## A new model of partnership with people and communities: key principles

The 5YFV priorities of tackling the health, care and finance gaps are achievable only by fundamentally changing the NHS's relationship with people and communities as set out in chapter 2. They are critical to success for local health economies, and require a new model of partnership.

This paper translates the vision set out in the 5YFV chapter 2 into six underpinning principles for person centred, community focused services. These are:

- 1. Care and support is person-centred: personalised, coordinated, and empowering
- 2. Services are created in partnership with citizens and communities
- 3. Focus is on equality and narrowing inequalities
- 4. Carers are identified, supported and involved
- 5. Voluntary, community & social enterprise and housing sectors are involved as key partners and enablers
- 6. Volunteering and social action are recognised as key enablers

These principles underpin successful local activity that improves health outcomes and allocation of resources.

Principles	Locally tailored ingredients	Key measures of success	Indicators/questions - sources
Care and support is person- centred: personalised, coordinated, and empowering	<ul> <li>You recognise the following as key enablers of high quality care and support, especially for those with long term conditions, and plan accordingly:</li> <li>Information, support and advocacy for patients, service users, carers, families</li> <li>Shared decision making as default mode for clinical consultations</li> <li>Personalised care and support planning as default mode</li> <li>Support for self-management at scale, so people are informed, skilled and confident</li> <li>Care is coordinated, as set out in <u>National Voices/TLAP "I"</u> <u>statements</u></li> <li>Access to personal health records</li> <li>Personal budgets across health &amp; care</li> <li>Widespread availability of effective peer support</li> <li>Joined up mental and physical health care</li> </ul>	People feel supported to attain their own health & well-being goals: what matters to them People's experiences of: involvement in decisions, control & independence, wellbeing, confidence to manage, feeling supported People's reported access to personalised care and support planning People's experience of care coordination – including discharge & transitions Access to records and personal budgets Care professionals' knowledge, confidence & skills in person-centred approaches	Adult Social Care Survey & Personalised Outcomes Evaluation Tool (POETs) National patient surveys including Adult Social Care Survey & POETs, Health Survey for England, Patient Activation Measure National Voices 5 narratives (generic/older people) Self reporting tools such as used by #HelloOurAimIs campaign Patient surveys results for local NHS trusts under the national surveys programme Patient survey results for each GP practice from the General Practice Patient Survey Community health survey Aetna Foundation project & National Voices 5 narratives & VOICES survey Numbers of people actively using online health record and with access to personal budget Clinician Support for Patient Activation Measure (CS-PAM) NHS staff survey results for local NHS trusts under the national programme

Principles	Locally tailored elements	Measures of success	Audit/evidence
Services are created in partnership with citizens and communities	<ul> <li>You reach out to and work with a wide range of citizens - reflecting the diversity of your community - to have the necessary conversations about health, wellbeing, prevention and services</li> <li>You directly involve citizens in gathering feedback on experience of care from a range of sources and in using insight from feedback on complaints, experience and outcomes to inform the development of care models and make improvements</li> <li>You use community development approaches to release, build and deploy community resources for health, prevention and wellbeing</li> <li>You use co-production approaches, e.g. Evidence Based Design, to design services with service users and those with lived experience</li> <li>You recruit, train, support and involve experts by experience and patient &amp; lay leaders in meaningful roles, including in service design</li> <li>You work with the voluntary, community and social enterprise sector, patient participation groups, Healthwatch as partners</li> </ul>	<ul> <li>People's experiences of: involvement in decisions, control &amp; independence, wellbeing, confidence to manage, feeling supported</li> <li>Different groups of people reporting their experiences of being listened to, involved, supported, worked with in partnership</li> <li>People report being asked for feedback about experience of care, being listened to, being involved in how insight is used and being informed about how feedback on experience of care has informed and influenced care models</li> <li>Improvement in the number of less heard people/groups listened to and relevant actions taken</li> <li>Experts by experience and patient &amp; lay leaders report that they are making real difference</li> </ul>	Audit trail of engagement with relevant citizens, community groups, service users etc. to review/redesign services, including reported experience of engagement Lay involvement at all key levels including programme leadership, planning & steering groups, redesign/task & finish groups Training provided to experts by experience/lay leaders Use of recognised coproduction approaches in redesign projects, e.g. Experience Based Design (EBD) Measure of diversity of participants and how this relates to diversity of community

Principles	Locally tailored elements	Measures of success	Audit/evidence
Focus is on equality and narrowing inequalities	<ul> <li>You identify, reach out to, and involve different groups in order to improve their access to services, experience of services and health and wellbeing outcomes – including:</li> <li>People with the worst health, health outcomes and experiences of care, including as a result of poverty, deprivation, unemployment, poor housing etc.</li> <li>Groups protected under the Equality Act</li> <li>People less likely to use services, e.g. homeless people, gypsies and travellers, non-English speakers</li> </ul>	Narrowing the gap on measures of access, outcomes, experience	<ul> <li>Accurate, up to date data on target groups in public health datasets and Joint Strategic Needs Assessment.</li> <li>Registrations of targeted groups onto general practice lists. Attendance of targeted groups for regular checks, screening, follow-ups</li> <li>Participation of target groups in community health activities</li> <li>Working with relevant voluntary, community and social enterprise sectors.</li> <li>Monitoring data showing whether these groups are achieving access to the person centred interventions listed under principle 1.</li> </ul>

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Carers are identified, supported and involved	<ul> <li>You identify carers (and help them identify themselves) &amp; assess their needs</li> <li>You support and train them in their caring role and as individuals in their own right</li> <li>You provide health and wellbeing interventions for carers</li> <li>You involve carers systematically as key partners in care</li> <li>You work with carers' organisations, including to co- produce services</li> </ul>	Carers' quality of life; experience of recognition, support, health and wellbeing, involvement, ability to perform carer role You measure what matters to carers and take action accordingly	Survey of Adult Carers in England VOICES survey Patient survey results for local NHS trusts under the national surveys programme National Voices 5 narratives Numbers of carers identified & known to be supported
Voluntary, community and social enterprise, and housing sectors are involved as key partners and enablers	<ul> <li>You work strategically and in partnership with your voluntary, community and social enterprise sector benefiting from its reach and diversity (large and small)</li> <li>You commission and/or grant fund key contributions to holistic person centred care from the voluntary, community and social enterprise sector, e.g. prevention, peer support, befriending, social prescribing, health coaching, care navigation, crisis prevention, support for recovery – and other forms of social action</li> <li>Voluntary, community and social enterprise sector bodies act as a neutral and trusted broker to initiate dialogue with service users and communities, especially disadvantaged, marginalised, less heard.</li> <li>You invest to build capacity in the voluntary, community and social enterprise sector</li> </ul>	Positive local voluntary, community and social enterprise sector partners' views on their relationships with you and ability to add value The voluntary, community and social enterprise sector is adequately represented in key strategic partnerships (devolution body, vanguard, pioneer, health and wellbeing board(s)).	Size of statutory sector investment in VCSE sector locally Monitoring data on voluntary, community and social enterprise sector contract outcomes Social value indicators such as Social Return on Investment.
Volunteering and social action are recognised as key enablers	<ul> <li>Volunteering and social action support key functions, e.g. prevention, peer support, befriending, social prescribing, health coaching, care navigation, crisis prevention and support for recovery</li> </ul>	Increase in level and diversity of volunteering effort Volunteers report feeling useful and supported	Numbers of volunteer hours Volunteer experience

FYFV PCB Published 7.12.15

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