



New Care Models: empowering patients and communities

A call to action for a directory of support

**New Care Models: empowering patients and communities -
A call to action for a directory of support**

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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Foreword



Samantha Jones
Director,
New Care Models

The NHS Five Year Forward View set out a vision for the future of health and social care in England. Published in October 2015, it called for the health and care system to fully engage with people and communities, building and sustaining new relationships where patients are partners, and communities can play an active role in their local health and care services.

It also described new care models, which will break down traditional divisions between primary care, community services, and hospitals.

The scale of change and challenge facing our health and care system means that if either one happens without the other, our chance of successful improvement is slim. Both are important; both are urgent.

Achieving these changes is central to the vision of the 50 new care model vanguards.

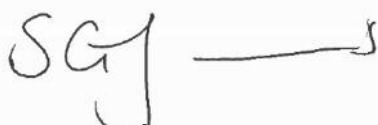
Working with the Forward View People and Communities Board, the new care models programme assembled this directory of what support is available. It comes from within the Forward View partners and voluntary sector strategic partner organisations.

This is just a start. This publication is the first version: we are excited to see how it will grow as more organisations share information about how they support innovation in the NHS.

We hope you find it useful, and use it often.



Jeremy Taylor
Chair, Five Year
Forward View People
and Communities
Board



Samantha Jones
Director,
New Care Models



Jeremy Taylor
Chair, Five Year Forward View
People and Communities Board

Introduction

This document outlines the support currently available from the Five Year Forward View arm's length bodies and some of the voluntary sector strategic partners. It has been put together as a forerunner for a wider directory of support for the vanguards, which will enable them to meet the six principles in the empowering patients and communities domain.

The vanguards asked for help to understand what support is currently available, to show them in one place where they can obtain support and highlight any gaps they have.

We will be publishing a wider directory in April 2016, for more information see [Appendix B](#).

Background to new care models programme

In January 2015, NHS England invited [individual organisations and partnerships](#) to apply to become 'vanguard' sites for the new care models programme: one of the first steps towards delivering the [Five Year Forward View](#) and supporting improvement and integration of services.

Vanguards are taking the lead on the development of new care models which will act as the blueprints for the NHS moving forward and inspiration to the rest of the health and care system. Details of each vanguard can be found in [Appendix A](#).

In March 2015, the first [29 vanguard sites](#) were chosen after a rigorous process, involving workshops and the engagement of key partners and patient representative groups. There were three types – [integrated primary and acute care systems](#); [enhanced health in care homes](#); and, [multispecialty community provider](#) vanguards. In July 2015, eight [urgent and emergency care](#) vanguards were [announced](#). In September 2015, [13 more vanguards were selected](#) – known as [acute care collaborations](#), these aim to link local hospitals together to improve their clinical and financial viability.

The new care models programme supports the work of the vanguards. Four core values underpin this programme:

- Patient involvement
- Clinical engagement
- National support
- Local ownership

Vanguards have access to a national support package, which aims to help them be as successful as possible in making their planned changes. National support also intends to maximise and amplify the sharing of learning and practice across the 50 vanguards and, importantly, with the wider NHS and care system.

One of the core aims of the support package is to help vanguards empower people and communities. This is mainly inspired by the agenda set out in chapter 2 of the [Five Year Forward View](#), which argues that we can only achieve better health, better care and better value, by fundamentally changing our service's relationship with patients and communities.

The vanguards worked with the [People and Communities Board](#) to set out six principles to help define our expectations of how they will work. These principles are:

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

To help them embody the six principles, the vanguards will receive the following support in 2015/16:

- **The development of a team of expert partners** to support vanguards. This team will provide practical on-the-ground support, as well as commissioning cohort and national programmes to support vanguards' development where necessary.
- **Preferential access to all tools and resources** being developed by NHS England and its partners to empower, support and engage patients.
- **Support from expert advisers at the Institute for Health Equity** to tackle health inequalities.
- **The development of a community of practice**, where local leads can come together and support each other.
- **A national directory of support**, clearly outlining the support available and how to access it.

This publication is one of our first steps in offering that support. It begins to draw together the available support, helping vanguards to see quickly what is available and understand where they may need further assistance. It summarises what is currently available from the Five Year Forward View partners and through the voluntary sector strategic partners. We are asking other organisations to use this directory to provide support offers for the full directory (to be published in April 2016, see [Appendix B](#)).

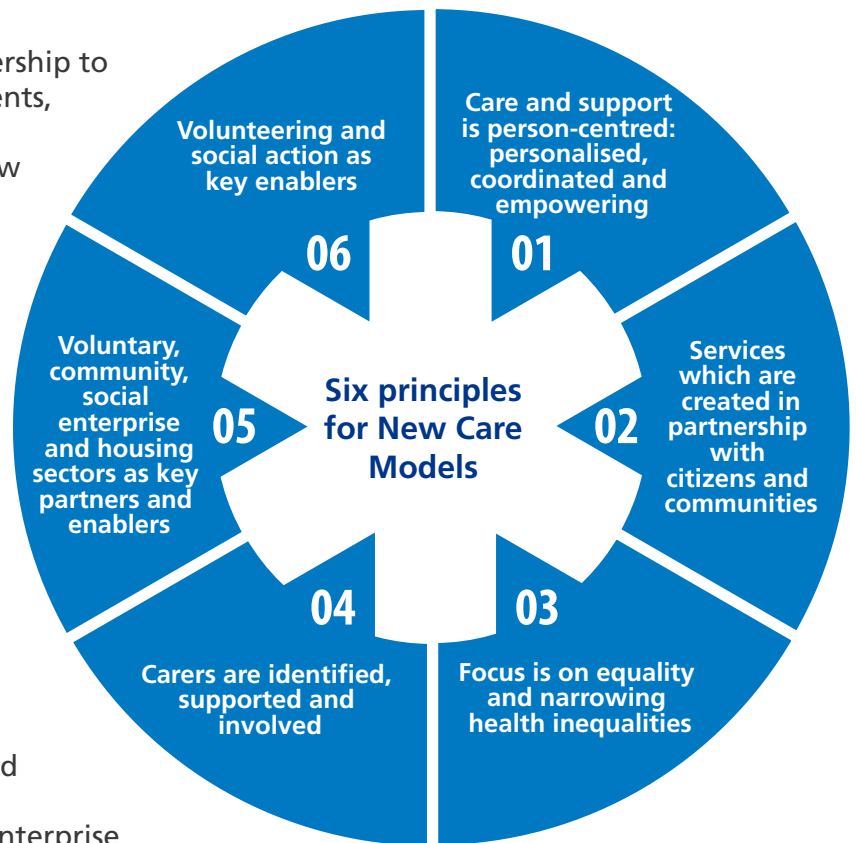
The six principles explained

We need a new model of partnership to harness fully the energy of patients, local people and diverse communities. To support this new kind of relationship, the People and Communities Board, working with patients, the voluntary sector, vanguards and the wider health and care system, set out six principles for new care models:

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

Care and support is person centred: personalised, coordinated and empowering

Vanguards' success will depend on ensuring that care is personalised and that people are supported to manage and make decisions about their own health and care. To do this, vanguards need to find ways to encourage and help spread approaches such as shared decision-making, personalised care and support planning and self-management support.



Personalised care and support planning is a process which enables better conversations between individuals living with long-term conditions and health and care practitioners. It is a 'meeting of equals' to identify issues and develop solutions, driven by the individual and enabling them to become equal partners with expert clinicians in making decisions about their care.

Approaches that give people the support they need to manage their own health include (but are not limited to) self-management education; peer support; health coaching; and group-based activities that promote health and wellbeing. These approaches help people to build their knowledge, skills and confidence to manage their own health and care.

Vanguards also need to find ways to enable people to have much greater choice and control over their care. Personal health budgets are one way to support people with long-term health conditions and disabilities. A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG). Personal budgets aren't new money, but a different way of spending health funding to meet an individual's needs. Linked to this approach is Integrated Personal Commissioning (IPC), which will for the first time blend comprehensive health and social care funding for individuals, and allow them to direct how it is used.

Services which are created in partnership with citizens and communities

Creating services in partnership with citizens and communities is also central to vanguards' success. It is not just about delivering traditional approaches to public involvement; it is about mobilising communities' existing strengths and working in partnerships to co-design and produce services. Public Health England and NHS England's recent guide to community-based approaches grouped these as follows:

- **Strengthening communities** - building on community capacities to take action together on health and the social and community determinants of health
- **Volunteer and peer roles** - enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities

- **Collaborations and partnerships** - communities and local services working together at any stage of the planning cycle, from identifying needs through to implementation and evaluation
- **Access to community resources** - connecting people to community resources. Social prescribing is a key enabler to this.

Organisations also need to use patient and carer feedback on their experience of care, including from more vulnerable groups. This is a vital part of partnership working with citizens and communities, to help inform local commissioning and service improvement plans.

Focus is on equality and narrowing inequalities

Health inequalities persist; too many people experience the effects of social exclusion, or lack social support. These inequalities can shape people's access to services, and health outcomes.

Vanguards are taking the opportunity to tackle these inequalities and ensure all groups have equal access to health and care. This is about recognising diversity of need and experience, and understanding how these things shape access to services. Reaching out to and involving a wider range of people can help us to ensure that services reflect the communities they serve.

Carers are identified, supported and involved

The [Five Year Forward View](#) recognised that five and half million carers in England make a vital and under-appreciated contribution, not only to their loved ones, neighbours and friends, but to the very sustainability of the NHS.

It also committed to finding new ways to support carers, building on the new rights created by the [Care Act](#) 2014, and especially helping the most vulnerable amongst them: the approximately 225,000 young carers, and the 110,000 carers who are themselves aged over 85.

The Five Year Forward View also included working with voluntary organisations and GP practices to identify them and provide better support; including helping them to manage their own health and wellbeing. When appropriate, carers are being involved in making decisions about care and support as new care models are designed.

Voluntary, community, social enterprise and housing sectors as key partners and enablers

The voluntary, community and social enterprise sectors provide a rich range of activities, including information, advice and advocacy. They deliver vital services with paid expert staff. [The Five Year Forward View](#) recognised that they are often better able to reach under-served groups, and are a source of advice for commissioners on particular needs. They are essential partners in empowering patients and communities in health and care, and will need to be central to the vanguards.

Volunteering and social action are recognised as key enablers

Volunteers are crucial in both health and social care. Three million volunteers already make a crucial contribution to the provision of health and social care in England, across many health organisations. [The Five Year Forward View](#) committed to finding ways to promote and extend volunteering across health and care.

Social action is a broad term that is used to describe approaches that bring about shifts in social behaviour via mass participation.

Both represent powerful ways to mobilise the renewable energy, spirit and compassion of citizens and communities to improve health and care outcomes, and should be central to vanguards' work.

Empowering patients and communities

A call to action for suppliers

The NHS has often talked about engaging people in their own health and care and in involving the public - the communities it serves – in changes to how it provides their services. It's even gone beyond the talking stage, and actually done it.

More of the same traditional relationship between providers of health and care services and passive recipient patients or service users won't be enough. Provider approaches will have to evolve towards making the empowerment, education and support of patients to self-manage their care a high and ongoing priority.

When we asked the vanguards what support could be useful to help them to empower patients and communities, they identified the need for a directory to show them what support is available to enable them to meet the six principles in the empowering patients and communities domain.

This is where you, if you are a supplier of such support, can come in.

No sector – statutory, voluntary or commercial – has a monopoly on wanting to see great, responsive health and social care; nor on insights about how to work with patients and the public more effectively and efficiently.

We will be publishing a wider directory of support in April 2016. To give the new care models work the best chance of success, we need a range of offers from which the vanguards can choose. For more information on how to be included in the next directory, see [Appendix B](#).

“Where can I get support to make sure the new services I develop are what my local community wants and needs?”

— — — — —

“How do we co-design new services?”

— — — — —

“How do we support people to manage their own health and care?”

— — — — —

“How can I find out whether my community thinks that a change to their service is an improvement?”

Support from the Five Year Forward View partners - NHS and social care



Care Quality Commission

What we do

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find to help people choose care.

How we could support local teams developing vanguards

We are talking to vanguards and other new models of care to understand more about them and to consider how we can support them and encourage more joined-up, patient-centred care.

Our work is informed at every stage by the views of people who use services: we involve people who use services and their carers as we develop our services; we draw on their experiences to help us decide where and when to inspect and we involve them in our inspections of health and care services.

As our role develops in respect of these new models of care, we want to give the public more confidence that we are on their side. We want to make sure we are providing the public with the right information to help them choose care. That could be about how individual services are performing or about care across an area, or across the range of services you need to care for your particular condition.

We will also make more use of feedback on the quality of care from people who use services. We will continue to develop how we inspect services which we think pose the greatest risk first and we will prioritise our inspections to target where we think there may be problems, while still encouraging and making sure there is good care across all services.

You can tell us about your experience of care by using a [form on our website](#).

Contact

enquiries@cqc.org.uk

Health Education England

What we do

Health Education England (HEE) exists to improve the quality of healthcare for the people and patients of England through education, training and lifelong development of staff.

How we could support local teams developing vanguards

Our national and local programmes of work are aligned with the Five Workforce Characteristics (5WFCs) set out in HEE's [Framework 15](#). The following HEE programmes contribute to driving improvement in meeting the 5WFCs.

Self-care/self-management programme

Our self-care/self-management programme is looking to enable healthcare professionals to facilitate patients to better self-care/self-manage through:

- Agreement on the principles and key success factors for delivering long-lasting behaviour change across staff, patients and the wider public, with a particular focus on supporting self-care and wider person centred care
- Agreement on the specific actions that HEE can take at a national and local level using its levers (primarily Education Commissioning) to support the delivery of long-lasting behaviour change across staff, patients and the wider public
- A set of key principles that can be applied across HEE's other areas of work, particularly Making Every Contact Count (MECC)
- Recommendations for actions that others in the system could/should take to support this work (e.g. employers, HEIs, NHSE, PHE etc.).

Vanguards in Birmingham and Sunderland are engaged in this work.

Care Certificate – for support workers in health and social care

In response to [Camilla Cavendish's review of the variation in initial training given to support workers in both health and social care](#), HEE, Skills for Care, and Skills for Health developed the Care Certificate on the essentials of care competence for support workers. Further information and resources are available at: <http://hee.nhs.uk/work-programmes/talent-for-care-3/workstreams/get-on/the-care-certificate-new/>

Community and primary care nursing programme – education and career framework

The [Transforming Nursing for Community and Primary Care workforce programme](#) supports the delivery of the new models of care. Developed in partnership with nursing stakeholders, the District Nursing and General Practice Nursing Service Education and Career Framework – available as [interactive](#) and [print ready](#) PDFs – available outlines the specialist knowledge, skills and experience required to deliver district and general practice nursing care.

Prevention and public health action plan

The [action plan](#) for HEE's work on prevention and public health was completed in February 2015. It includes how we are working with our stakeholders to better understand the wider workforce implications and how we use our levers to drive improvements in health so the workforce is able to proactively manage health rather than just respond to ill health.

Contact

England.newcaremodels@nhs.net

Monitor (from April 2016, merging into NHS Improvement)

What we do

Monitor is the economic regulator for health services in England. The NHS Development sector is the body tasked with ensuring that NHS trusts can move towards foundation trust status. The bodies are merging into the new NHS Improvement.

How we could support local teams developing vanguards

The publication of the Five Year Forward View in October 2014 was an important moment for the healthcare system and Monitor has a vital role in supporting its development. The Five Year Forward View sets out a vision for the sector that would mean closing not just the financial gap, but also the care and quality gap and health and wellbeing gap. Supporting the implementation of the Five Year Forward View reflects our duty to protect and promote the interests of patients by ensuring that NHS services are clinically and financially sustainable over the longer term.

Over the last 12 months we have participated in, supported and led many of the Five Year Forward View's workstreams.

Our focus has been on: system efficiency, new care models, Success Regime and leadership and improvement.

Across all areas of our work we have a duty to enable care to be delivered in a more integrated way, both in healthcare and between health and social care, where this is in a person's interests. Delivering integrated care must be underpinned by a shared commitment to person centred care and support and any significant change to services must be developed with the engagement and support of local people.

More information on our work in this area can be found on our integrated care [webpages](#) and in our [publications](#) on integrated care.

Monitor also supports local initiatives to link patient information and hope that people will support these developments as well because of their potential to improve joined-up care. We have made available, on the [Better Care Exchange](#), a guide on how patient care can be shared locally.

Contact

England.newcaremodels@nhs.net

National Institute for Health and Care Excellence

What we do

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. We do this by:

- Producing evidence based guidance and advice for health, public health and social care practitioners
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services
- Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

Further information about NICE's work can be found in the NICE Charter - www.nice.org.uk/Media/Default/About/Who-we-are/NICE_Charter.pdf

How we could support local teams developing vanguards

NICE actively involves patients, carers, and people who use services in the development of its guidance, advice and standards supported by the [Public Involvement Programme](#). The NICE [field team](#) of implementation consultants is available to support individual vanguards and regional events. NICE also provides information about [the use of NICE guidance and Quality Standards](#).

NICE guidance and standards frequently make recommendations about person centred care. In addition, NICE has a range of guidance and advice specifically linked to empowering patients, people who use services, and communities. NICE Pathways provide an integrated view of everything NICE has said on a topic.

Guidelines

PH9: Community engagement

CG136: Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services

CG138: Patient experience in adult NHS services: improving the experience of care for people using adult NHS services

Quality standards

QS14: Service user experience in adult mental health services

QS15: Patient experience in adult NHS services

NICE Pathways

Patient experience in adult NHS services

Service user experience in adult mental health services

Shared learning examples

Applying CG138 NICE patient experience in adult NHS services and QS15 NICE quality standard for patient experience in adult NHS services to complaints & the complaint process

Targeting Heart Health Inequality through a Collaborative Community Assets - Approach to Promoting Behaviour Change in West Belfast

Developing and implementing a parent held medicines record for children with complex conditions

Contact

england.newcaremodels@nhs.net

NHS England

What we do

NHS England leads, and channels funds to, the NHS in England. It offers support through the new care models programme and across its activities as a national system leader.

NHS England is leading and funding a number of national programmes and initiatives to support the vanguards to empower patients and communities. These are grouped below under each principle. For ease of reference they are listed alphabetically in the subsequent sections.

Care and support is person centred: personalised, coordinated and empowering

- Care and Support Planning
- Support for Self-Management (including Realising the Value and Patient Activation)
- Personal Health Budgets and Integrated Personal Commissioning
- Coalition for Collaborative Care

Services which are created in partnership with citizens and communities

- Building Health Partnerships
- NHS Citizen
- Insight And Feedback Unit

Focus is on equality and narrowing health inequalities

- Equality and Health Unit

Carers are identified, supported and involved

- Patient Experience Team

Voluntary, community, social enterprise and housing sectors as key partners and enablers

- Health and Care Voluntary Sector Strategic Partner Programme

Volunteering and social action are recognised as key enablers

- Active Communities Programme
- Sustainable Improvement Team

Contact

England.newcaremodels@nhs.net

NHS England - Active Communities Programme

This NHS England programme can help vanguards to build volunteering and social action opportunities into the new models of care, which will enable services to develop the new relationships with people and communities envisaged in the Five Year Forward View.

How we could support local teams developing vanguards

We can support vanguards to redesign local services by building volunteering and social action opportunities into their work. We can provide guidance and connect Vanguards with innovative local and national volunteer-involving projects.

Contact

Sara Bordoley

sara.bordoley@nhs.net

Tel: 07900 715213

NHS England - Building Health Partnerships

Social Enterprise UK and the Institute for Voluntary Action Research (IVAR) have delivered Building Health Partnerships (BHP), bringing together CCGs, local authorities, health and wellbeing boards (HWBs) and the voluntary, community and social enterprise (VCSE) sector to improve cross-sector partnerships, joined-up working and their collective ability to tackle complex health and care challenges together.

How we could support local teams developing vanguards

The independent support provided through BHP, with its dual focus on relationship building and joint action, can help ensure that vanguard sites can realise their goals in ways that are both sustainable and fully inclusive of their local communities. Crucially, it helps organisations tackle key areas of challenge, including: integration, reconfiguring services, prevention, mapping existing provision and embedding social value.

BHP enables areas to develop partnerships which engage with the VCSE sector as enablers, an essential part of the process to establish:

- Truly integrated services
- Authentically co-produced and co-designed services; created in partnership with citizens and communities
- Co-ordinated delivery across agencies - where care and support is person-centred: personalised and empowering; and helping support carers

- Prevention through use of social action and specialist community providers
- Maximum social and economic value from existing resources focused directly on addressing health inequalities.

BHP support includes:

- Expert facilitation: with four to six face to face support sessions for cross-sector senior staff and additional support provided via teleconferences and email
- Extended support to oversee and monitor implementation of local action plans and achievement of outcomes
- Direct support and facilitation for local and regional learning and replication, feeding evidence and good practice into the national policy conversation and between peers
- Participation in the Practice Development Network, a fast-growing network of more than 500+ pioneers in local areas that have approaches, models and experience to share.

Contact

BHP webpage and BHP offer
nick.temple@socialenterprise.org.uk or
ben@ivar.org.uk

NHS England - Care and Support Planning

NHS England has developed three handbooks to give practical support on person centred care and support planning.

They draw on research and best practice case studies to show how this can be done in reality. Developed by experts with experience in these areas (including [people living with long-term conditions, carers, commissioners and health and care professionals](#)), they were published by NHS England in January 2015.

Through its support to the Coalition for Collaborative Care, NHS England also supported the development of [Think Local Act Personal's Care and Support Planning tool](#). The tool is aimed at commissioners, planners, clinicians and practitioners involved in designing and delivering personalised care and support planning for people with health and social care needs.

Contact

info@coalitionforcollaborativecare.org.uk

NHS England - Coalition for Collaborative Care

The Coalition for Collaborative Care (C4CC) aims to make person and community centred care the norm for people living with long term conditions, using strong partnerships and a growing movement of people and organisations. C4CC works to support local systems and practice, and to create supporting conditions and environments at the national level.

Partners include national health and social care lead bodies (including relevant royal colleges and professional bodies); long-term conditions charities (including umbrella bodies); organisations that focus on innovation, evidence and workforce; and others with established practical expertise in person centred care and community capacity. C4CC's co-production group of 25 people with long-term conditions and family carers are central to designing and delivering its work.

How we could support local teams developing vanguards

The C4CC team includes members with extensive practical experience of person and community-centred care, in both the NHS and local government. Vanguards are welcome to become members of C4CC, which facilitates a regular link to developments in person centred care. There is no charge for this service.

Local design and development workshops

C4CC has extensive experience in running workshops to support local stakeholders in designing and planning action to embed person centred and community centred care in systems and practice. C4CC ran one day workshops on scaling up care and support planning and building community capacity for all the Integrated Personal Commissioning sites. These workshops were co-designed and co-delivered by people living with long term conditions.

The coalition can support (or facilitate through its partners) topic-based or cross-theme learning events at regional and national levels.

Bespoke packages of support

If vanguards want more in-depth local packages of support around care and support planning, community capacity or co-production, C4CC can offer to co-design and source such support via relevant C4CC partners. Partners in C4CC have been developing relevant offers, and are working to ensure these offers are helpful and relevant to local needs.

Contact

info@coalitionforcollaborativecare.org.uk
Tel: 0113 825 0719

NHS England - Equality and Health Inequalities Unit

The NHS Equality and Health Inequalities Unit (EHIU) aims to help shape the future of the NHS from an equality, health inequalities and human rights perspective and to improve the experiences, health outcomes and quality of care for all who use and deliver health and care services. We are committed to work in partnership and collaboration with patients, communities and our colleagues, both within and beyond the NHS, to tackle unjust and unacceptable health inequalities, in making the health and social care service more responsive to the needs of patients and the workforce and to tackle unjust and unacceptable health inequalities.

How we could support local teams developing vanguards

Vanguards may want to use some of these supporting documents and frameworks produced by the NHS England Equality and Health Unit to help organisations be explicit in how they are meeting the needs of the diverse communities they serve and reducing health inequalities.

Guidance for NHS commissioners on Equality and Health Inequalities legal duties

This guidance supports clinical commissioning groups (CCGs) and NHS England in meeting their legal duties in respect of equality and health inequalities. CCGs and NHS England play vital roles in promoting equality and reducing health inequalities; as commissioners, employers and as local and national system leaders.

Monitoring Equality and Health Inequalities: A Position Paper

This position paper presents commonly-used questions and codes for the collection of equality and health inequalities data in health and social care. It is neither formal guidance, nor a mandate for new data collections. It gives examples of how the NHS and other organisations currently collect equality and health inequalities data about local patients, service users, communities and the workforce.

This has been produced as an interim tool, until equality data monitoring information standards are developed and rolled-out to the health and social care system. The questions and categories used are best-suited to monitoring purposes only, and are not designed to contribute towards clinical decision-making.

Equality Delivery System for the NHS

The Equality Delivery System (EDS2) tool helps NHS organisations improve their services for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

As different NHS organisations apply EDS2 outcomes to their performance, they should do so with regard to their specific roles and responsibilities. Further information on how EDS2 applies to different types of NHS organisations can be found in the [2013 EDS2 guidance](#) document.

EDS2 implementation by NHS provider organisations has been made mandatory in the [NHS standard contract](#) since April 2015. EDS2 implementation is explicitly cited within the [CCG Assurance Framework](#), and will continue to be a key requirement for all clinical commissioning groups (CCGs).

Two documents vanguards may find particularly useful in meeting the legal duties of commissioners and the needs/outcomes of diverse populations are the following: Equality and Health Inequalities Analysis Template and the NHS England Equality and Health Inequalities Key Lines of Enquiry (KLOE) Self-Assessment Framework.

A brief on each of the documents is listed below and commissioners and vanguards can download the documents through the [Equality and Health Inequalities Hub](#).

Contact

england.eandhi@nhs.net

NHS England - Health and Care Strategic Partnership Programme

The Health and Care Strategic Partnership Programme enables voluntary and community sector (VCS) organisations to work in equal partnership with the Department of Health (DH), NHS England and Public Health England (PHE).

The programme invests in VCS organisations, working at a national level. It allows each organisation to demonstrate leadership and innovation, to reflect the views of their members and networks and support the development of knowledge and capability in the sector to engage in the wider health and social care reform agenda.

The programme has developed from a partnership of 11 organisations establishing a robust model for working in partnership, to 22 organisations spanning the breadth and depth of the VCS. It is estimated that through these strategic partners, over 300,000 organisations across the voluntary sector can be reached.

How we could support local teams developing vanguards

You can find voluntary and community sector organisations that work in areas of public health that you might be interested in. Access their resources and make contacts.

The website allows the strategic partners to be collaborative and share information, workplans and other documents.

Contact

www.voluntarysectorhealthcare.org.uk/strategic-partnership-programme/

NHS England - Insight and Feedback Unit

Using insight is about using feedback and data from a range of sources, including surveys, the Friends and Family Test and patient stories in order to understand the needs and experiences of patients, carers and staff. Patients are experts in the quality, user-friendliness and appropriateness of services they receive, and by listening to what patients tell us about their experiences and outcomes, providers can better understand their needs and so identify what needs to change. Insight can teach us where we are serving patients well and help us focus our improvement plans on the right areas.

How we could support local teams developing vanguards

Using market and social research methods, we should always try to understand what our users need, how they behave, and how services can be designed around them.

A crucial part of effective insight involves knowing how to use the available range of different market and social research methods: from how to get a representative view of the experience of the whole population, through to learning about individual experiences in more detail, using methods tools such as:

- National patient experience surveys and patient-reported outcome measures (PROMs), for understanding level of performance and comparing with others;
- The Friends and Family Test (FFT), for real-time feedback and continuous service improvement;

- Unprompted patient feedback, including complaints and feedback from online channels; and
- Local intelligence that has been gathered using a range of techniques, to fill any remaining gaps and investigate issues in depth.

The Insight and Feedback Unit at NHS England aims to support organisations to use market and social research as part of the service improvement process. Along with our responsibility for several national surveys and the Friends and Family Test, in 2016 we will publish our Insight Strategy, a key strand of which is to better support local organisations in using insight and feedback. To help this, we will also publish a series of 'how to' guides aimed at local commissioners and service providers. In addition we will also focus on lowering the barriers to using insight, making it easier for non-specialists by improving the way patient experience and outcomes data are presented and shared.

Contact

england.insight-queries@nhs.net

NHS England - NHS Citizen

NHS Citizen supports meaningful participation and productive conversations between citizens and NHS England on the issues important to them. It creates opportunities for citizens, service users and decision-makers to work together, focusing on shared learning, co-production and deliberation to bring a wider range of voices into discussions, create better decisions and test more innovative ways of working.

NHS Citizen has been experimenting with different collaborative spaces and opportunities for new and transparent conversations with the public. These include both offline and online spaces such as the Citizens Assembly; local conversations online and offline; a national online community forum; and different social media dialogues. The first phase has taken a bottom-up approach, focusing on the subjects that are important to citizens, whilst supporting NHS England to listen to what people are saying.

Our next steps are to host and facilitate work around NHS England's business priorities, including new models of service delivery.

How we could support local teams developing vanguards

NHS Citizen can support vanguards in meeting the principle that services should be 'created in partnership with citizens and communities'. Its approach to enabling productive conversations between different organisations, citizens and communities can assist national and local system providers to be person centred in their approach, and enable a shift in practices by those who design, commission, deliver and receive services.

The vanguards could use the range of NHS Citizen spaces and tools to take part in productive discussion and collaboration on service redesign and co-production. These conversations would provide a rich source of insight that will enable a deeper understanding between partners. Vanguards can also look to connect into NHS Citizen's wider conversations as a way to join up and support individuals, organisations and discussions.

Contact

<https://www.nhscitizen.org.uk>

Olivia Butterworth, Head of Public Participation, NHS England
oliviabutterworth@nhs.net

Anthony Zacharzewski, NHS Citizen Team
ajz10@demsoc.org

NHS England - Patient Experience Team

NHS England Planning Guidance set out the expectations that CCGs would improve experience of care and, alongside local authorities, draw up plans to identify and support carers. This should be done in partnership with patients and carers, including making sense of feedback and working with staff to co-produce plans for improvement.

We can help in improving patient experience by:

- Setting measureable ambitions to reduce poor experience of inpatient care and poor experience in general practice
- Assessing the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients
- Demonstrating improvements from the Friends and Family Test (FFT), complaints and other feedback.

We can help in improving support for carers by:

- Working with voluntary sector organisations and GP practices, to identify young carers and carers over 85, and provide better support
- Focusing on supporting young carers and working carers through the provision of accessible services, and services for carers from vulnerable groups
- Spreading knowledge that all NHS employers are required to review their own flexible working arrangements and support for staff with unpaid caring responsibilities.

NHS England published a [commitment to carers](#) and [principles for commissioning carer support](#) in 2014 and is delivering a programme of work, alongside national carers' charities and other NHS arms' length bodies, to improve support for carers.

The programme of work to improve experience of care across settings for different patient groups, in particular with more vulnerable groups, includes:

- embedding improvements in experience of care in clinical innovation and transformation work, including in cancer, learning disability, maternity; children's, older people's and mental health services
- promoting 'Always Events' to support consistent person centred, relational care
- working with commissioners to develop good commissioning for patient experience
- improving complaints handling.

How we could support local teams developing vanguards

We can offer:

- Initial dialogue to explore specific challenges and identify bespoke support needs
- Webinars, workshops or networks where a number of sites are interested in working on similar challenges
- Facilitating sharing of innovative practice, signposting to relevant existing improvement resources and co-designing new resources (e.g. improvement toolkits, carer identification and assessment)
- Linking with relevant external organisations (e.g. local carer charities).

Contact

Gursharan Panesar, Business Coordinator,
Patient Experience Team
gursharan.panesar@nhs.net
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NHS England - Personal health budgets and integrated personal commissioning

All clinical commissioning groups are required to deliver personal health budgets in line with the 'Right To Have' in [NHS Continuing Healthcare](#) and children's continuing care. These are legal rights, which have been in place since October 2014: all CCGs need to be offering and delivering personal health budgets (PHBs) for these groups.

The NHS England Planning Guidance set the expectation that all CCGs will lead a "major expansion" of personal health budgets beyond Continuing Healthcare. CCGs need to consult with their local communities and set out their local plans to expand the offer of personal health budgets to a clearly-defined group. CCGs have flexibility of where to introduce personal health budgets locally, and are free to write their own plans; however, they need to include adults and children with learning disabilities and children with special educational needs (SEN) and disabilities.

How we could support local teams developing vanguards

To deliver this, vanguards can access a delivery programme, centred on a five-day structured programme called 'Developing The Local Offer'. This supports CCGs and their partners to develop their local offer and underlying business case.

Those vanguards willing and able to accelerate the introduction of personal health budgets, in line with an Integrated Personal Commissioning (IPC) approach can join an enhanced programme, which includes support to:

- Identify which part of the population they would like to offer integrated personal budgets
- Populate a finance model to start identifying the costs for these people
- Inform commissioning strategies to make personal health budgets available
- Introduce personalised care and support planning for their chosen group to get these budgets, and develop a joint personal budgets framework across health and social care for them
- Introduce personalised integrated care and support planning for the chosen individuals
- Develop opportunities for voluntary sector lead partners to develop personal budget support and community capacity building
- Grow the leadership and involvement of people with lived experience and families in their programmes
- Use measurement tools, with and access to tools such as the Patient Activation Measure (PAM) and Personal Outcomes Evaluation Tool (POET).

This will need vanguards' commitment at a corporate level to provide resources to support it, and make the learning available to the national and regional programme.

Contact

england.integratedpersonalcommissioning@nhs.net

NHS England - Support for Self-management

To support people to manage their own health and care, NHS England funds the [Realising the Value programme](#), which aims to enable the commissioning and spread of key evidence-based approaches, including:

- Self-management education;
- Peer support;
- Health coaching;
- Group-based activities that promote health and wellbeing; and
- Community asset based approaches.

The programme is led by NESTA and the Health Foundation in partnership with [National Voices](#), [Regional Voices](#), National Association for Voluntary Community Action, [Volunteering Matters](#), [Newcastle University](#) and the [Behavioural Insights Team](#).

How we could support local teams developing vanguards

Realising the Value is developing tools, resources and communities of practice to help learning and support implementing these approaches.

Measurement is also vital, so we can know whether and how this works. The Patient Activation Measure (PAM) is a validated tool for assessing an individual's knowledge, skills and confidence to manage their own health and care.

We are working on ways to test and support the implementation of PAM within the NHS. The PAM will also be offered to Vanguard sites to support their approach to person centred care/support for self-management.

Contact

For more information about Realising the Value, please go to: www.realisingthevalue.org

For further information about the Patient Activation Measure, contact: **Patricia Muramatsu**, p.muramatsu@nhs.net.

NHS England - Sustainable Improvement Team

What we do

The sustainable improvement team within NHS England is part of the long tradition of national support for improvement in the NHS and wider health and care system. The team has evolved from its predecessor team, NHS Improving Quality. It works to improve health outcomes across England by providing improvement and change expertise. It has programme teams focusing on improvement aligned to the NHS Outcomes framework. The team seeks to spread good practice and innovation, develop capacity and capability for improvement and develop and share practical tools and approaches.

How we could support local teams developing vanguards

The team can help the vanguards apply quality improvement methodology and approaches to the delivery of the six principles. Examples of this include:

- Support to capture of [knowledge](#) to aid learning and the spread and replication of new care models
- Access to an online course on [Improvement Fundamentals](#)
- The [Year of Care](#) programme could usefully inform teams exploring more integrated models of care
- [Network Toolkit](#) and other resources to help network leaders and users manage their networks effectively
- Change Challenge: interactive [toolkit](#) (how to create bottom up as well as top down change at large scale)
- [The School for Health & Care Radicals](#) with online resources related to quality improvement
- Support to apply [social movement thinking](#) to health and care transformation.

Contact

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NHS Trust Development Authority

(from April 2016, merging into NHS Improvement)

What we do

The NHS Trust Development Authority (TDA) was established to ensure the quality, delivery and sustainability of high quality care delivered by NHS Trusts on their journey to become Foundation Trusts. The focus of the organisation is on supporting NHS Trusts in providing high quality care and becoming sustainable for the long term.

How we could support local teams developing vanguards

We to continue to support trusts and with demand rising we have focused not only on helping organisations to deal with a greater number of people needing urgent and emergency care, but also on providing broader strategic support. This helps trusts to identify issues and develop plans to improve their performance, for example, better management throughout hospitals in order to relieve pressure in the emergency department.

As part of the NHS TDA's involvement in the Five Year Forward View work streams, we have focussed on development and the sustainability of high quality care.

This includes supporting those placed in the Success Regime and work on leadership and improvement. In addition, we have also worked closely with Monitor and NHS England on supporting challenged local health economies, as well as encouraging system partners to work together at a local and regional level.

In April 2016, the NHS TDA and Monitor will become 'NHS Improvement' and will operate under a joint Chief Executive to ensure that all providers have access to the same level of support.

Contact

England.newcaremodels@nhs.net

Public Health England

What we do

Public Health England (PHE) is committed to developing and disseminating evidence and knowledge on community-centred approaches for health and wellbeing, as a means to support delivery of the NHS Five Year Forward View and PHE's national strategy [From Evidence into Action](#).

How we could support local teams developing vanguards

Effective community engagement and community development will be critical for improving the public's physical and mental health, preventing ill-health and for reducing health inequalities. The vanguards are in a good position to adopt place-based and community-centred approaches when developing integrated local solutions at scale and in partnership with local organisations, patients and communities.

PHE supports good practice in vanguards by disseminating evidence and learning on working with communities. Our joint [guide to community centred approaches for health and wellbeing](#), published in February 2015, brings together evidence sources and information in an accessible way, and includes:

- An evidence-based case for working with communities to improve health and wellbeing
- A family of approaches, which explains different options and sets out types of approaches and what the outcomes might be
- Lists of relevant resources – systematic reviews, published research and other reviews of practice
- A short briefing with recommendations for commissioners.

The guide shows a range of options, including:

- Peer and volunteer schemes: some of these connect people to services and advice, such as health trainers, health champions and care navigators
- Models that improve the links between primary care and local community and voluntary groups through referral pathways, such as social prescribing
- Different ways for commissioners and providers to work with communities to design and deliver new services
- Asset-based methods which build on and strengthen existing community resources.

PHE is currently working with local areas and collecting examples that show how this works on the ground, and with what impact. Whole system commissioning will use a mix of approaches to engage and empower communities and achieve health goals.

As part of the [Think Local Act Personal](#) partnership, we are working with others to develop a joined-up national approach to engaging and empowering communities across the health service, public health and social care sectors.

Contact

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Support from the voluntary sector strategic partners

The **voluntary sector Strategic Partner Programme (SPP)** was launched in April 2009 to improve communication and dialogue between the Department of Health and third sector health and social care organisations across England.

The programme enables voluntary sector organisations to work in equal partnership with the Department of Health (DH), NHS and social care to help shape and deliver policies and programmes, for the benefit of the sector and improved health and well-being outcomes.

The programme invests in a small number of organisations, working at national level. It allows each organisation to demonstrate leadership and innovation, to reflect the views of their members and networks and support the development of knowledge and capability in the sector to engage in the wider health and social care reform agenda.

Age UK

What we do

We are a national charity that supports and works in partnership with 165 independent local Age UK charities, each of which provides a package of services and support tailored to the needs of older people in their community, their families and carers.

Our vision is of a world where everyone can love later life; and our focus is on making the UK the best place to grow older.

We seek to achieve this in many ways, including through testing, developing and growing services for older people and their families and by investing in a sustainable network of Age UK partners who improve later life locally. This means:

- Investing in new services, piloting and testing innovative and evidenced models
- Delivering excellent services and programmes nationally
- Supporting our local partners to grow and improve what they do locally so they meet more need.

Fundamental to achieving all of that is having strong and effective relationships with statutory bodies as well as the private and voluntary sectors at a national, regional and local level. Those relationships enable us to influence policy and practice, based on evidence of what works, as well as develop service solutions that meet the needs of, amongst others, health and social care commissioners and providers.

How we could support local teams developing vanguards

We can provide evidence and share examples of proven service models drawn from our experience working across the country; provide evidence and research about all aspects of older people and ageing; advise at a strategic level on how to engage with the voluntary sector; advise strategically and help implement operationally whole system transformation across a local health and care economy; signpost commissioners and others to local Age UK charities in their area.

Age UK can signpost on both a national and local level and cascade information out to, and in from, our network. Through our Services Division, we support our network of local partners to work effectively and forge partnerships with the local system delivery organisations, as well as other voluntary sector organisations and we have examples of Age UKs operating as local 'hub' organisations linking the health system to local voluntary sector support.

Many of our local partners already have good links with their CCGs, primary healthcare professionals, local authorities, hospital trusts and health and wellbeing boards. Our local partners offer a range of services which are adapted and developed according to the local area: these range from practical support (such as home from hospital services, handy persons, foot care and falls prevention) through to exercise clubs, digital awareness, social activities and befriending.

We work closely with a number of local partners in our network who are already involved in shaping and/or delivering new models of care and other innovation sites (including vanguards, Integrated Personal Commissioning, Prime Minister's Challenge Fund, Emergency Care Improvement Programme, and Cabinet Office Reducing Winter Pressures programme) which we can highlight.

We can provide evidence and share examples of proven service models drawn from our experience working across the country (including our Integrated Care Model, Well-being co-ordinators, dementia support and approaches to tackling loneliness); provide evidence and research about all aspects of older people and ageing; advise at a strategic level on how to engage with the voluntary sector; advise strategically and help implement operationally whole system transformation across a local health and care economy; signpost commissioners and others to local Age UK charities in their area. Age UK can signpost on national and local levels, and cascade information out to, and in from, our network.

Nationally, we also offer a research and resource hub including reports and statistical information which can be of benefit to health & care professionals working with older people. A recent example is the loneliness index we've developed using existing data to help organisations target their resources towards older people at risk of being affected and negatively impacted by loneliness and isolation.

Contact

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<http://www.ageuk.org.uk/>

<https://www.facebook.com/ageuk/>

[@age_uk](#)

FaithAction

What we do

As part of the voluntary sector Strategic Partner Programme since 2009, FaithAction is a network of faith-based and community organisations serving their communities by delivering public services such as health, and undertaking social action work. We empower faith-based and community organisations by offering support and training, disseminating key information and acting as a connector between Government and grassroots organisations.

Faith-based organisations often reach communities that do not access mainstream health services, and so can have a role in raising health outcomes, particularly among communities that typically suffer from health inequalities. FaithAction provides a conduit to these faith-based organisations, and can help in raising awareness of the issues affecting specific communities e.g. refugees with policymakers.

How we could support local teams developing vanguards

- Signposting/contacts to relevant faith-based organisations within your locality
- Recruiting members of faith communities to become involved in shaping local services
- Sharing best practice in person and community centred care
- Dissemination of information to faith-based and community groups through our regular e-news.

FaithAction has been working with the NHS Citizen team to increase the diversity of people involved in shaping NHS services.

This included producing guidance specifically targeted at faith groups to explain what NHS Citizen is, and why and how faith groups can get involved.

We have also facilitated events to bring together representatives from local faith-based groups with members of the NHS Citizen team, to hear more about the initiative and how faith groups can help.

As a result, several representatives attend the Citizen Assembly: people who would not otherwise have lent their voices to the process. We also provided information on the faith perspective to the NHS Citizen team, acting as a 'critical friend' as they developed the initiative, and we will be helping facilitate discussions on the day at the next Citizen Assembly and running an exhibition stand. Our Faith Health Portal can host resources as they become available: www.faithaction.net/portal

Contact

Felicity Smith

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www.faithaction.net

[@FaithActionnet](https://www.facebook.com/FaithAction)

Health, Work and Wellbeing Group

What we do

The Health, Work and Wellbeing Group is made up of The Fit For Work Team (East Midlands), Pathways CIC (North West) and Sheffield Occupational Health Advisory Service (South Yorkshire). Evidence shows that worklessness is associated with poorer physical and mental health and well-being, and lower life expectancy. Health inequalities are linked closely to income deprivation. Work should be recognised as a health outcome, and should normally form part of care pathways and recovery. Many people with long-term/ fluctuating health conditions or disabilities face increased obstacles to accessing or remaining in work, even when they can and want to work.

How we could support local teams developing vanguards

We aim to help improve the health of the working age population, and reduce health inequalities by:

- Supporting the working-age population who face health-related obstacles to access, remain in or return to work more quickly by employing a client-focused model
- Advising employers on the best proactive approach to workplace health
- Working with partners and academics to develop, publish and implement best practice around workplace health
- Undertaking community engagement, to understand and address individuals' and communities' needs
- Promoting positive health, positive lifestyles, positive employment and positive families and communities.

The group can share learning on best practice; and set up and provide services where commissioners wish to establish new services, supporting clients accessing, retaining or returning to work. We can work with health and other organisations/ professionals to advise employers on the best proactive approach to workplace health, and improving the health and wellbeing of their employees.

We can provide training, advice and consultancy to increase capability and capacity of health professionals in the area of health and work, dealing with areas. We can signpost to other organisations in the field of work, worklessness, health and employment support and vocational rehabilitation - and in particular to sources of specialist support relating to aspects of these issues.

We recently developed, piloted and evaluated a MUPPS (Medically Unexplained Physical/Pain Symptoms) service to support individuals where unexplained pain symptoms were a barrier to returning to work. The service brought together four organisations in an NHS Voluntary Community and Social Enterprise partnership; ourselves providing case management, a secondary care pain management programme, a job support service and an Improving Access to Psychological Therapies (IAPT) provider.

We developed and case-managed the pathway using our doctor to carry out an initial assessment supported by a variety of clinical assessment tools. Post assessment clients were supported to choose to access a pain management service, an online tool or 'mindfulness' support.

Case managers worked with clients throughout to empower and enable them to deal with social and practical issues such as debt, housing and relationships, as well as mental and physical health obstacles. We worked with a local public health registrar to carry out an external evaluation and the service subsequently won an NHS Award for Innovation

Contact

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The Fit For Work Team

www.fitforworkteam.org

Sheffield Occupational Health Advisory Service

www.sohas.co.uk

Pathways CIC

www.pathwayscic.co.uk

Justice Partnership

What we do

The Justice Partnership includes three organisations: Clinks (supporting voluntary organisations that work with offenders and their families), Nacro (changing lives, reducing crime) and Action for Prisoners and Offenders Families (APOF), part of Family Lives.

Clinks - the infrastructure organisation for the voluntary sector working with those in contact with the criminal justice system and their families, with a network of 2000 voluntary sector organisations working in criminal justice. We support, represent and promote the sector through information, training and events, influencing key policy and decision makers, and partnership development.

Nacro - a champion of social justice, the charity focuses on crime prevention, reduction and supporting the vulnerable to change lives.

Action for Prisoners and Offenders Families (APOF) / Family Lives - supporting families of offenders, including through National Offenders' Families Helpline supporting families in England, Wales and Scotland, training other organisations to work with offenders' families.

Our aims are:

- To increase awareness of the health inequalities experienced by those in contact with the criminal justice system and their families and specific sub groups, such as Black, Asian and minority ethnic (BAME) offenders, those with mental health issues; and those with multiple and complex needs

- To increase understanding; engagement and partnership between the voluntary sector working with those in contact with the criminal justice system and their families, and health and care policy and decision makers
- To increase awareness of the important work the voluntary sector working with those in touch with the criminal justice system and their families is doing as service providers; complementing health and care provision; and good service user engagement
- To highlight and challenge systems where they aren't working and highlight good practice
- To develop innovative practice to address the health inequalities faced by people in contact with the justice system and their families.

How we could support local teams developing vanguards

Clinks, Nacro and APOF/Family Lives can offer knowledge and expertise of the overall sector and its work with offenders and their families as well as drawing on the frontline experience and specialist knowledge of Clinks and APOF's networks.

We are well connected to key decision and policy makers in the Ministry of Justice, NHS England, Public Health England, and in other government departments working on issues related to offenders (including the Home Office, the Department for Business, Innovation and Skills and the Department for Communities and Local Government).

We promote the role of the voluntary sector as key enablers through representation and case studies of good practice to the health and care sector, and support and promote the benefits of partnership between these sectors.

Clinks has directories of services which include information on whether they target a specific group (e.g. a specific ethnic group, women etc), the service they provide and where they provide it. It also indicates how many volunteers they have, and if they have peer mentors. They also have a dedicated mentoring services directory and guides supporting volunteering.

Nacro operates a number of volunteering and mentoring services as well as [direct services](#).

Family Lives delivers many services with the help and support of volunteers, working on our helplines, and providing befriending support in communities.

Case study

Clinks have worked with the CQC over the past two years to explore how they might work with the voluntary sector to access the views of service users about health and care provision in prisons, and those of people in touch with the criminal justice system accessing health services in the community.

This included a number of aspects:

- Scoping paper and case studies outlining what 'good' care for offenders in the community looks like, to assist CQC in deciding their inspection framework
- Facilitated sessions with frontline providers to discuss the best routes to engaging with service users in the Criminal Justice System and their families; and exploring some of the issues inspectors may need to consider, e.g. offenders who have poor engagement with health services may have very low expectations for their care

- Pilot project exploring how CQC could best engage with voluntary sector organisations in two local areas, and what information organisations could provide to support CQC's inspections.

Clinks promotes examples of good practice in person centred care and provides support and guidance for service user involvement (Patient and public voice). It's resources include a service user involvement guide, volunteer peer support, a review of service user involvement in prisons and probation trusts and best practice in prisons and probations trusts.

Other useful resources include:

- Information on BAME service users, including the acclaimed Young Review
- Rights and complaints procedures for health and care service
- A range of case studies of voluntary sector work on service user health.

Contact

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Clinks www.clinks.org

Nacro www.nacro.org.uk

Family Lives www.familylives.org.uk

<https://www.facebook.com/ActionPrisonersFamilies>

[@Clinks_tweets](https://www.facebook.com/familylives)

[@Nacro](#)

[@prisonersfamilies](#)

[@OFHelpline](#)

[@FamilyLives](#)

Men's Health Forum

What we do

The Men's Health Forum (MHF) aims to improve the health and wellbeing of men and boys. It is our ambition that all men have the services, treatments and information they need at every stage of their lives, particularly those in the most disadvantaged areas and communities - to live healthier, longer and more fulfilling lives.

Our aims include that:

- Men can access the services and information they need to live healthier (physically and mentally) and longer
- We will work with men to design services but also to develop health information
- We have a specific focus on reducing health inequalities: for example, focusing on the health of unemployed men; reducing risk of diabetes in South Asian men; and providing tailored health information for gay men
- Male carers' specific needs are highlighted (as in our recent report)
- The voluntary, community and social enterprise sectors are informed about specific men's health issues and how to work with men.

How we could support local teams developing vanguards

We can share best practices and case studies on how to improve services, access and health information for men. The Forum also provide data and research on men's health and we have already developed tailored health information for men which is accessible on our website.

The forum run an online chat to a GP service for men which provides health advice and signposting to other appropriate services.

We are a leading men's health organisation with a vast network of other charities focusing on specific men's health issues but also organisations focusing on service delivery. We are more than willing to share our network.

Currently, the Forum provide consultancy for three pilot weight loss programmes (in Cornwall, Hounslow and North Somerset). The pilots are based on our 'how to' guide to make weight management services work for men, in which we translated a scientific systematic review of weight loss service into practical tips for people who design and commission health services.

We help these three areas' different local authorities with marketing for the programmes. We advise them on the resources for the programmes, and make the programmes more focused on the needs and lifestyles of men, helping improve access for men. We also provide evaluation of the programmes.

The Forum developed three '[how to' guides](#) on how to make mental health services, self-care management and weight loss services work for men. We also provide training for health professionals and policymakers on men's health and how to design services to better engage men. We have two very helpful reports on men as carers, and men in unemployment which are accessible through [our website](#).

Contact

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www.menshealthforum.org.uk

<https://www.facebook.com/MHFmalehealth>

<https://twitter.com/MensHealthForum>

National Children's Bureau

What we do

National Children's Bureau (NCB) hosts a range of specialist networks, most notably the Council for Disabled Children (CDC).

This ready-made partnership enables NCB to cover a broad spectrum of issues, geographical areas, general and niche areas of children's health and care. We are a leading charity that for 50 years has been improving the lives of children and young people, especially the most vulnerable. We work with children and for children, to influence government policy, be a strong voice for young people and practitioners, and provide creative solutions on a range of social issues.

Our mission is to be a strong voice for children and young people, championing their rights and reducing the impact of inequalities, so that every child, especially the most vulnerable, can grow up safe, happy and healthy. We always work from an evidence informed perspective and what makes us different is that our policy recommendations are backed by robust research, the experience of practitioners in our networks, and the voice of the children and young people we work with. Our work is delivered through: [Research and evidence](#); [practice improvement](#); [policy influencing](#) and [partnerships](#).

How we could support local teams developing vanguards

NCB are able to draw on our strong expertise across a wide range of health, public health and care concerns at national and local levels; extensive networks, and strong relationships with key decision makers in health, care and government to help individuals and organisations consider what person centred community focussed care means for children, young people, their parents and carers; and what role they have in achieving against the six principles. NCB has a wide range of free resources (see below in list of existing materials) and can draw on these and on experience of facilitating service and practice change at local level to develop appropriately costed tailored implementation support. Potential activities include:

- Identifying and sharing best practice and championing the use of evidence to drive local service improvement and innovation. NCB host the Centre for Excellence and Outcomes which brings together research evidence and data, examples of high quality practice and supports local areas to make use of this to improve
- Advising on key issues affecting children and young people; representing their interest at strategic and operational levels of service development.
- Increasing engagement with the children and young people's voluntary and community sector
- Increasing engagement with children and young people, their carers and those who support them; and building evidence of what matters to them

- Providing practical advice for health professionals on developing and delivering person centred outcomes for all children and young people
- Harnessing key ideas and concerns and coordinating responses
- Developing new ideas and delivering practice improvement projects.

An example of support: From 2010-2013 NCB were funded by the Department of Health to work with over 75 Local Involvement Networks and emerging Local Healthwatch organisations to develop a variety of open and tailored training support on children and young people's involvement. We worked directly in local areas by providing targeted support based on their identified needs to build capacity around increasing engagement with children and young people as local Healthwatch organisations were forming.

This was with a view to local areas making long term improvements to how children, young people, their carers and those who support them are involved in health and care decision making, both within their own lives and at a strategic local level. We produced a resource '[Bringing children and young people to the heart of Healthwatch](#)' that was disseminated to all local areas. NCB have Healthwatch England Committee membership, a place on the Department of Health Healthwatch Programme Board and have contributed to the Local Government Association/Department of Health development of national guidance for involving children and young people in Healthwatch.

Resources we can offer include:

- [Practice examples of effective collaboration between children and young people's health and voluntary sector services](#). Showing how health and the VCS can work together to develop and deliver effective services for children and young people
- [Opening the door to better healthcare: A snapshot of innovations in primary and first access care for children and young people](#). Discussing some innovations being taken forward by GPs and others to improve children's access to and experience of care
- [Promoting the health and wellbeing of looked after children](#). Briefing which explores the key themes and implications of new statutory guidance
- [How the voluntary and community sector can support the emotional and mental health of children and young people](#). Briefing on Future in Mind: the report of the Children and Young People's Mental Health Taskforce
- [Policy briefings](#). Looking specifically at the implications for VCSE organisations. Recent examples include; Refreshing the NHS Mandate for 2014-15
- [Resources for children and young people on health](#). Including 'Know Ur Rights at the Doctor' – a poster co-produced with young people which outlines the role and responsibilities that doctors have towards young people
- [Talking well-being](#). A discussion kit for young people that supports a five-step workshop exploring wellbeing in a guided yet flexible way.

- 'Facing the challenge of realising social value' and 'Working together to deliver social value'. Building capacity of VCS and commissioners operating in the health and care sectors, particularly those concerned with children's health
- **Managing my way**. Reports and tools aimed at increasing the responsibility disabled children and young people are able to take for managing their own health conditions, and promoting disabled young peoples participation in decision making
- **Making it happen: Improving outcomes for children and young people with SEN and disability**. Resource for clinical commissioning groups to explain the Children & Families Act 2014 and its implications for health services
- The NHS Constitution and children and young people. Research findings are set out in two reports **Children & young people's health rights in England: Shared messages** and **Children and young people's views on the NHS Constitution: Engaging themes**. We have also developed an interactive **website** that explains the rights to children and young people in an accessible and entertaining way; and a set of workshop resources that local organisations can use with children and young people
- A range of **communication tools and resources** to help health professionals to understand and communicate with disabled children and adults and a range of **resources and information for parents** that can help parents of disabled children and young people get the most out of the health services they need.

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National Council for Palliative Care (NCPC), Hospice UK and Marie Curie Cancer Care

What we do

This partnership of organisations works to ensure that everyone who has palliative care needs or is approaching the end of life, dying or bereaved receives the high quality care and support they need, where and when they need it.

How we could support local teams developing vanguards

- Putting vanguards in contact with people with personal experience of end of life care
- Putting vanguards in contact with National Council for Palliative Care subscribers – health and social care staff from hospices, care homes, hospitals
- Putting vanguards in contact with a local 'Pathfinder' organisation – National Council for Palliative Care is supporting eight Pathfinders to develop public health approaches to end of life care, with support from Public Health England. Pathfinder organisations include hospices and independent regional charities
- Sharing Dying Matters resources which facilitate conversation around dying, death and bereavement e.g. leaflets on talking to children about dying, organ donation, planning for a funeral, and supporting people during bereavement
- Sharing National Council for Palliative Care resources that can help people being cared for: e.g.
 - i) 'Planning for your future care' – a user-friendly guide to Advance Care Planning
 - ii) 'What to expect when someone important to you is dying' – a guide for families, friends, and carers of people at the end of life.
- Sharing National Council for Palliative Care's Care to Learn resources – a self-directed learning package designed to help staff improve end of life care, aimed at Health Care Assistants and direct care staff across all settings including hospitals, hospices, care homes, the individual's home or in housing schemes
- Sharing resources and insights from National Council for Palliative Care's work with acute hospitals to improve end of life care
- Providing end of life care improvement support
- Providing training workshops on the Mental Capacity Act 2005, communication skills at the end of life, and advance care planning.

Case study

A case study of our work is the National Council for Palliative Care training. This ran ten workshops between December 2013 and December 2014 focussed on improving communication skills, knowledge of Advance Care Planning and promoting greater understanding of the Mental Capacity Act (2005) for staff working with people affected by dementia, and their families and carers, across Kent, Surrey and Sussex.

The objectives of the workshops were to:

- Increase motivation to start and continue conversations about preferences and priorities for care with people affected by dementia and their families and carers
- Increase understanding of the importance of having conversations earlier
- Help staff to recognise the need to include families and carers in care planning
- Increase confidence and awareness about some of the barriers and challenges in end of life care and some of the communication skills that will help
- Increase knowledge and confidence to apply the Mental Capacity Act in practice.

Ninety-eight percent of all delegates rated the overall workshop as 'useful/very useful'. Three months after the workshop, ninety percent of the 48 delegates responding had maintained their knowledge and confidence levels across the three main areas covered.

Feedback indicated that the objectives had been fully met, with interesting and thought-provoking content and different styles of delivery.

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[@NCPC_tweets](#)

[@DyingMatters](#)

[@hospiceuk](#)

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National Housing Federation

What we do

The National Housing Federation represents the work of housing associations and campaigns for better housing. Our members provide two and a half million homes for more than five million people, investing in a diverse range of neighbourhood projects that help create strong, vibrant communities. Good housing helps us stay healthy, with warm, dry homes and access to green space making a big impact on people's wellbeing. That's why the high-quality homes built and managed by housing associations make such a big contribution to healthy communities, preventing illness caused by damp, cold conditions and overcrowding.

How we could support local teams developing vanguards

Our role is to promote the positive impact supported and specialist housing can have on the outcomes and effectiveness of health and care services, and to support partnerships between housing associations, health commissioners and providers. We will do this by capturing learning and evidence and by sharing good practice with the wider housing sector and relevant health audiences by:

- Signposting to other relevant organisations and networks
- Sharing best practice on our Health Partnership Hub website and through our housing networks.

We have examples of existing case studies on the Health Partnership Hub pages of our website. We are in the process of collecting many more case studies and the Health Partnership Hub pages will be continually updated.

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National Lesbian, Gay, Bisexual and Transgender (LGB&T) Partnership

What we do

The National LGB&T Partnership is an England-wide group of 13 LGB&T voluntary and community organisations who are committed to reducing the health inequalities of lesbian, gay, bisexual and trans communities and to challenging homophobia, biphobia and transphobia within public services.

The Partnership aims:

- To ensure that tackling the health inequalities experienced by LGB&T people is kept high on the government's agenda
- To ensure that best use is made of the experience and expertise found within the LGB&T voluntary and community sector
- To support the sustainability of the LGB&T sector so it can engage with government and statutory bodies, such as the Department of Health, at a strategic level to improve service delivery.

The Partnership aims for national coverage through the inclusion of regionally based organisations as members, as well as the inclusion of the LGB&T Consortium, an infrastructure organisation supporting approximately 260 LGB&T organisations across the UK.

How we could support local teams developing vanguards

- Signposting to local and national LGB&T organisations with whom to develop partnerships, co-produce care, or develop
- Provision of research and guidance on health and care issues specific to LGB&T communities and individuals, with a view to narrowing health inequalities

- Advice and support in developing health and care interventions and pathways specifically for LGB&T people, and in ensuring that all health and care is inclusive of LGB&T people, which will support work towards both person centred care and narrowing health inequalities
- Access to LGB&T service users with whom to consult, to develop more person centred care
- Access to LGB&T groups and service users, providing access to both the voluntary sector, and to potential volunteers.

One of the many kinds of support that the LGB&T Partnership can provide is shown through the National Older LGB&T* housing network, run by one of our members, Stonewall Housing. The National Older LGB&T* housing network exists to bring together housing providers, community members and community groups such as Age UK to provide a forum for discussion about older LGB&T people and housing. Part of the groups remit is to raise awareness about housing, care and support services and how they respond to older LGB&T* peoples' needs.

The partnership has also developed a number of resources which can be accessed on our [website](#). Some are aimed at community members, but most are aimed at local service providers, to support them in understanding LGB&T people's needs, and developing their services to support LGB&T people, leading to improved health outcomes.

Links to the following sets of resources can be found on our [website](#):

Trans Health Factsheets

<http://nationallgbtpartnership.org/publications/trans-health-factsheets>

Smoking Cessation Resources

<http://nationallgbtpartnership.org/smoking-cessation-resources>

**Alcohol Intervention and Brief Advice
LGB&T Briefing**

<http://nationallgbtpartnership.org/publications/alcohol-iba-lgbt-briefing>

LGB&T People & Mental Health

<http://nationallgbtpartnership.org/publications/lgbt-mental-health-resources>

**Adult Social Care Outcomes Framework
Companion**

<http://lgbt.foundation/policyresearch/ASCOF>

**Public Health Outcomes Framework
Companion**

<http://lgbt.foundation/policy-research/the-lgbt-public-health-outcomes-framework-companion-document>

Our members have also produced guidance and materials on a wide range of health issues. Vanguarders wanting to be signposted to the most appropriate resources should contact the National LGB&T Partnership with any requests for information or support.

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National Voices

What we do

National Voices is the coalition of national health and social care charities in England. We work for a strong patient and citizen voice and services built around people. We stand up for voluntary organisations and their vital work for people's health and care. We are a coalition of 140 charities (with a further 20 professional and associate member organisations).

How we could support local teams developing vanguards

We help individuals and organisations think strategically about person centred, community-focussed care and their role in it. We draw on our unique positioning as an independent, cross-cutting voluntary sector umbrella organisation, with highly respected expertise in person centred care, extensive networks, and strong relationships with key decision makers in health, care and government.

Our activities include:

- Working with boards and senior teams to develop a strategic vision for person centred care
- Leadership training and awareness-raising on person centred care
- Building understanding of what matters to patients, service users and carers
- Building understanding of the evidence for what works to engage people in their care and support
- Building understanding of what works in engaging citizens and community organisations - in governance, service design, and implementation.

Working with partners – for example as part of the Voluntary Voices consortium also listed in this directory – we are able to complement our national level expertise with local capacity, for example in:

- Sharing good practice and experience across local areas, and helping to replicate proven models
- Reflection and diagnosis of local areas' preparedness for coproduction
- How to build strong partnerships for change with the voluntary and community sector
- How to reach into and engage with seldom heard groups and communities
- Good practice and expertise in the development, design and impact evaluation of volunteering in health and care
- Use of Social Value Act approaches to commissioning with the VCS.

Our other products include:

The Narrative for Person Centred Coordinated Care plus four linked narratives for: people using mental health services, older people living with frailty, children with complex lives and people in the last 12 months of life.

<http://www.nationalvoices.org.uk/person-centred-coordinated-care>

Guide to Personalised Care and Support Planning

www.nationalvoices.org.uk/what-care-and-support-planning

Evidence for the effectiveness of person centred interventions

www.nationalvoices.org.uk/evidence

Evidence for the effectiveness of peer support

www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/peer_support_-_what_is_it_and_does_it_work.pdf

Wellbeing Our Way programme to build the capacity of VCS organisations to work for person centred care

www.nationalvoices.org.uk/engagementprogramme

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Race Equality Foundation

What we do

We seek to explore what is known about discrimination and disadvantage, and to use this evidence to develop interventions that overcome barriers and promotes race equality in health, housing, and social care.

The Race Equality Foundation (REF) have carried out ground-breaking original research, and built on this evidence-based approach by commissioning leading academics/experts to translate the findings of the latest health and social care research for a practitioner audience and identify what works in improving experiences and outcomes. Our expertise has been developed over 25 years of collecting and collating evidence, translating these into good practice guides, as well as learning materials, and then using a range of methods to disseminate these to deliver change in policy and practice.

How we could support local teams developing vanguards

REF have carried out ground-breaking original research, and built on this evidence-based approach by commissioning leading academics/experts to translate the findings of the latest health and social care research for a practitioner audience and identify what works in improving experiences and outcomes. Our evidence-based approach is combined with an understanding and demonstrable experience of engaging service users, patients and the public in thinking about what they want from health and social care.

We can provide support through sharing best practice – in particular around equalities and health inequalities. Our forthcoming guide on best practice in engaging the voluntary and community sector in EDS2 implementation focuses on how the NHS can build links with the voluntary and community sector in promoting equality and tackling health inequalities. Another example is our work with the Mental Health Providers Forum on good practice in mental health services for black and ethnic minority communities.

We can also play a signposting role. We currently serve as the secretariat for the Coalition of Race Equality organisations (CORE), which comprises a number of national and regional race equality organisations. Through our work with local groups, we have an extensive network of contacts working across a broad range of black and ethnic minority communities on issues including mental health, dementia, sexual health, and disability.

The Race Equality Foundation was commissioned by the Care Quality Commission (CQC) to undertake research on the experience of black and minority ethnic people in mental health crisis care.

This was part of the CQC's review of mental health crisis services. The Foundation convened focus groups and conducted interviews in six areas across England, speaking to over seventy people who had direct experience of mental health crisis. The results of the work were used by the CQC to shape their local inspections and formed part of the evidence base for their national report *Right Here, Right Now*.

The Foundation was encouraged by the CQC to publish a companion report, highlighting the specific issues faced by black and minority ethnic people in mental health crisis. This highlighted the poor experiences in care, and the lack of support in the community, as well as poor coordination of services and continuity of care. A summary of the findings was published as an article in a national newspaper.

Our Better Health and Better Housing websites include a large range of briefings covering everything from dementia, to the health needs of Gypsy and Traveller communities.

<http://better-housing.org.uk/>
www.better-health.org.uk

We also have a range of other publications, guides and toolkits on our homesite:

<http://www.raceequalityfoundation.org.uk/?q=publications>

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Voluntary Organisations Disability Group (VODG), National Care Forum (NCF) and Sue Ryder

What we do

The National Care Forum (NCF) and Voluntary Organisations Disability Group (VODG) are representative bodies for social care providers and pan disability organisations.

We provide a unified focus on voluntary sector disability and care, representing over 180 organisations. Sue Ryder is a specialist hospice and neurological care provider.

We work to:

- Ensure that voluntary sector care providers and disability organisations are better informed and more aware of the Department of Health, NHS England, Public Health England and their policies and strategic priorities
- Ensure that the Department of Health, NHS England and Public Health England are better-informed about the needs and activities of voluntary sector/not-for-profit organisations and their distinctive offer to adult social care services
- Promote engagement between health and social care commissioners and the voluntary sector at national and regional levels, using our extensive existing networks and structures and to increase providers' participation in the commissioning cycle
- Share best practice and shape guidance through information exchange, learning events and dissemination
- Support and advise government and its agencies with policy implementation.

Our aim is to increase awareness of the need for, and to build, more strategic relationships between providers and commissioners. We believe this is an important prerequisite to service transformation in adult social care; and critical, given the prevailing economic and organisational pressures faced by the sector. We also believe that voluntary sector providers and disability organisations have the potential to design and deliver services that promote both person centred and whole community solutions.

How we could support local teams developing vanguards

We can support vanguards directly through:

- Direct provision of services,
- Design, development and co-production of innovative new ways to support older people, people with disabilities, people living with multiple long-term conditions and their carers,
- Shaping guidance, sharing best practice and through information exchange, learning events and dissemination,
- Lobbying for changes to current or pending legislation/guidance that is damaging or potentially damaging to the quality of life of the people we work with and their carers

Sue Ryder has specific expertise in designing new models of care, support and coordination, including using digital platforms, particularly for people at the end of life and for those with neurological conditions.

We have a broad offer, and can provide direct delivery support if commissioned on specific projects or programmes of work. Separately or alongside this, we are also well-placed to support and advise with piloting, good practice, signposting and communications.

There are a number of case studies in the Making it Real case study report. Other relevant documents are our volunteer management toolkit and our Advocacy Report.

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[aGwodYckPVw](#)

@NCFCareForum @VODGmembership

@Sue_Ryder

Voluntary Voices

What we do

Voluntary Voices is a strategic partnership led by National Voices, whose members include the National Association for Voluntary and Community Action (NAVCA), Regional Voices, and Volunteering Matters. Each consortium member is also a recognised strategic partner in its own right.

National Voices is a coalition of 140 national health and social care charities. More information can be found on [page 50](#).

NAVCA is the national body supporting 350 voluntary and community sector (VCS) umbrella organisations (councils for voluntary action) throughout England. Regional Voices is a partnership of nine regional networks which collectively connects over 25,000 local voluntary projects across England.

Volunteering Matters (formerly CSV) is the national volunteering charity, with more than 52 years' experience in developing and promoting citizen led initiatives which help improve health and care outcomes. Volunteering Matters also facilitates and leads the National Network of Volunteer Involving Agencies.

How we could support local teams developing vanguards

The purpose of the Voluntary Voices consortium is to work on specific programmes, in constructive and creative partnerships with the health and care system(s), to ensure that the personalisation principles of choice, control and self-management are embedded in service change in order to improve outcomes for individuals and communities.

Voluntary Voices is a unique national partnership with the knowledge, experience and reach to help the voluntary, community and public sectors successfully respond and engage with the challenges of co-production and person centred care.

Our networks provide unrivalled coverage and reach into the voluntary and community sector at national, regional and local levels.

Voluntary Voices was influential in supporting the development with the vanguards of 'the six principles', which were initially based on our work for the Coalition for Collaborative Care (C4CC).

Together, Voluntary Voices can provide support for the following:

- Creating the vision for person centred care
- Leadership training and awareness on person centred care
- Understanding the perspectives of service users, groups and organisations in the community
- Evidence for what works to engage people in their care and support
- Using proven methods to engage community groups and organisations – in governance, service design, and implementation
- Sharing good practice and experience across local areas, and helping to replicate proven models
- Reflection on and diagnosis of local areas' preparedness for co-production
- Advice on how to build strong partnerships for change with the voluntary and community sector
- Advice on how to reach into, and engage with, seldom heard groups and communities

- Use of good practice and expertise in the development, design and impact evaluation of volunteering in health and care
- Use of Public Services (Social Value) Act 2012 approaches to commissioning with the VCS.

Voluntary Voices is already helping the C4CC to work with local areas to prepare systematically to engage people and communities in personalised care and support planning. We are producing a reflective toolkit to help plan the involvement of VCS partners and people with experience of using health and care services locally at every level of the governance, design and implementation of care and support planning. We are also preparing templated communications materials for use in preparing individuals and groups locally to take part. We will then work with C4CC in visits to local sites to advise managers and professionals on the need for and routes to co-production, and help them recruit and support co-production partners from their local VCS.

Our existing materials (toolkits, frameworks, reports etc.) that might be useful for teams developing new care models Include:

National Voices

The Narrative for Person Centred Coordinated Care plus four linked narratives for: people using mental health services, older people living with frailty, children with complex lives and people in the last 12 months of life.

<http://www.nationalvoices.org.uk/person-centred-coordinated-care>

Guide to personalised care and support planning

<http://www.nationalvoices.org.uk/what-care-and-support-planning>

Wellbeing Our Way programme to build the capacity of VCS organisations to work for person centred care

<http://www.nationalvoices.org.uk/engagementprogramme>

Volunteering Matters

Work to help build the capacity of third sector organisations broadly (and volunteer involving agencies in particular) to promote and support the delivery of person centred care, and in particular the Integrated Personal Commissioning Programme. An initial output from this work has been the production of a guide for volunteer involving organisations on Person Centred Care.

<http://volunteeringmatters.org.uk/app/uploads/2015/05/Centred-care-top-tips.pdf>

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[@NVTweeting](#)

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[@regionalvoice](#)

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Win-Win Alliance – Disability Rights UK, Shaping Our Lives National User Network and CHANGE

What we do

'Win-Win Alliance – disabled people leading change' is a user-led consortium of Disability Rights UK, Shaping Our Lives National User Network and CHANGE. The Win-Win Alliance is committed to equality and the transition of power to full choice and control by disabled people. Our approach is two-fold: we identify and mobilise grassroots movements of emerging and established patient groups as well as user-led organisations. Additionally, we engage with numerous programmes and commissioners to embark on co-production, so disabled people and patients have a robust impact on outcomes-based commissioning in NHS and social care. What is the win-win situation? Commissioners tap into the lived experience of disabled people and co-create improved health outcomes, independent living as well as productivity gains.

How we could support local teams developing vanguards

The alliance acts as an intermediary between the voluntary and community sector and people from various equality groups. Beyond this, our central goal is to support people, so they can directly research and influence policies as well as achieve a lot more everyday for and by themselves.

We are supporting the goals of the new care models programme, supporting people to access support out of hospital.

For example, we have supported the implementation of patient online access, established peer support as a right and supported people to commission their own care and write into their care records directly (symptoms observed and medication). Doing this has created a more level playing field with clinicians and empowers people to make their own pathways more effective and helps reduce misdiagnoses.

The Win-Win Alliance works on local/regional/national action to see what works and then to spread and upscale it.

Our tools include in particular:

1. Facilitating user controlled research - research that is actively controlled, directed and managed by service users and their service user organisations, monitoring and evaluating services.
2. User-driven commissioning (UDC) – the alliance coordinates an approach to support, gather and translate lived experience of people's pathways into metrics for contracting and/or procurement. Local people set out a vision of what an ideal landscape of services and support looks like and the roles they want support or services to play in their lives.

They are then supported to play an active role in the commissioning process. We currently run UDC on four sites, including the Tower Hamlets Integrated Provider Partnership vanguard. The projects have shifted economies of scale away from block contracts, with quality being put on a more equal footing with price. There has been a better shared sense of what is important to achieve and how to go about it across patient cohorts and whole communities.

3. CHANGE has over 23 years of developing accessible 'easy read' information which is quality checked by experts with learning disabilities. An experienced team of accessible information designers regularly create 'easy read' health and care information for organisations such as NHS England, Department of Health and The World Health Organisation.

4. User-led training to professionals centred on working and communicating better with people with learning disabilities - all training is co-delivered by two experienced trainers, one with a learning disability and one without.

5. Research into user-led care and accessible methods of working and further support to teams developing new care models.

6. Disability Rights UK offer a range of [factsheets for patients](#). These are on topics such as self-directed support, the personal budgets process and social security payments/benefits.

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Young People's Health Partnership

What we do

The Young People's Health Partnership includes Addaction, Association for Young People's Health (AYPH), Brook, Clic Sargent, National Council for Voluntary Youth Services (NCVYS), Streetgames and Youth Access. Partners should be contacted directly for individual work strands

Our aim is to raise the profile of the health agenda across the voluntary youth sector. The partnership will champion young people's health needs whilst providing a conduit for youth organisations, the state and young people to work towards reducing health inequalities

How we could support local teams developing vanguards

Addaction offer support to young people, adults and families across the UK. In 2014-15 Addaction worked individually with 46,596 people for substance misuse; 1762 of which were young people, with another 30,000+ young people engaged through share sessions. These services include delivery of prevention and education, targeted and universal support, specialist substance misuse prescribing, sexual health and mental health services. Our delivery models are rooted in evidence based, best practice and actively promote young people's participation, community engagement and peer support; including our young people's mutual aid programme.

Our person centred approach aims to engage, educate and divert young people from risky behaviours towards realising their full potential.

AYPH can offer support in improving practice in young people's health such as providing training for health professionals and supporting young people to have a say about the services they use. AYPH can offer consultancy to support GPs, CCGs, school nurses, local authority and the voluntary sector on evaluations, young people's participation, engagement events, reports and data analysis.

Brook is the largest voluntary sector provider of contraception and sexual health services and education for young people under the age of 25, reaching more than 260,000 young people every year. Brook can support clinical and support services, education and training, campaigning, advocacy and lobbying. Brook can also provide consultancy in Review and needs analysis for local young people's sexual health and wellbeing services and young people's engagement and participation.

NCVYS can provide strategic planning and partnership brokering services, ILM working with young people training, young researchers and peer evaluation training, consultations with young people and support youth participation development.

StreetGames can provide health champion training for young volunteers and youth workers, outreach work, consultations with young people, capacity building for youth-led projects, strategic planning and partnership support services.

Youth Access can offer consultancy support to CCGs and local authority commissioners wanting to develop integrated advice, counselling and support services for young people. This may cover: building your business case; identifying local priorities; brokering relationships across service areas and sectors; re-designing services to meet needs; co-producing services with young people; developing commissioning specifications.

Youth Access supported commissioners at Brighton & Hove City Council and NHS Brighton & Hove to conduct a review of young people's support services across mental health, sexual health, drugs & alcohol, youth services, housing and social care. We reviewed data on young people's needs and from existing service providers; reviewed local strategic priorities; assessed evidence of cost-effective interventions and service models; and identified relevant outcome measures. The review resulted in a decision to pool budgets for CAMHS, housing advice and sexual health services in order to commission an integrated service from the voluntary sector.

Our resources include:

Making integration a reality: Part 1: Joining up the commissioning of young people's services across health, social care, housing and youth services

http://www.youthaccess.org.uk/uploads/documents/Making_Integration_a_Reality_Part_1_FINAL.pdf

Making integration a reality: Part 2:

Developing effective holistic services for young people in transition

http://www.youthaccess.org.uk/uploads/documents/Making_Integration_a_Reality_Part_2_FINAL.pdf

On The Right Tracks: A guide to commissioning counselling services for young people 13-25 years

http://www.youthaccess.org.uk/uploads/documents/On_the_right_tracks-_FINAL.pdf

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<http://www.addaction.org.uk/>

www.youngpeopleshealth.org.uk

www.brook.org.uk

www.ncvys.org.uk

www.streetgames.org

<http://www.youthaccess.org.uk>

@addactionuk

@ayphcharity

@brookcharity

@ncvys

@streetgames

@youthaccess

Appendices and glossary

Appendix A: New Care Models - Vanguard sites

Integrated primary and acute care systems - joining up GP, hospital, community and mental health services

- 1 Wirral Partners
- 2 Mid Nottinghamshire Better Together
- 3 South Somerset Symphony Programme
- 4 Northumberland Accountable Care Organisation
- 5 Salford Together
- 6 Better Care Together (Morecambe Bay Health Community)
- 7 North East Hampshire and Farnham
- 8 Harrogate and Rural District Clinical Commissioning Group
- 9 My Life a Full Life (Isle of Wight)

Multispecialty community providers - moving specialist care out of hospitals into the community

- 10 Calderdale Health and Social Care Economy
- 11 Erewash Multispecialty Community Provider
- 12 Fylde Coast Local Health Economy
- 13 Vitality (Birmingham and Sandwell)
- 14 West Wakefield Health and Wellbeing Ltd
- 15 Better Health and Care for Sunderland
- 16 Dudley Multispecialty Community Provider
- 17 Whitstable Medical Practice
- 18 Stockport Together
- 19 Tower Hamlets Integrated Provider Partnership
- 20 Better Local Care (Southern Hampshire)
- 21 West Cheshire Way
- 22 Lakeside Healthcare (Northamptonshire)
- 23 Principia Partners in Health (Southern Nottinghamshire)

Enhanced health in care homes - offering older people better, joined up health, care and rehabilitation services

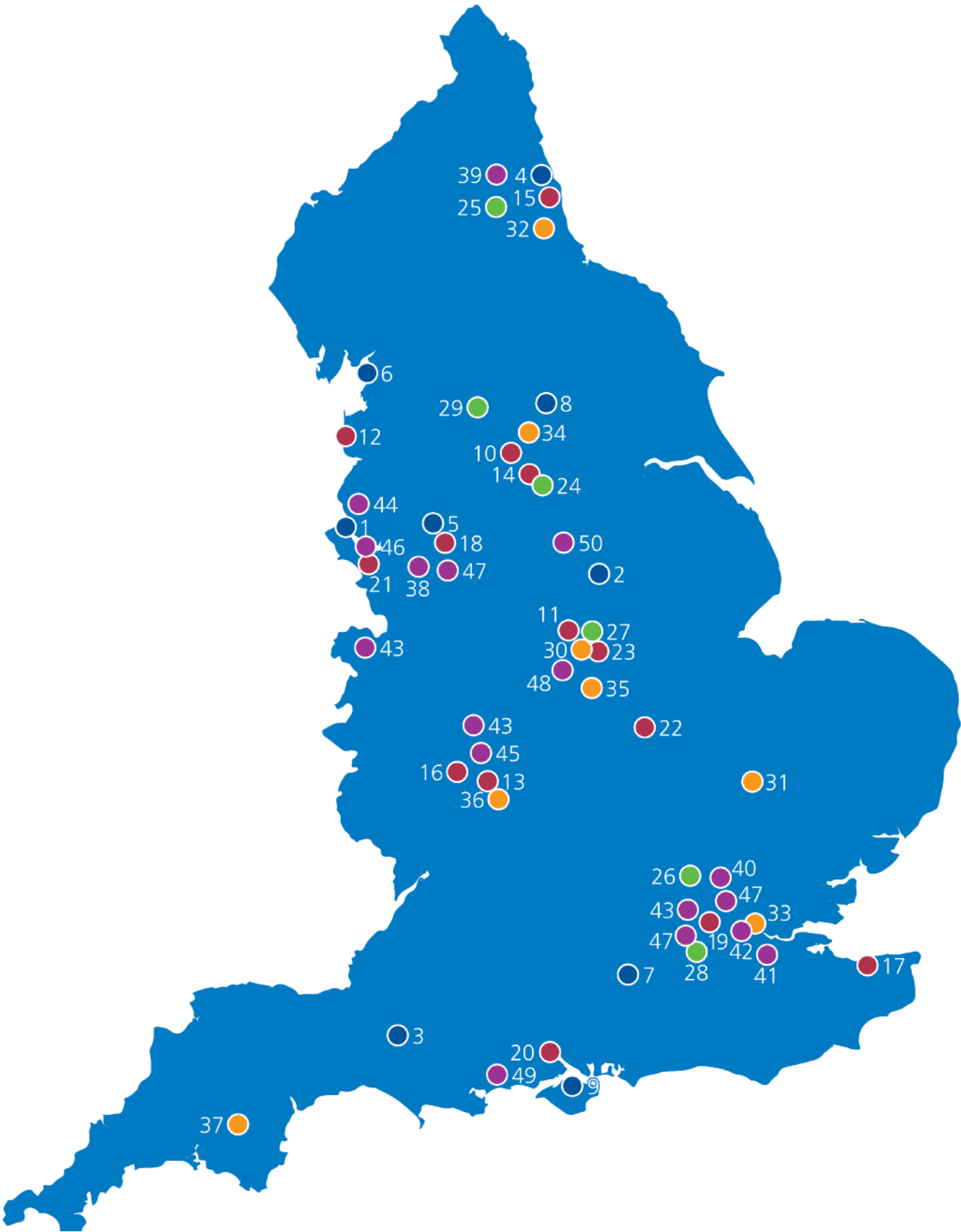
- 24 Connecting Care - Wakefield District
- 25 Gateshead Care Home Project
- 26 East and North Hertfordshire Clinical Commissioning Group
- 27 Nottingham City Clinical Commissioning Group
- 28 Sutton Homes of Care
- 29 Airedale & Partners

Urgent and emergency care - new approaches to improve the coordination of services and reduce pressure on A&E departments

- 30 Greater Nottingham System Resilience Group
- 31 Cambridgeshire and Peterborough Clinical Commissioning Group
- 32 North East Urgent Care Network
- 33 Barking and Dagenham, Havering and Redbridge System Resilience Group
- 34 West Yorkshire Urgent Emergency Care Network
- 35 Leicester, Leicestershire & Rutland System Resilience Group
- 36 Solihull Together for Better Lives
- 37 South Devon and Torbay System Resilience Group

Acute care collaborations - linking hospitals together to improve their clinical and financial viability

- 38 Salford and Wigan Foundation Chain
- 39 Northumbria Foundation Group
- 40 Royal Free London
- 41 Foundation Healthcare Group (Dartford and Gravesham)
- 42 Moorfields
- 43 National Orthopaedic Alliance
- 44 The Neuro Network (The Walton Centre, Liverpool)
- 45 MERIT (The Mental Health Alliance for Excellence, Resilience, Innovation and Training) (West Midlands)
- 46 Cheshire and Merseyside Women's and Children's Services
- 47 Accountable Clinical Network for Cancer (ACNC)
- 48 EMRAD - East Midlands Radiology Consortium
- 49 Developing One NHS in Dorset
- 50 Working Together Partnership (South Yorkshire, Mid Yorkshire, North Derbyshire)



Appendix B: How to be part of the next version of this directory?

The vanguards were interested in finding out how they could access further support and advice to enable them to meet the six principles in the empowering patients and communities domain. The directory of support is intended to be a means through which vanguard organisations can better navigate available support.

This version outlines the support currently available from the Five Year Forward View arm's length bodies and some of the Department of Health Voluntary Sector strategic partners. It has been put together as a forerunner for a wider directory of support.

We will be publishing a full directory in April 2016. If you think you can support vanguards to deliver the six principles in this domain and would like to be included in future versions of the directory, please email england.newcaremodels@nhs.net for more information and an application form. The deadline for applications will be 4 February 2016.

The directory is not an exhaustive list of organisations working within this area and vanguards are free to obtain support for achieving the requirements of this domain as they determine, irrespective of whether that support appears in the directory or not.

NHS England will not be verifying the statements made by organisations in the directory and listing does not amount to an endorsement of an individual provider or their products. NHS England will also not be pre-agreeing any terms of engagement with the organisations in the directory or providing quality assurance of the organisation or their offer of support and vanguards will need to undertake their own due diligence exercises prior to engaging with the contacts listed. If a vanguard decides to engage with a particular organisation, any services will need to be commissioned in accordance with the vanguard's constitutional, financial and procurement obligations.

Glossary of terms

CCG	Clinical commissioning group
CCH	Children's continuing healthcare
IPC	Integrated Personal Commissioning
NCM	New Care Models
NHSCH	NHS Continuing Healthcare
PCB	People and Communities Board
PHB	Personal Health Budgets
PPG	Patient Participation Group
SPP	hip Programme



The NHS Five Year Forward View has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Care Quality Commission, Health Education England, Monitor, The National Institute for Health and Care Excellence, NHS Trust Development Authority and Public Health England.