming the partnership first and then helping and supporting each community and its people to make informed joint decisions assisted by the partners.

A section on collaboration between the NHS and other partners seems a little out of place as this guidance is for people and communities.

Somewhat surprisingly in the final section on Legal duties and responsibilities, section B3 Service Reconfiguration and Public Consultation this inherent conflict is brought to the fore in the following statements

A critical success factor is open community and stakeholder involvement from the first stage of considering change. This means involving people at the earliest opportunity in co-designing what the future health and care services for their area looks like. It means building on the conversations that systems should already be having with people about what a health community might look like and using their existing approaches as a starting point for producing service change proposals.

One of the most important early steps to take is to build long-term relationships and invest resources in developing partnership approaches with key community and political leaders, including politicians, faith leaders and VCSE sector organisations. Clinical Senates also bring a public perspective to significant service reconfiguration. They bring together clinicians, patients and other partners to assist commissioners and providers to make the best decisions about healthcare for the populations they represent. Clinical Senates will assure the contents of a service change's Pre-Consultation Business Case (PCBC), including approving the involvement of patients and the public in any clinical modelling that has been undertaken.

Precis Summary

The guidance firmly points to the importance of establishing community infrastructure to enable full, worthwhile working partnerships with people and communities, to operate and be effective in ensuring the wishes of people and communities are met.

It highlights the inherent conflicts largely due to legal considerations aimed at ensuring people's protection which tend to limit people's rights to play a key part in working in partnership and setting out what they would wish for their community.

Compromise will always be inevitable, but it ensures that the journey can begin with confidence, hope, and the much-needed search for local solutions to local challenges, particularly for those in greatest need.

PMW 29.07

Precis of Recent Publications relating to Working Together in Partnerships with People and Communities in line with the Health and Care Act 2022 and 'Levelling Up'

Repairing our Society; A social justice manifesto for a thriving Britain. July 2022, The Centre for Social Justice

This is a 19-page report, with 93 references and a list of 16 of their own publications since 2018 on various aspects of social justice.

Executive Summary

The summary argues the case, by and large from a financial position, for change based on the premise that our society is in need of repair but that the nation should be optimistic by virtue of its unlimited potential for that change.

It points up the strength of our small charities, as community organisations and the success of Universal Credit. It aims to speak directly to the incoming Prime Minister.

In the turbulence of the last two years, we have witnessed the strength of our small charities, as community organisations served at the very heart of the local response to the pandemic – reaching vulnerable people the state could not get near – providing food parcels, human connection, and so much more. While some parts of the state strained under the demands of unprecedented pressure, Universal Credit delivered, and is widely recognised as one of the most advanced and sophisticated social security systems in the world.

A plan for a stronger society is then presented aimed at bringing forward the strengths within communities.

The UK as a nation continues to devote eye-watering levels of public funds to filling the empty gaps in our society

If an incoming Prime Minister is serious about tackling these deep – and costly – social challenges, there are huge gains to be made in reducing the overall size of the state long-term.

The cost of family breakdown has been estimated by the Relationships Foundation to be £51 billion. Reoffending costs £18 billion, debt problems £8 billion, while the cost to society of low numeracy alone is estimated at £20 billion per year.

If we want to reduce the scale and the need for public spending, we need a society made up of strong families and thriving communities. We need safer streets, more resilient finances, and to provide the very best start for children.

A manifesto is then presented which sets out a vision for change that they claim,

‘Would transform the prospects of those who are struggling most in our society’.

Five key strands to this vision are presented, Stronger Families, Safer streets, A brighter start, Resilient finances and Thriving communities, all of which have relevance within the Reference Group’s pilot programme and plan presented at the June 2022 HWBB.

More specifically **Rolling out Family Hubs, Transforming ‘left behind’ places through a radical Hub, Street approach, Harnessing the small charity sector to deliver for local communities, and Leaving no one behind**

The following statements from the five strands seem relevant to the Reference Group submissions to the HWBB

1. Stronger Families.

Over 70 per cent of families with children in receipt of Universal Credit are lone parent families, and six out of seven lone parents are eligible for means-tested benefits. If a fraction of the funding needed to absorb the consequences of family breakdown were invested in preventing it, this significant driver of welfare dependency could be reduced

The UK is now a world leader in family breakdown.

Recent estimates put the cost of family breakdown to our society at £51.1 billion per annum. This cannot go on.

Strengthening families must be at the core of the new Government’s plan to repair our society.

Advance the national roll out of Family Hubs

The Government should continue and complete the roll out of Family Hubs to all local authorities. These provide a one-stop-shop for aiding children's health and wellbeing, improving relationships, and helping to reduce parental conflict. The Government has pledged £18 million in funding for 2023-24; we support the doubling of this funding to £36m, taking a "test and learn" approach towards the initial 75 local authorities through the Evaluation Innovation Fund.

5. Thriving Communities

Community matters.

Thriving local community relationships underpin opportunity – both social and economic – enabling higher productivity and prosperity. And a sense of community built on trusted relationships between neighbours is key to ensuring those who are vulnerable or isolated get the help they need.

If we strengthened our community life as a nation, this would reap dividends in mental and physical health, educational outcomes, social deprivation, social mobility, and democratic participation.

But we need to get community infrastructure right, too. As our research has shown, people's primary concern when it comes to new housing developments is the area becoming too busy. We must take a wholesome approach to community planning – not just delivering identikit 'units' of 'housing stock', but liveable, characterful homes in attractive communities. That means providing a real choice of transport including walkable options to reach practical, usable community facilities such as GPs, schools, shops, and other local infrastructure.

We advocate moving from a 'high street' model to a 'hub street' model as more retail takes place online. By anchoring useful facilities in and around our town centres as 'hubs', we can revive our sense of shared civic life in our built environment.

Reviving community life means Government grasping the immense potential of the small charity sector, which has delivered throughout the pandemic and more recently during the cost-of-living crisis.

But it also means ensuring that the most vulnerable are not written off and no one is left behind. This includes those who are in the grip of rough sleeping, drug addiction, or modern slavery.

Next steps for integrating primary care: Fuller Stocktake report: May 2022

This is a 38-page report, with 16 references (largely internal) commissioned by NHS England and NHS Improvement from Dr Clair Fuller.

It is informed by nine workstreams and four task and finish groups chaired by Chairs and Directors within the NHS.

Introduction from Dr Clair Fuller

In this introduction Dr Fuller clearly sets out the driving force for change.

Inadequate access to urgent care is having a direct impact on GPs' ability to provide continuity of care to those patients who need it most. In large part because of this, patient satisfaction with access to general practice is at an all-time low, despite record numbers of appointments: the 8am Monday scramble for appointments has now become synonymous with patient frustration.

*At the same time, primary care teams are stretched beyond capacity, with staff morale at a record low. In short, left as it is, primary care as we know it will become unsustainable in a relatively short period of time. It is against this backdrop that the Chief Executive of the NHS, Amanda Pritchard, asked me to lead this major stocktake of integrated primary care **from the ground up**.*

But then sees and describes the opportunity

Despite the current challenges, there is real optimism that the new reforms to health and social care – if properly supported to embed and succeed – can provide the backdrop for transforming how primary care is delivered in every community in the country.

We are weeks away from the inception of the new ICSs and with it the biggest opportunity in a generation for the most radical overhaul in the way health and social care services are designed and delivered. Primary care must be at the heart of each of our new systems – all of which face different challenges and will require the freedom and support to find different solutions. In an extraordinary and welcome display of common purpose across health and care, each of the CEOs of the 42 new systems has added their signature to this report.

But these new systems alone can't fix all the problems: we need action at every level. This report sets out a limited number of recommendations for NHS England, the Department of Health and Social Care (DHSC), and other national bodies that will enable local systems to drive change in their communities and neighbourhoods. This includes ensuring future national policy is designed to support and enable local systems to do what they need to do rather than apply a one-size-fits-all approach.

And introduces the challenge and its supporting vision for the future of integrating primary care.

*It is the collective judgement of the people who have engaged closely in our stocktake that the vision for integrating primary care set out in this report is achievable if we create both the conditions **to enable locally led change and the supporting infrastructure to implement it**: indeed, as demonstrated by many of the case studies contained in this report, systems are already working in this way.*

Locally led, nationally enabled change is a consistent theme in pandemic success stories. This report offers a vision for transforming primary care led by integrated neighbourhood teams that will be supported to lead change, drawing from the wealth of positive change already underway.

The report then goes on to consider the approach of building integrated teams in every neighbourhood.

This requires two significant cultural shifts: towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community; and realignment of the wider health and care system to a population-based approach – for example, aligning secondary care specialists to neighbourhood teams.

*The key ingredient to delivering this way of working is leadership – fostering an improvement culture and a safe environment for people to learn and experiment. **We heard consistently throughout our engagement that a 'top-down' approach of driving change and improvements risks alienating the workforce and communities and hinders development of trusting relationships**: something emphasised in the King's Fund literature review.*

A case study of the success of an integrated clinical pharmacy service in **Wirral** is highlighted.

A section on working with people and communities is of significance

Throughout the stocktake, we heard that the PCNs that were most effective in improving population health and tackling health inequalities, were those that worked in partnership with their people and communities and local authority colleagues. This partnership focuses on genuine co-production and personalisation of care, bringing local people into the workforce so that it reflects the diversity of local communities, and proactively reaching out to marginalised groups breaking down barriers to accessing healthcare

Working in this truly integrated way with people and communities offers the NHS a real opportunity to deliver more effective and sustainable change and paves the way for a much bigger prize: creating the space and opportunity to do far more on the most pressing challenge for health and social care systems: tackling the determinants of ill health and helping people to live happier and healthier lifestyles.

Ultimately, these integrated teams – rooted in the community and working across the spectrum of health and care – are the central conduit through which we can deliver the new model of integrated care

The final part of the report addresses how the PCN's should approach the challenge as informed by numerous case studies.

Principles in Practice; Lessons and examples from the Keep it Local Network, Locality: August 2022

This is a 58-page report largely based on experience gained on 6 key principles in active learning started in 2018. It is particularly well set out and the case studies for every aspect of working together in partnership present extensive practical knowledge and experience in many case studies.

Executive summary

Keep it Local is Locality's campaign, to build long-term partnerships between councils and communities.

Wirral was one of the first six councils to formally agree to participate agreed by Cabinet.

In partnership with Lloyds Bank Foundation for England and Wales, we have established an active network of 17 Keep it Local Councils who are committed to unlocking the power of community. This report brings together the key things we've learned about how to embed and sustain Keep it Local in local authorities.

Four more councils have now become members, including Cheshire West and Chester.

The report is split into two parts. The first draws out some overarching lessons about Keep it Local for campaigners and practitioners working with, and within, councils. The second uses our six Keep it Local principles as a framework to provide tips, advice, and good practice case studies for making Keep it Local a reality.

The overarching lessons are covered in five sections, Building the Foundations, Putting Principles into Practice, Going Further to Embed Transformation, Overcoming External Challenges, and Lessons for Community Organisations. Which are subdivided into seventeen lessons with summaries provided for each.

All are of relevance and examples are,

- *It is important to work quickly to turn high-level endorsement into something meaningful and visible to build momentum.*
- *Risk averse processes continue to stifle innovation, but some procurement teams are driving change.*
- *Senior political and corporate commitment is needed to create space for officers to do things differently.*
- *It is important to have an accurate knowledge of the strengths and weaknesses of the local VCSE.*
- *Different types of organisations have different strengths, which can be unlocked by working in partnership.*
- *Using quantitative measurement where appropriate to measure additional social value, while seeking to make social value inherent to the quality element of tenders for person-centred services.*
- *Keep it Local isn't just about asking councils to "let go" – it also requires community organisations to show they are ready to "step up" and play a bigger role in local services.*

Community Calling; People want more influence. New Local, Aug 2022.

This is a 32-page research document into the views of people and individuals and the influence they have over the services, policies and decisions that affect them and their communities.

New Local used Britain Thinks for their research expertise in the design and implementation of the focus groups and online survey and for their professional judgement in analysing the findings.

The results are presented in nine headlines as follows:

- *There is a fundamental lack of trust in Westminster politicians to tackle national issues*
- *There is a strong sense of disconnect between those decision makers at the top and the public.*
- *There is an appetite for more control.*
- *People want more control and influence but within existing governance structure.*
- *Local figures are most trusted*
- *People understand spacial variation.*
- *Most people think community power should be politically committed and legislated for*
- *Most people would support a politician's commitment to community power.*

In the introduction the report sets out the challenge as follows,

Everything feels polarised. Politics is polarised; debates are at the extremes; people's circumstances are oversimplified. The complicated and nuanced needs of people and communities are not being sufficiently heard. And the ideas and insights they have are not shaping services they want. It's time for a different approach.

For decades, policy debates have tended to oscillate between the idealised versions of either a centralised state-led approach and a market-led approach. This polarisation misses the crucial third approach that starts with people in their communities. This approach puts individuals at the heart in a way that a state-dominated model can't but, crucially, also recognises people as community members in a way a market-led model can't. We've missed this nuance for far too long.

There are a series of disconnects: communities and the Westminster politicians that represent them; communities and those that develop policies and design services; communities and the agency to solve problems.

These issues have been brought into sharp focus by the overlapping crises of the cost of living, dissatisfaction with public services, poor representation and distrust of national politicians, and the sense that people feel they don't control their own destinies. Communities need to be heard and asked directly about issues they see for themselves and what could help overcome them.