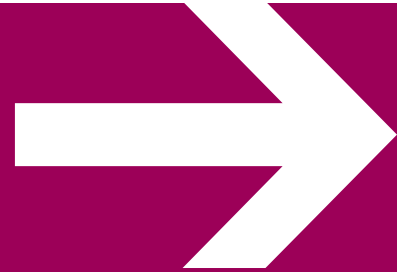




**EXECUTIVE SUMMARY**



# COMMUNITY

**ENGAGEMENT AND COLLABORATIVES  
IN NORTH EAST LINCOLNSHIRE**

**SUCCESS ALL ROUND FOR  
COLLABORATIVE PROGRAMMES**

**WELCOME!**



NHS Acorn Alliance  
Best Public Health Project  
*(2008) – Winner*

NHS Health & Social Care Awards  
Yorkshire and Humber  
Health Improvement and  
Health Inequalities  
*(2008) – Winner*

NHS Health & Social Care Awards  
Health Improvement and  
Health Inequalities  
*(2008) – National Finalist*

Health Service Journal Awards  
Best Social Marketing Project  
*(2008) – National Finalist*



**nhsalliance**



Jeremy Basket  
Assistant Director,  
Community Engagement  
and Collaboratives

“When the Older People’s and Early Presentation of Cancer Collaboratives began as Neighbourhood Renewal funded programmes, we had little idea of the innovation and improvements we would achieve.

Two years later, the range of impact across communities, organisations, people and places is considerable: the reputation of North East Lincolnshire Care Trust Plus has been greatly enhanced by its support for these programmes. As a result of the success of the Older People’s and Cancer Collaboratives, the approach has been developed further across new topics and new communities.

The word is out – not just regionally or nationally, but internationally, that we are an organisation at the front end of innovative health improvement approaches. We are as proud to share this story with you as we are to be involved in these wonderful programmes.”

*“I’m really proud we went for prostate cancer and really proud we made a difference – the people who go to their GP is up over 60% you know... people are talking about it (cancer)... They don’t mind as much talking about it.”*

Team Member

*“We had an event where all groups got together. People in the NHS from another organisation were invited across to share their experiences of doing something about lung cancer. They used a marketing firm and staff from the NHS... trouble was, there were no measures, so you couldn’t be sure how successful they had been.”*

Team Member

## GIVING THE ORGANISATION SOMETHING TO WRITE HOME ABOUT

Confidence in the collaboratives is evidenced by them making the shortlist and winning national awards.

Work in North East Lincolnshire holds its own against the best practice nationally and the organisation can legitimately be regarded as an exemplar in its field.

The programmes have been included in national White Papers<sup>(1)</sup> and Best Practice guidance from the Department of Health supporting the transformation of community services<sup>(2)</sup>.

1. National Cancer Plan (2008) Department of Health  
2. Best Practice Guidance ‘Transforming Community Services: Ambition, Action, Achievement’ to achieve the ambitions of High Quality Care for All (2009) Department of Health



## ‘Spreading the word’

In a changing context for local health and wellbeing organisations, contestability and competition make reputation management more crucial.

The success of the collaborative programmes in ‘Spreading the word’ is more than just good practice, it is ‘mission critical’.

The collaboratives’ approach to engaging communities and organisations in co-production activities brings the name, values and brand of the Care Trust Plus right into the lives of local people.

Beyond awards, the collaboratives are at the forefront of shaping practice and debates about innovative means of tackling some of the major health inequality issues that society faces, both in this country and abroad.

## Tackling tricky issues – getting positive results

The collaboratives are at the forefront of assisting the Care Trust Plus deliver against many of its ‘must do’ targets, themes and policy; from World Class Commissioning, Transforming Community Services, improving health and reducing health inequalities, through to the expectations of the new Care Quality Commission and the requirement to meet ‘Vital Signs’.

The measurement framework adopted by each programme allows for monthly tracking of improvement as well as a snapshot of these impacts at any given time. It is this range that allows the Care Trust Plus to demonstrate achievement against mission and values.

# Headlines

## Older People's Health and Wellbeing

### Reducing Social Isolation

- 9,032 contacts made with older people across all work
- 61 Community Events held
- 5303 number of attendances at lunch clubs and social clubs
- Five social clubs established with an average of 100 people attending each week. (Fully sustainable at no cost to the Care Trust Plus)
- Served 2,081 meals for older people in the community: a viable alternative to a meals on wheels service which also offers opportunities to reduce social isolation
- Increasing Activity and Reducing Falls
- 2849 people attended exercise classes \*
- 5 community members qualified as New Age Kurling instructors
- 4 community members qualified as Shibashi instructors
- 16 teams and 53 competitors, competing for the New Age Kurling Cup

\* The exercises are Tai chi, chair based exercise and Shibashi: all recommended to reduce falls. A fractured hip costs in the region of £25,000. If only one of these people were prevented from falling it has saved the NHS financially in addition to the personal cost to the individual and family involved.

### Keeping Warm, Keeping Well, Keeping Safe: Snug as a Bug Campaign

- Engaging 674 people through 24 events
- Home Energy Checks
  - Before – average referrals were 8 per month,
  - During – increased to 36 per month.
- Smoke Alarm Fittings
  - Before – 26 smoke alarms fitted
  - During – 283 fitted
- Flexible, Rapid Responses to Organisational Priorities - New topics are introduced every six months to address the Care Trust priorities:
  - Safeguarding Adults
  - Mental Capacity Act
  - Dementia.

# Headlines

## Early Presentation of Cancer Symptoms

### Evidence of Earlier Presentation at General Practice

- 30% increase in Bowel Cancer 2 week wait referrals
- 25% increase in Gynaecological Cancer 2 week wait referrals
- 65% increase in Prostate Cancer 2 week wait referrals.

(Measured by 2 week wait <sup>(1)</sup> referral data against a 3 year aggregate baseline)

### Analysis from Pre/Post Measurement Tool

- 8% increase in people knowing who to contact for help within health and social care
- 15% Increase in people feeling confident in identifying early symptoms of cancer
- 11% increase in reported willingness to act on symptoms
- 8% increase in people reporting they think they can help with changing attitudes and improving things in the area in which they live.

### Increase in community measures

- 55 Team members
- 149 Community Events
- 17,107 people engaged in significant symptom conversations
- 213 people in training
- 35 new resources developed
- 80 media exposures
- 490 distribution points.

*“Policy and legislation of the last few years supports the direction of travel of the collaborative approach: working with the community to eradicate inequalities within communities. It also highlights the move from an input approach to an outcome based, ‘wellbeing’ approach... it is not helpful to look at health and social care as separate issues anymore.”*

*Senior Manager, Care Trust Plus*

1. Everyone with suspected cancer will be able to see a specialist within two weeks of their GP deciding they need to be seen urgently and requesting an appointment. Ref: Department of Health Cancer Plan.

## People as solutions and not problems

The most recent policy drivers from the Department of Health, such as Darzi, highlight the importance of developing change agents and strengthening improvement activity across all staff groups and work. Mobilising resources for quality improvement across NHS organisations is significantly strengthened through joint mobilisation with communities.

Social value, social change and social capital are integral to the Unique Improvement Collaborative Approach and cannot be easily separated from the more commonly accepted goal of quality improvement. The collaborative approach however, highlights the benefits on offer when local people are mobilised as solutions, rather than as problems.

- Increased health and wellbeing and social networks
- Increased ability, confidence and opportunity
- Increased participation
- Maximising social value
- Improving health literacy

## What's in it for me... For us

Managers and staff who have been involved in some way in the collaborative identify broader organisational benefits and opportunities often over and above the intended outcomes of the collaborative programmes.

### Collaboratives Deliver Good Value:

- Any opportunity cost associated with participating in the collaborative is perceived to be offset by the outcomes the collaboratives achieve.
- Collaboratives provide additional capacity for creating change and delivering outcomes against the programme theme, over and above that which would be possible by relying on a professional workforce alone.

### Collaboratives:

- Create a pressure for change
- Deliver change
- Build human and social capital, add social value and contribute to community cohesion
- Model the way in workforce development
- Deliver behaviour change
- Help an organisation create culture change.

Integral to the organisation benefiting from its investment in the collaborative approach, is the acknowledgement that the collaborative significantly enhances the impact of different organisational roles within the organisation: of commissioner, practitioner, governance lead, marketing and communications, HR and organisational development manager and general manager – these are just some of the examples that will be illustrated.

Get practitioners involved in a collaborative and you provide the environment in which the following key attributes – promoting health and well being and reducing inequalities – are likely to be realised <sup>(1)</sup>. Collaboratives assist in developing:

- Health promoting practitioners
- Clinical innovators
- Professional partners
- Entrepreneurial practitioners
- Leaders of service transformation
- Champions of clinical quality



1. Transforming Services for Health, Wellbeing and Reducing Inequalities  
Ambition 4 – Developing and supporting people to design, deliver and lead high quality community services.



## A final note on the collaborative method and Unique Improvements approach

*“The Unique Improvements approach has a strong ethos based on a community driven model, more than in other areas... there is a creative use of community together with scientific methodology.”*

*Senior Manager Care Trust Plus*

North East Lincolnshire already had experience of the Healthy Communities Collaborative and this provided a starting point for developing a new model.

Using learning from this experience, the new programme was developed with a more explicit focus on:

- Social marketing approaches, specifically a more explicit focus on behavioural goals and behavioural change
- Two way learning approaches between the organisation, professionals and community members to develop the framework rather than more rigid paradigms
- An ‘Experts on the Ground’ event to drive direction and involvement and focus on local needs.

The Unique Improvement model of community led social marketing involves not just a strong focus on audience insight and consultation to audience test, but a move towards a model where consumers are in charge of the process of generating solutions.

*“We are ordinary people with no medical background, not used to having to put a message across, but we do and people are prepared to listen. It’s different for the community, team members talk to people who talk to people – there is a big information exchange.”*

*Team Member*

*“It’s a joy to do it (the lunch club) and the thanks you get from the people, it makes the job so worth while.”*

*Team Member*

*“It’s been amazing doing things you never dreamed of doing.”*

*Team Member*



# THANK YOU



Tel: 0151 480 2202  
Email: [team@uni.gb.com](mailto:team@uni.gb.com)

[www.uni.gb.com](http://www.uni.gb.com)



**EXECUTIVE SUMMARY**

# COMMUNITY

**ENGAGEMENT AND COLLABORATIVES  
IN NORTH EAST LINCOLNSHIRE**

