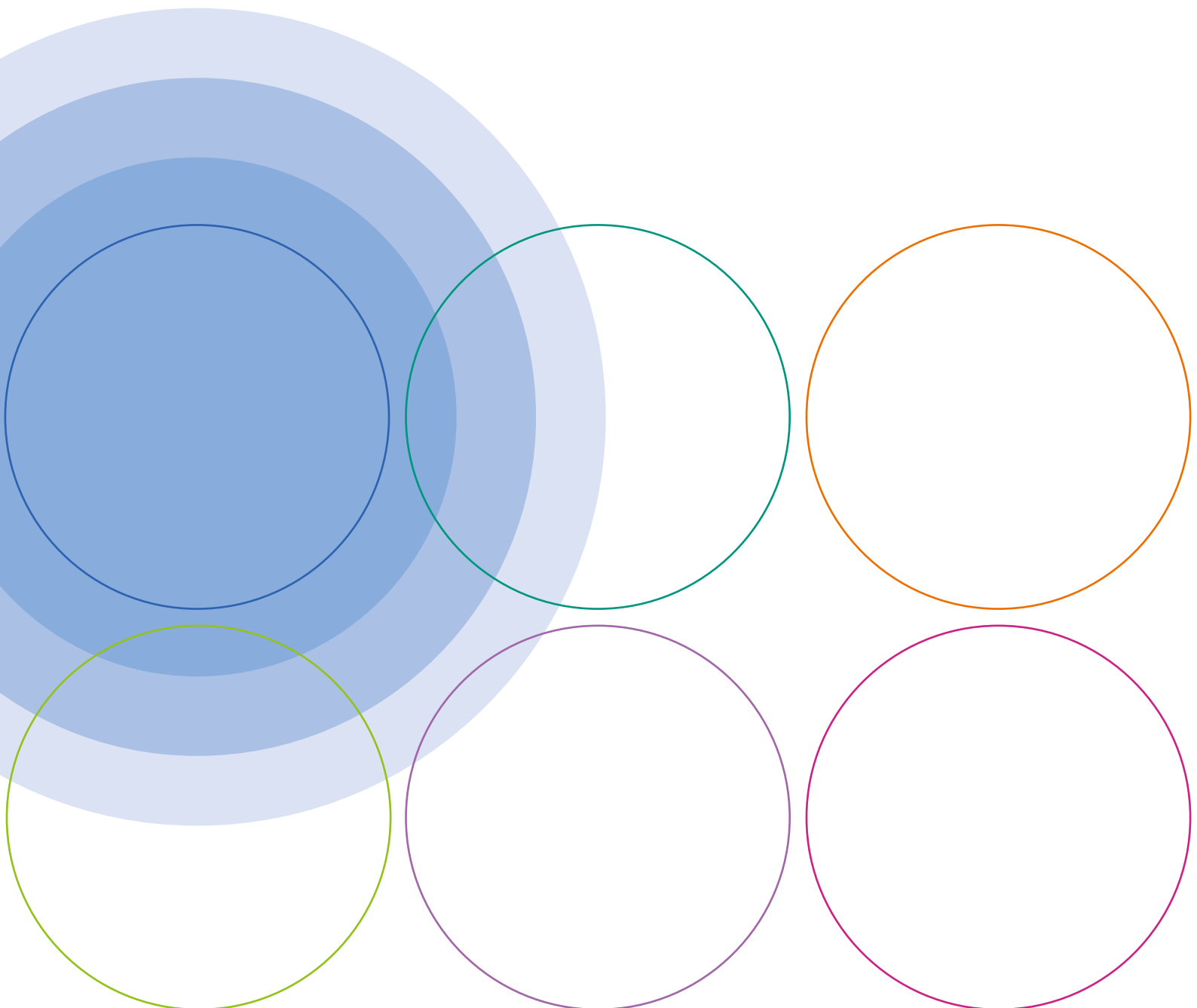


# MORE THAN MEDICINE:

NEW SERVICES FOR  
PEOPLE POWERED HEALTH



People  
Powered  
Health



## ABOUT NESTA

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# MORE THAN MEDICINE:

NEW SERVICES FOR PEOPLE POWERED HEALTH

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## About the series

**More than Medicine: new services for People Powered Health** is one in a series of learning products which explain why People Powered Health works, what it looks like and the key features needed to replicate success elsewhere. It draws on the experience of the six teams who took part in People Powered Health, which was led by Nesta and Innovation Unit from summer 2011 to winter 2012.

The series includes:

- **People Powered Health**, health for people, by people and with people, foreword by the King's Fund
- **The Business Case for People Powered Health**: building the business case, foreword by the NHS Confederation
- **By us, For us**: the power of co-design and co-delivery, foreword by National Voices
- **More than Medicine**: new services for People Powered Health, foreword by Macmillan
- **Networks that Work**: partnerships for integrated care services, foreword by ACEVO
- **People Helping People**: peer support that changes lives, foreword by MIND
- **People Powered Commissioning**: embedding innovation in practice, foreword by NAPC
- **Redefining Consultations**: changing relationships at the heart of health, foreword by the Royal College of GP's

### Acknowledgements

We'd like to take this opportunity to acknowledge the ideas, hard work and insights of all the patients, service users carers, practitioners and commissioners who have been part of the People Powered Health programme. Special thanks go to the teams in the six localities:

Calderdale

Lambeth

Newcastle

Earl's Court

Leeds

Stockport

You can find out more about their work and about People Powered Health at [www.nesta.org.uk](http://www.nesta.org.uk).

## Foreword

More people than ever before are living with long-term conditions. In the 1970s cancer was an acute condition with a median survival time of one year. Fast forward to 2007 and this has increased to six years. The goals of cancer treatment therefore need to shift from preventing death and treating illness to also promoting wellness and quality of life. To deliver such a vision services can no longer be delivered solely from an acute setting.

The importance of community based and alternative services cannot be stressed enough and must be given the same esteem as clinical care. The report highlights some excellent examples: volunteering, befriending and physical activity to improve people's wellbeing and social contact. So what needs to be done to ensure non-medical support services are prioritised and mainstreamed? I would suggest three things.

- First, a change in culture is required. The health and care system needs to see patients as people with expertise about their condition and capabilities to self-manage, not as people somehow different from you and me. The NHS needs to move its focus from treating illness to supporting wellness.
- Secondly, health and social care professionals need simple tools to have different conversations and address the real problems people are struggling with. Macmillan has developed a survivorship 'recovery package' to help people manage the transition from active cancer treatment to being at home. This includes an assessment and care plan, a follow-up review by the GP, and education about support services in the community. This package is not difficult or expensive to implement, but it does require leadership, support to work in new ways, and investment (including time) for people to learn new skills.
- Finally, *More than Medicine* highlights excellent examples of activities supporting people to live full and active lives. Why are they not more widespread? In cash-constrained times, commissioners will be reluctant to commission without strong economic evidence and reassurance that the model is scalable. We must plan these services with scalability and sustainability in mind from the beginning.

The big challenge is how we convince others that non-clinical services are not 'alternative' services but an unmet need and an effective solution to long-term care. Let's work with Nesta to raise the profile of People Powered Health to make these services the norm.

**Juliet Bouverie is Director of Services, Macmillan Cancer Support**

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

# Why do we need ‘more than medicine’?

‘More than medicine’ recognizes the social as well as medical aspects of long term conditions. It gives the NHS the tools to help people to exercise more, eat more healthily, build strong social networks and feel supported and in control of their lives ‘More than medicine’ enables patients to access a range of social interventions to complement clinical care.

‘More than medicine’ creates a set of tools for clinicians to use with patients to address the behavioural and social aspects of long term conditions. This can be through direct, formal prescribing by the clinician or the clinician referring patients on to link workers who support them. The aim is to complement medical treatment with interventions which enable patients to become more confident and able to manage their condition. It is also about tackling the root causes of long term conditions such as obesity and debt.

We know exercise improves blood sugar control for people with Type II diabetes;<sup>1</sup> having a strong network of social support means patients are more likely to take their medications;<sup>2</sup> and changing your diet can reduce high blood pressure.<sup>3</sup> We also know that making these lifestyle changes can be challenging and hard to maintain; yet achieving them would significantly reduce health inequalities.

While the medical model diagnoses and treats disease rather than people, it is the social context in which people live their lives that often determines their health, and wellbeing.

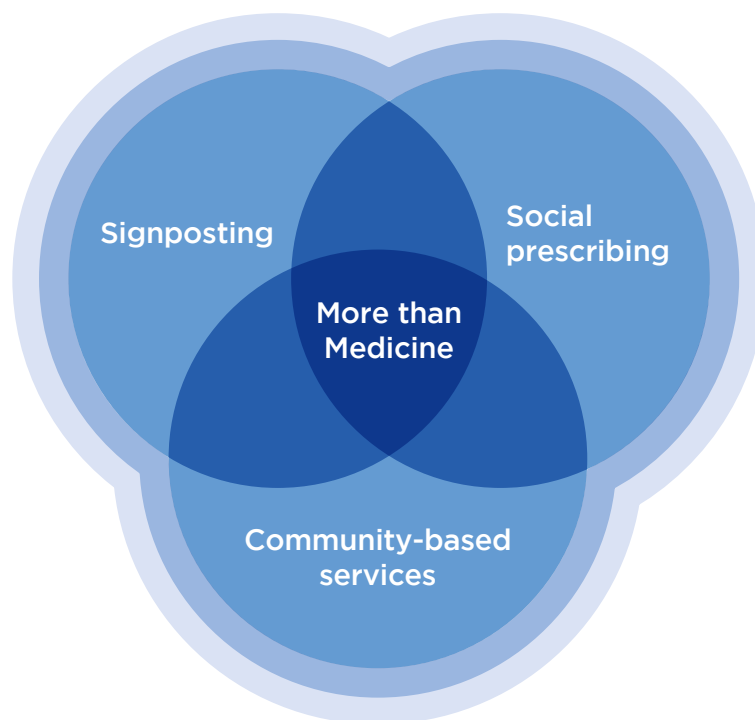
‘More than Medicine’ connects the clinical consultation with interventions such as peer support groups, debt counselling, walking groups,

befriending, one-to-one coaching and community cooking classes that help people to manage their long-term conditions and improve their health and wellbeing. These activities, places and people help service users and patients to live healthier lives, make friends and learn new skills.

There’s nothing new or unique to People Powered Health about community-based services, and evidence of the benefits of community-based services for people with long-term health conditions is growing. But to get the best out of these opportunities they need to be routinely integrated into the health care system and this is currently rare in the NHS.

In a recent survey 9 out of 10 GPs thought their patients would benefit from social prescribing and 4 out of 5 thought social prescribing should be available from GPs. Yet only one-sixth of GPs regularly do social prescribing and only 9% of patients report having had a social prescription [insert ref to PPH survey].

The People Powered Health teams are trying to integrate these community-based services into routine clinical practice, and at scale. In Newcastle for instance 95 per cent of referrals to community-based services came from two out of eight GP practices taking part in the project. They have therefore been working to make social prescribing something that every GP in their area uses. The challenge is moving such services from the early adopters to the mainstream of the NHS.



Through People Powered Health, the teams learned that there are many different ways to integrate and promote community-based services into health and social care – but three elements help the process:

- **Social prescribing** – a clear, coherent and collaborative process in which healthcare practitioners including GPs, practice nurses and community matrons work with patients and service users to select and make referrals to community-based services.
- **Signposting** – new roles and support for navigators, health trainers and advisors who help patients and service users understand, access and navigate community-based services that will improve their health.
- A balanced and healthy ecosystem of **community-based services** and providers so that a wide and appropriate range of opportunities are both available and visible to practitioners.

In *More than Medicine* we show how social prescribing and signposting are developing in different parts of the country, illustrated with examples and stories from practitioners

and their patients. First, we explore some of the new community-based services that are growing up and the benefits experienced by patients and service users taking part.

# What is social prescribing?

Social prescribing is a tool for clinicians to work with patients to address wider social and lifestyle aspects of their health. For people with long-term conditions, the need to adopt healthy behaviours can be urgent and social prescribing can enable them to do so.

There are many barriers to finding, accessing and making best use of activities, such as exercise or healthy eating classes, including emotional, physical and financial obstacles. Going somewhere new can be difficult and intimidating for patients, and requires motivation and confidence. On the professional side, a GP may recommend their patient to lose weight or exercise more but will not have details of which community groups and activities can support their patients to do this. For these and other reasons, many GPs are eager but unable to support a patient in achieving non-medical goals in a structured way.

Social prescription is a tool that can help break through some of these barriers. It is a process through which a healthcare professional and a patient can identify together the type of activities that will be of benefit, with the professional writing a 'prescription' directly to a service or referring the patient to an intermediary, such as a link worker or navigator, with whom a package of services can be constructed.

Social prescribing requires a fundamental change in the relationship between the healthcare professional and the patient or service user. In addition to providing a framework for discussing medication options, the conversations that take place as part of a social prescription process explore opportunities to improve health and wellbeing through social interaction and activities. This is a very different type of conversation that focuses on collaborative planning, shared decision making and a dynamic of partnership between a patient and practitioner working together towards common goals. Read more about these conversations in *Redefining consultations: changing relationships at the heart of health*.



**Professor Chris Drinkwater,**  
President of the NHS Alliance

“Social prescription for me is about thinking about the social context in which people live their lives. We hear a lot these days about inequalities in health – how the social context in which you live your life determines health outcomes. We need to think much more about how we support people socially. If you have a lack of autonomy, lack of control, and are under a lot of stress you are much more likely to smoke, drink more, take little exercise or have a poor diet.”





## The evidence

### Who is social prescribing for?

While the evidence base is still emergent, social prescribing is likely to be particularly beneficial for certain types of patients and service users. Research by Brandling and House has shown that in social prescribing pilots GPs were most likely to refer patients with one or more of the following characteristics:<sup>4</sup>

- a history of mental health problems
- frequent attenders of GP clinics
- two or more long-term conditions
- socially isolated
- untreatable or poorly understood long-term conditions such as irritable bowel syndrome and chronic fatigue syndrome
- not benefiting from clinical medicine and drug treatment.

A review of the evidence base for social prescription suggests that it increases people's confidence, provides opportunities to build social networks and increases self-efficacy; and that it can increase people's engagement with weight loss and exercise programmes.<sup>5</sup>

For more on the evidence base for People Powered Health see [the Business Case for People Powered Health](#).

# Social prescribing – some challenges

For social prescription to be effective at scale it needs to both integrate with, and challenge, established health care system processes, including drug prescription referrals, data collection and funding mechanisms. This raises a number of challenges.



## The need for joint ownership of social prescribing programmes across health, social care and the third sector

The breadth of social prescribing programmes means that they are most successful when they involve organisations from beyond the NHS. In Newcastle, the CCG has been working closely with HealthWORKS, a social enterprise, to provide the health trainers that are a key part of their programme.

Read more about working with other sectors in [Networks that work: partnerships for integrated care and services.](#)

## The implications of increased referrals from primary care for voluntary organisations

Increasing the number of referrals from primary care to community-based, often third sector run, activities may place pressure on voluntary organisations, who might not be able to respond to increased demand. Potential solutions to this problem include exploring alternative funding models for community-based activities (see How to build and shape a market) and working in partnership with other third sector organisations.

Read more in [Networks that work: partnerships for integrated care and services.](#)

## The cultural differences between these different sectors

People who work in the health, social care and third sectors have very different training and organisational cultures; this can make partnerships challenging as they have different languages, values and measures of success.

For examples see [Networks that work: partnerships for integrated care and services.](#)

“The idea is simple but the reality is complex. How can busy GPs and others in primary care know what is available? How is it done? You can’t write it on an NHS prescription. What is the evidence that it works? Which patients might benefit?”<sup>6</sup>

## The need to change health professionals’ consultation styles

Social prescription requires a fundamental change in the way health professionals talk to their patients and for them to consider people’s broader social and psychological needs. Care planning can help to provide a framework for having a different type of consultation.

For more see [Redefining consultations: changing relationships at the heart of health.](#)

## Ensuring that there is a diversity of referral routes

Referrals most often happen via GPs, but a range of health professionals can also use social prescribing. For example the following health and care professionals can also play an important role in social prescription:

- any statutory agency working with at-risk people
- any voluntary sector agency working with at-risk people
- primary care mental health workers
- primary care-based mental health nurses
- practice nurses
- health visitors

## Evaluation and demonstration of impact and value

Social prescription can result in service users and patients using a wide variety of activities and services, run by a wide range of organisations. This makes demonstrating the impact and value of social prescription difficult. The key is to ensure that there are systems in place to capture data on the outcomes of social prescribing. For example, in Newcastle the health trainers capture data on their clients’ goals and whether they achieve these goals.





## People Powered Health in Earl's Court: What's it like to do social prescribing?

### Focus on A GP's perspective



**Rebecca Gaster,**  
GP at Earl's Court Health  
and Wellbeing Centre

"Having traditional GP services and social value services under one roof, at the Earl's Court Health and Wellbeing Centre, provides a whole other level of care for our patients that we otherwise wouldn't have access to as GPs.

The health and wellbeing centre has changed the way I work because I now have the timebank and wellbeing coach that I can recommend to patients, when they maybe just need to be linked

in to the community, or may not need specific medicine or therapy. There is another level of care that I can offer people.

I decide what services to refer my patients to by having a discussion with them about what is available and what they might like to get involved with. At the moment I'm choosing people who I know will be receptive to get the ball rolling. I know there's a cohort of patients for whom this is so far off their radar that it will be a huge challenge getting them involved.

Sometimes patients aren't expecting you as a GP to come out with suggestions about volunteering, timebanking, peer mentoring, that type of thing

- it can catch them off guard. I've found that you might have to mention it to them a few times on different occasions, and mention it to as many people as you can.

For all the GPs here it's the start of a learning process. You might like to think that as GPs this is something we're naturally good at but when you think about how we're trained this is a relatively new concept and just coming here and learning a bit more about that approach is really useful. I think the most important

Sometimes patients aren't expecting you as a GP to come out with suggestions about volunteering, timebanking, peer mentoring, that type of thing - it can catch them off guard.

thing is to make sure doctors are trained right from the beginning, right through medical school, so it becomes normal practice."



## What's next?

Earl's Court Health and Wellbeing centre is a polyclinic with a difference - it meets people's medical needs as well as their wider social needs and needs of the community. How would our health system be different if this model was scaled up?

When commissioning primary care and community clinics, commissioners could look for more than just medical care. They could also look for providers that could respond to the wider needs of the community, be that having health trainers, navigators or community-based services.

## Encouraging social prescription – tips from People Powered Health teams

- **Embed link workers in GP practices** – embedding a social prescription facilitator in a GP clinic, such as MIND have done in Stockport, allows healthcare professionals in the practice to get to know the facilitator, trust them and better understand what their role is.
- **A day in the life** – Throckley surgery in Newcastle takes its GP registrars to the local community centre to spend a morning with the health trainers, seeing how they work and talking to the clients who have benefited from the service.
- **Emphasise the benefits for healthcare professionals** –  
“Once you see how it works, how it can reduce patient consultations, how when patients are in control, they have a health trainer, they have a new lifestyle, they are exercising more, they do come and see you less – shows that there are real benefits for GPs.”

**Brigid Joughlin**, GP in Newcastle

- **Create new financial incentives** – including tying long-term outcomes to payment-by-results structures and encouraging providers to support community-based services through Local Enhanced Service payments.
- **Joined-up services** – including better communication between services; forming alliances and collaboratives of care through new contract structures; and co-location as at the multi-service centres in Earl’s Court and Stockport.

# Link workers, health trainers and navigators: the signposting role

With all of the available community options available, from timebanks to volunteer training to activity clubs, it can be hard for busy healthcare professionals to really understand what options are available for patients in their local areas. This is why a signposting role or facilitator role is so important – they act as a bridge between primary care professionals and social activities on offer.

This bridging role can be performed by a variety of people, including health trainers, wellbeing coaches, navigators and pathway planners. The functions of these roles necessarily overlap, and key to making them work is allowing flexibility in both what the role involves and who performs it. They may be paid members of the local community; nurses, pharmacists or other health practitioners with additional training; volunteers or peers; receptionists or administration staff; or new types of professional roles created for particular services.

Some of these roles will require working with people on a one-to-one caseload basis, while others will need one-off interactions. Many of these people, including coaches and health trainers, will have other aspects to their role such as coaching and providing one-to-one support, but signposting will remain one of the key functions of their jobs. The facilitator role is challenging. It requires a variety of diverse skills, from listening to and engaging patients and motivating them to take up social activities, to engaging with health professionals and the third-sector organisations that will help in delivering the social activities.<sup>7</sup>

People can get to these signposting professionals in different ways – the most common of which is being referred by a GP or practice nurse. Some of these roles will also see people who self-refer or

come through other routes, for example Manchester City Football club has resident health trainers who are based at the football club to encourage men to become more active, healthy and motivated.

The signposting role can be as complex or as simple as it needs to be – health trainers are formally trained, signposting organisations like For Local Advice and Guidance (FLAG) have large databases of local options, but other systems are less formal – at the Earl's Court Health and Wellbeing Centre the receptionists have been trained to act as navigators to point patients in the direction of services that they might find useful.





Focus on

## People Powered Health in Stockport: Signposting in action

For Local Advice and Guidance (FLAG) is a specialist signposting service that provides guidance to local people and professionals in Stockport linking them to local services, voluntary groups and community options.

FLAG's customers come from a variety of sources. The service has direct referrals from GPs, a weekly slot at a magistrates' court and close links with probation services to work directly with those in crisis.

FLAG is staffed by six part-time paid advisors who come from a variety of backgrounds including psychiatric and family social work. They assess what each person's presenting issues are and tease out additional underlying issues – which could range from housing, employment or financial issues to mental or physical health problems. These assessments last anywhere from 15 to 90 minutes depending on how complex the enquiry is. Advisors take an NVQ in advice and information services and are given training from Mind in mental health and scenario planning. In addition, speakers with specialist knowledge are invited to fortnightly team meetings to keep the service up to date on specific topics such as changes to welfare legislation.

Based on this assessment they will signpost to the service they think they might need. This might be Stockport Mind's debt service, a support worker, counselling or to a community gym. If they appear to be fragile the advisor would contact the services on their behalf. The services they are signposted to are dependent on the individual's circumstances and based on the service-user's interests and goals in life. FLAG has a large database of all services and groups available in the local area, which took two years to compile and is updated regularly by the advisors. Four to six weeks after the assessment the advisor will follow up with the client to see if they've really met their needs.

A service-user with mental health problems might be referred because they are struggling with their finances. The advisor might identify that not only do they need financial advice, but that they need additional support to deal with their depression and anxiety – and they might need that additional support from a support worker.

If FLAG didn't exist, service users would have to look at accessing this information and finding appropriate services themselves – which can be difficult. Understanding what organisations exist and who can help you with your specific problems isn't easy. FLAG bridges this gap.

## FLAG in numbers

**6** trained advisors

**10** outreach locations across Stockport, including in community centre and GP surgeries

**2 years** – the time it took to build FLAG's comprehensive database of services

FLAG has **45** member organisations

## Where next?

FLAG in Stockport was funded by the local authority. The next step in scaling signposting is for these systems to be partially or fully funded by health services.

This could involve NHS providers pooling resources with neighbouring public sector services or across a clinical commissioning group to commission a signposting database for their local area.

# One-to-one support – the role of wellbeing coaches and health trainers

People often need additional support to lose weight, stop smoking and manage their long-term condition. The People Powered Health teams are using new roles such as wellbeing coaches and health trainers not just to signpost people to community activities and options, but also to provide them with one-on-one support, coaching and motivation to make lasting changes to their lives.

Health trainers were introduced through the public health white paper *Choosing Health: making healthy choices easier* in 2004. In some areas of the country they have been used extensively – the Bradford and Airedale health trainer programme began in 2006 and supported 3,500 people in its first five years.<sup>8</sup> Health trainers are paid members of the local community who support individuals to improve their health and wellbeing. Wellbeing coaches are often nurses, pharmacists or other health professionals who have been specifically trained to support people. While one of these is a formal role which is recognised across the NHS, and the other is newer, the main aims of these roles overlap. These include:

- Working with people to identify their health and wellbeing goals
- Engaging with and supporting people to make healthy lifestyle choices in the context of their own lives and communities
- Raising awareness of the benefits of good health
- Giving practical support to help people improve their knowledge, skills and confidence.

They have the flexibility to support the person in whatever way they need, for example they could go with them on their weekly shop and help them to buy healthy food on a budget. The key advantage of these workers is that they have the time to spend with their clients, which standard health professionals do not. Neither health trainers

nor wellbeing coaches are meant to offer a long-term service to clients; most health trainers will see the person for about six sessions. The aim of the services is to make people self-sufficient – to teach them the desired skills and connect them to services that will help them sustain long-term health and wellbeing changes. It is about building people's confidence and capabilities. Health trainers and wellbeing coaches can work in a variety of settings – out of GP clinics, community centres, pharmacies; even at football clubs.

Health trainers need a qualification to practise – there are nationally developed health trainer qualifications including a City and Guilds Level 3 qualification. Training is flexible and is often a mix of classroom-based learning, and on the job training.

In some parts of the country health trainers and wellbeing coaches have become an important part of the NHS, but this is patchy. Very few of them are locally commissioned and one of the pressing tasks, where they are successful, is to make a case to the local clinical commissioning group and health and wellbeing board.

## Learn more



Health Trainers England has a series of resources for commissioners including a checklist for commissioners and sample service specification.

See [Health Trainers England](#).

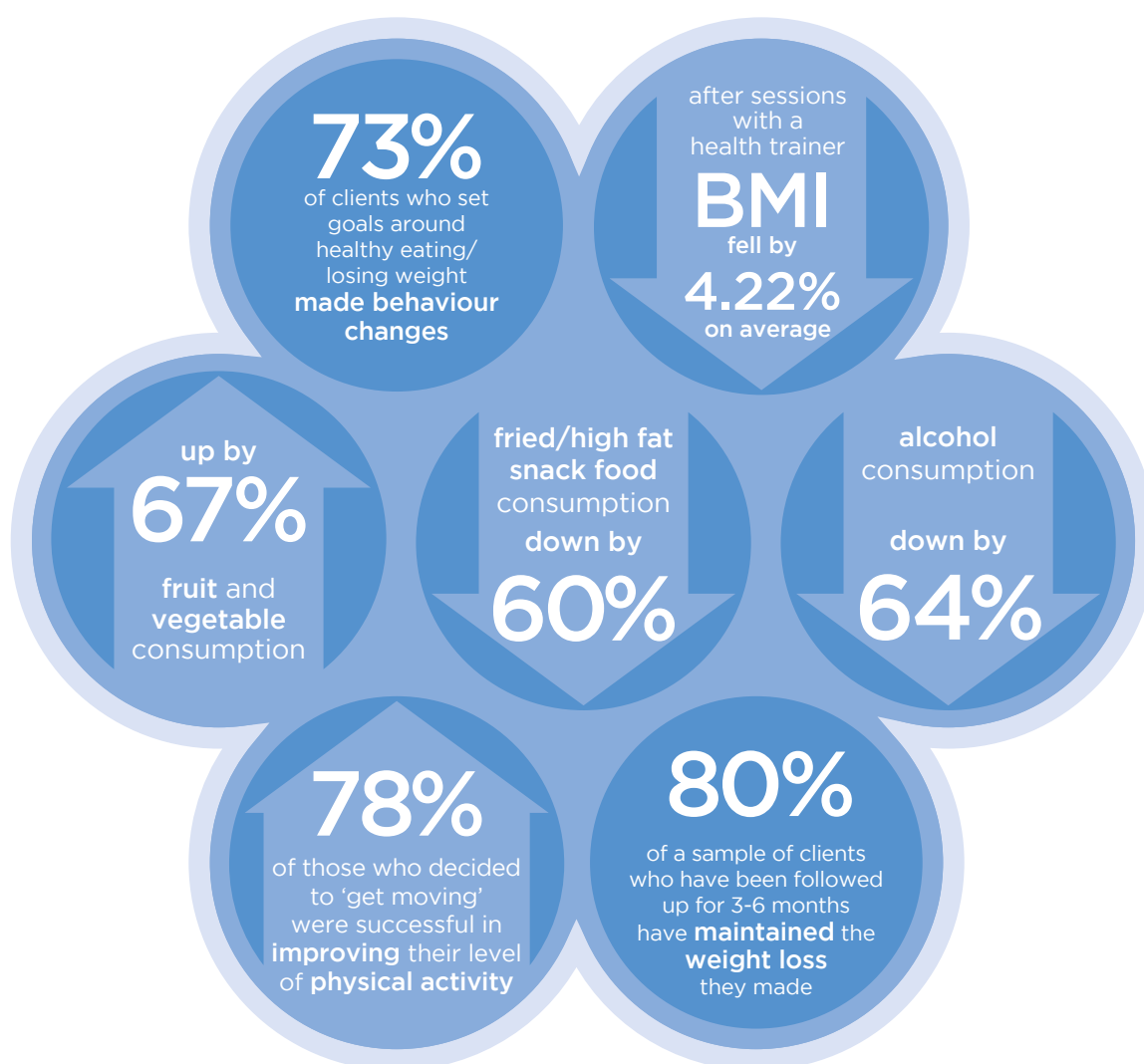




## The evidence

### Health trainers and wellbeing coaches

The best evidence for the impact of health trainers and wellbeing coaches comes from a national evaluation of the health trainer programme.<sup>9</sup>



An assessment of the value for money of health trainer schemes commissioned by the Department of Health assessed five case studies. They found that while some demonstrated good value for money and good outcomes, other services did not. The cost of gaining one disability adjusted life year ranged from £530 to £22,000 (the NICE limit is £20,000 per DALY). This assessment demonstrates that they can provide value for money and in some cases provide better value for money than other public health interventions.<sup>10</sup>

A separate evaluation of the impact of health trainers on people at risk of cardiovascular disease (having at least one risk factor) found that the intervention was cost-effective.<sup>11</sup> There are also local examples of the financial benefits of health trainers. The North Lincolnshire service saved the NHS £83,500 last year based on calculations of the health gain and reduction in health care costs resulting from behaviour change.<sup>12</sup>



## Focus on

# People Powered Health in Newcastle: Health trainers integrated and at scale

Newcastle has a long history of social prescribing and health trainers are fundamental to the success of their approach.

HealthWORKS who run the health trainer programme currently have 20 paid health trainers, as well as champions (volunteers who help with recruitment and lighter touch activities). The health trainer will sit down with a client over a coffee and discuss their needs and what their goals are. They will try to ensure these goals are achievable and realistic.

The health trainer programme has specific suitability criteria. The primary criteria are that patients are over 50s with one long-term condition. The secondary criteria are that they are a smoker, have a BMI over 30 and are from a deprived ward. However, one of the major issues the health trainer programme has faced is that there are too many people with high needs, such as mental health problems, that the health trainers do not feel qualified to deal with. Michele, a health trainer at the Lemington community centre, says she has noticed a big rise in the last year of patients with mental health problems, including social phobias and anxiety issues. There are two potential solutions to this problem – to change the assessment criteria or to give the health trainers further training. In fact the most effective solution may be a mixture of both.

The health trainers were originally from the communities in which they worked but the expansion of health trainers and the need for them to work across the city has lessened these community ties. One of the health trainers says that at first she felt uncomfortable working in a community that saw her as an outsider – but that she now feels very much part of the community and the centre.

“The role of the health trainers in the centre itself is one of motivation and inspiration. They ask you how you are feeling, how you are moving, how you are doing. I can now walk 100 yards without stopping, it might not sound like much but at one point I couldn’t walk one yard without stopping.”

**Alfred**, patient with COPD from Newcastle

## What’s new?

Health trainers are not a new concept but traditionally the role of the health trainer is to provide health promotion information outside of the medical system – by reaching out to people in community settings from children’s centres to football clubs. In Newcastle they still do this, but they are also working to fully integrate health trainers into the health service. At a system level this means that social prescribing and health trainers are part of Newcastle West Clinical Commissioning Group’s operational plan.

## What makes a successful health trainer and wellbeing coach programme?

- Health trainers are most effective when they have **strong community links** and know what services are available. This can be difficult when programmes go to scale and more health trainers are needed.
- Health trainers with **lived experience** can work well – evaluation of offender health trainer programmes found that staff and participants in the programmes felt it was the trainer’s own lived experience of the criminal justice system that made their support so effective.<sup>13</sup>
- There need to be **clear criteria** for which patients are suitable. In Newcastle, more and more patients are being referred who have mental health problems – patients who the health trainers do not feel equipped to deal with.
- The amount of **clinical supervision** given needs to be considered. In Bradford some of the trainers said that they would like more clinical supervision similar to the supervision given to psychological well-being workers.
- **Personalisation** is key – the strength of the health trainer model is its flexibility and ability to adapt to local needs, therefore overly prescriptive approaches should be avoided.
- Health trainers may need **extra support to tackle complex** cases with a variety of intersecting problems such as anxiety, alcohol and employment issues.
- Clarity about the **role of the health trainer** is important. An evaluation of health trainer programmes across the North West highlighted that there was often confusion about the role of health trainers compared to other health professionals.<sup>14</sup>

# What can community-based services offer patients and service users?

Community options vary and will depend on the needs, interests and capacity of the people who make use of services. However, the NHS Diabetes report 'Thank You for the Petunias', and insights from the People Powered Health teams suggest that they are likely to fall into the following domains:<sup>15</sup>

- **'Arts for health'**, for example, 'knit and natter' groups and book clubs
- **Physical activity**, from walking groups and exercise classes to fishing clubs
- **Healthy eating and cooking classes** including cookery clubs in local community centres
- **Befriending** through local volunteer-led befriending schemes
- **Timebanking services** that allow communities to pool and exchange skills
- **Benefits support and financial advice**, including Citizens Advice Bureau and advocacy centres
- **One-to-one support and coaching** from health trainers and wellbeing coaches
- **Volunteering opportunities** that let people contribute while building new skills

These activities tackle a range of factors that directly impact on health, including:

- Diet and exercise
- Social isolation and support networks
- Mental and physical health and wellbeing
- Employment and finances

## Evidence



### Arts and mental health

A 2006 national study led by the University of Central Lancashire<sup>16</sup> evaluated the impact of taking part in arts projects on people with mental health problems.

They looked at a range of arts including drawing and painting, craft, writing and photography. It found that taking part in these arts programmes could make people with mental health problems feel more empowered, improve their mental health and reduce their feelings of being socially excluded.

## Physical activity and healthy eating groups



### Green Gym

Green Gym gives people the opportunity to work in national parks, doing something good for the environment while keeping fit and learning new skills like dry-walling and making friends.<sup>17</sup> A national evaluation of Green Gym found that it improved both people's physical and mental health and that it had the greatest impact on those who had the poorest health when they joined.<sup>18</sup>



### Fishing in Newcastle

Community-based services can often tend to attract more women than men. In Newcastle they've tackled this by starting a fishing group who meet and go fishing along the River Tyne. The fishing group helps members stay physically active and relax, whilst learning a new hobby and skill.



### Community kitchens project, Islington

Eating healthily isn't as easy as many people assume. The Community Kitchens Project works with people with mental health problems and learning disabilities to teach people how to choose healthy foods, and cook nutritious meals whilst sticking to a tight budget.<sup>19</sup>



## People Powered Health in Lambeth: Focus on Mosaic Clubhouse

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Mosaic Clubhouse in Lambeth, South East London, puts members' needs at the centre of everything it does. A hub for anyone who needs non-clinical support in the borough, most members have some form of mental illness, ranging from low-level depression to severe personality disorder.

Started by five members in 1994, it now has over 800 members of whom 50 visit daily. Patients can self-refer or be referred by mental health teams, secondary care and GPs. They are invited to spend the day at the centre to see if it's suitable for them, with the focus being on whether the patient feels it's a good fit for what they need. The clubhouse treats people as assets with something to contribute.

Activities offered are tailored according to what patients themselves feel will move them forward both in their recovery and other aspects of their lives. There is a particular focus on employment, ranging from voluntary work, going to college or getting a job. The clubhouse provides a safety net for members – and though the aim for all members is that they find meaningful work and eventually leave the clubhouse, they are welcome back at any time.

The emphasis is firmly on learning useful, transferrable skills. Classes offered include cooking, computer skills, financial literacy, car maintenance, gardening and music lessons. One member is fluent in French, so started a French class. Some people need support to develop their skills; some people need support with the basics of everyday life.



**Beverley Randall,**  
Programme Manager,  
Mosaic Clubhouse

“We’re like talent scouts. We see the person before the illness and every person has a talent. Before people became unwell, they were productive and we want to get them back to that. We have highly educated members who have become unwell after university and use the computers to find work; we get people who are really unwell who can’t manage by themselves – who might not be able to even chop vegetables.”



## John's story

I'd been in hospital for 4½ years and I was told by occupational health that I needed to be more productive and out more and show I could manage in the community. I was brought along by the OT and interviewed by the manageress, Beverley. I really wasn't sure whether I'd fit in, but I was given quite a lot of encouragement from everyone. Even the members were coming up and introducing themselves, which I found a bit odd and off-putting at first. When I came back as a new member, I stayed a day, went in the kitchen; did a bit of gardening, worked on the computers.

I think if I'd come to Mosaic at an earlier date I'd be one step further than I am. I prefer to come here than to take medication. There will always be some members who are on meds for a long time, possibly for life. But I find that this is a great alternative to taking medication for me.

I asked for something to do with mechanics and there wasn't anything like that. But they created the position of maintenance of the house and the vehicles, and now I drive the van as well, something I wasn't sure I would be able to do because of my health. After that I've come every day.

Before I came to Mosaic I was wrapped up in a lot of my own emotions. I didn't want to talk to anyone. I found it difficult to be back in mainstream society

again having been away for so long in hospital. I think I was too self-aware for a long time and kept things to myself. But being here, just sitting down and talking to people, it's helped me a great deal.

At the clubhouse it's about just being normal again. Talking to someone about your daily routine, talking about how you got here, about the bus. You can't do that in hospital. I've found that I didn't like myself for a long time. Coming here, getting on with things, being normal again, makes me feel good about myself. Makes me

feel like I've got a future and a life. Something I didn't feel for a long time.

You become numb in prison and hospitals. You just live your life with that numb feeling that you get inside. But it's gone now. I sit down and talk with people, I work in the kitchen, and I can learn things. I can show people how to maintain their vehicles and teach people, or I'll go and help in the garden; strike up a conversation. Yesterday I took people shopping. It's good to

see people who aren't sure what they're doing – give people a hand with money and help them with what they should be doing. It makes you humble, in a way. It's nice to be able to care for people. I never thought I'd be able to help anyone else. I thought it was all about me. But it's about helping other people – it does help you in the long run.

I feel I've gained some confidence. I didn't care about myself and my dress sense had gone out the window. I was unkempt, untidy, I didn't wash every day. I didn't care about myself. Now I do. Every morning I'm up, in the shower, ready to go. It takes me two hours to get here in the morning, and two hours to get back in the evening. I'm normally here at 9 o'clock in the morning so I get up early to get here. But I don't mind doing that. I'm prepared to do the travelling because I like it so much. It's been a godsend, in a way.

I was on antidepressants for quite some time and felt that they made me worse. I wasn't happy on medication. I think if I'd come to Mosaic at an earlier date I'd be one step further than I am. I prefer to come here than to take medication. There will always be some members who are on meds for a long time, possibly for life. But I find that this is a great alternative to taking medication for me.

# How to build and shape a market in community-based services

“One of the issues that we have is how do we sustain and develop a range of activities? If you are serious about scaling this up, there are issues about how you support organisations who provide activities and develop activities – how do you develop some sort of a tariff or payment mechanism that means we can develop and grow these choices for people?”

**Professor Chris Drinkwater**, President of the NHS Alliance

One of the fundamental barriers for community-based services is that many of the schemes, clubs, and activities are funded by grants rather than formally commissioned – meaning that their future is never secure.

This also means that commissioners, clinicians and service-users may not be able to easily shape the services that are provided.

There are three potential ways of funding these activities:

- through grants (as many are at the moment)
- to be directly commissioned perhaps in conjunction with local authorities
- for funding to come directly from patients who are given personal budgets to buy services that will help them manage their long-term conditions.

The vast majority of services provided for NHS patients are commissioned by clinical commissioning groups (CCGs). For community-based services to have a secure and growing future in the NHS it is essential that they become a secure part of the commissioning process.

We have written more about this move in [Commissioning People Powered Health, issue 6](#) in this series.



## Further reading

*Thank you for the petunias* outlines the different commissioning and financial models that can be used to fund and support community-based services.

For more see: <http://www.diabetes.nhs.uk/document.php?o=2919>



# Timebanks: platforms for community-based services

Timebanks are platforms that organise and facilitate the exchange of time and skills between both people and organisations. Participants contribute their time and skills to the ‘virtual’ bank and in return they can receive time and skills from another participant.

People could have varied skills to contribute, from DIY to therapy to companionship, but their time and skills are valued the same by the timebank. Participants can receive training as part of a timebank, for example DIY skills, and then use their new skills to pay back into the bank. The aim of timebanks is not to replace existing services but to complement them, by building social networks and enabling people to recognise and build their skills. It goes beyond volunteering because it helps to normalise the idea of reciprocal relationships and a sense of community – the individual is not doing something for free but both contributing and receiving.

Professionals, known as time brokers, play a key role in managing the system, helping to record and facilitate these transactions. The broker also helps to build the membership of the timebank, create contacts with local businesses and hold events for timebank members. A conversation needs to happen with the individual about what their interests and talents are, and then they can be signposted to the right opportunities. For example, someone could have an unmanageably large garden which is overgrown and getting them down – through the timebank, others who enjoy gardening can come help them tidy it up, get some fresh air and practise their gardening skills.

Timebanks have begun to be used in primary care. The Department of Health is working with Timebanking UK to roll out timebanks in GP surgeries across the country and to think about what this would look like in practice – how much time it would take, where the timebank would actually be based and who would run the activities.

## Evaluation

An evaluation of the Rushey Green Timebank, based in a primary care centre in South London, found that there was an association between involvement in timebanks and reduced levels of medication and hospitalisation.<sup>20</sup>

Research by a health maintenance organisation in Richmond, Virginia (USA) found that involvement in their timebank reduced hospital admissions, visits to casualty and asthma services to the extent that \$217,000 was saved over two years.<sup>21</sup>

“I think it helps improve people’s health in a low impact way to start with. They get more confident, their self-esteem grows, they feel part of the community, get to know people who live around them and feel happier, safer where they live.”

**Sarah Bird**, Timebanking UK



Focus on

## People Powered Health in Earl's Court: Setting up a timebank

At the Earl's Court Health and Wellbeing Centre, Timebanking UK has been helping to set up a timebank alongside the GP practice, a dentist and a sexual health clinic.

The timebank was originally going to be focused on health and wellbeing (e.g. physiotherapy, Indian head massage, yoga) but was then expanded to acknowledge that many members have skills to offer that are not directly health-related but nonetheless have an impact upon the wellbeing of members. Community researchers and navigators offer and promote the timebank to the local community. Potential members are asked to apply formerly and their applications are entered onto a web-based system by navigators. Navigators also have an important role helping to match people who could exchange skills.

Having the timebank embedded in the centre improves access and referrals. Staff in the centre share common values and a common culture, and understand why everyone needs to be involved. Having everyone involved in the timebank, including GPs, receptionists and staff, adds credibility and significance to the timebank.

“They can ask anyone in the centre about timebanking – they could be sat in the dentist’s chair and the dentist would be able to tell them about it.”

**Sarah Bird**, Timebanking UK

Timebanking UK provides resources and toolkits to help people who want to set up their own timebank, in addition to running training programmes and offering consultancy services.

For more information see [www.timebanking.org](http://www.timebanking.org)



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