

# Altogether Better Working Together to Create Healthier People and Communities

*Bringing citizens and services  
together in new conversations*

Learnings from:

- Practice Health Champions and Community-Centred General Practice
- City-wide initiatives
- A specialist Hospital Service

*The evaluation report of the Altogether Better Wellbeing 2 Programme*



# Altogether Better

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Alyson is currently Director of Altogether Better, an NHS national network organisation whose expertise lies in working with communities. She has extensive experience of working in the public, private and voluntary sectors and has over 9 years' board level experience. She was voted as one of the top 50 inspirational women leaders in the NHS in 2013 and commended by the judges who said "Community empowerment is going to be important in the NHS and Alyson is a visionary".

Altogether Better has developed an award-winning, nationally recognised, evidenced-based approach, working with over 20,500 volunteer Health Champions who draw on their own assets and resources to improve health and service outcomes. Altogether Better was one of the first winners of the Prime Minister's Big Society Award and recent winners of the College of Medicine Innovation in Self-Care Award.

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Sue has many years of experience as a researcher, from the House of Commons to academia and as a freelance qualitative researcher. She founded RaFT Research and Consulting in 2003 to combine freelance research with child rearing. Her aim has always been to produce high quality research that makes a difference to people's lives. Sue has carried out interviews with many different types of people, including individuals with learning disabilities and high level civil servants in foreign governments. Sue is currently a Visiting Research Fellow in the Centre for Health Sciences, Barts and The London School of Medicine and Dentistry, and works closely with the School of Health at the University of Central Lancashire.

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NMK Partners uses theories about organisational change and the practices that each director has developed to craft an integrated offer covering theory; linguistic and discourse analysis; quantitative research; digital platforms; and whole system working within health systems. The directors have worked at all levels with the NHS, Department of Health and NHS England, in the social care system and with voluntary sector providers. Martin Fischer and Julian Pratt have extensive experience of working with large groups, including facilitating Whole System Events and evaluative conversations involving diverse perspectives.

**Martin Fischer** has worked successfully with most levels of stakeholders in the NHS, from the Select Committee through boards and executive teams to practice managers. He spent 16 years at the King's Fund. He is co-author of a handbook for sustaining organisational change in complex systems.

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**Linguistic Landscapes (Linguistic Analysis)** is a consultancy which aims to improve the effectiveness of organisations through changing the way they think about and use language. They employed discourse analysis to see the 'subtext' of language in the project - the assumptions or world views that underpin normal everyday language - spoken and written, formal and informal.



## **Acknowledgements**

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## ***A note from Altogether Better to all involved***

We would like to thank everyone involved in the programme. The work has been both exciting and challenging, taking the Altogether Better team, our local project partners, staff and champions into unknown territory - into a space between the formal world of organisations and the informal lifeworld of citizens. A key challenge for us all has been to remain curious about what we don't know and to learn from working in ways which often take us outside of our comfort zones. We have learnt a great deal together about what works and even more from what didn't work. We hugely appreciate the opportunity to learn together and for the energy, commitment and enthusiasm of all involved.

# 1 Executive summary

**Altogether Better has delivered an innovative two year programme funded by the Big Lottery Fund, working with citizens and services keen to find new ways to improve the health and well-being of their local community.**

Citizens have joined the work as volunteers in different ways in different settings:

- Practice Health Champions who are recruited and supported as a group to work closely with their General Practice to create new ways for patients to access non-clinical support
- Young Health Champions working across a wide geographical area to identify and develop ways for young people to more actively engage with and influence their own and their community's health
- Pregnancy and early years Health Champions who are interested in giving children a better start
- Health Champions working within a specialist, hospital-based NHS service.

As a result of this work the lives of over 1,100 Health Champions and 1,000 citizens have been strongly affected in 7 project areas across 3 regions working in 30 different General Practices. Over 17,000 people have attended an event or group, with many regular participants benefiting from a plethora of champion groups and activities.

**86%** of champions and **94%** of participants in the programme reported **increased levels of confidence and well-being**

**87%** of champions and **94%** of participants in the programme acquired **significant new knowledge related to health and well-being**

**98%** of champions and **99%** of participants in the programme reported **increased involvement in social activities and social groups**

**95%** of practice staff involved with the programme **would recommend it and wish to continue**

*These figures are based on responses from 561 champions, 304 participants and 101 practice staff.*

*"It's really helped me get back on track... it was about isolated and lonely people... and I was one of them, basically left to rot. When you invited me that day, it saved my life."*

Champion



*"The work that we've done in the practice has far, far exceeded my expectations in terms of the skills that they've brought, the enthusiasm, the time they've given, actually how they've just become part of the practice."*

Practice Manager,  
North East

## Altogether Better's approach and aims

Altogether Better applied their previously successful approach of finding, developing and supporting champions to work in the community, and invited groups of champions to work closely with the NHS in General Practice, a specialist hospital service and across the system to address city-wide issues.

Their aims were:

- to improve the well-being, particularly the mental well-being, of champions and of all those who participated in the groups and activities that they developed
- to radically change the way that the NHS provides services by:
  - extending the range of offers that promote well-being and thereby reducing demand for professionally provided services
  - enabling people and communities to be active partners in their own health and care, co-designing and delivering services in new ways
  - enabling people to understand how to make more appropriate use of professionally provided services
  - enabling the NHS to move some way from providing attention to individuals to supporting groups of champions who provide support and attention to groups of local people
  - ultimately creating the conditions across the system that support positive mental health and well-being in the communities involved.

## What Altogether Better did

With support from Altogether Better and their local partners, people were invited to become Health Champions:

- by their General Practice
- by a specialist service for people with chronic fatigue syndrome
- on behalf of the system as a whole to tackle the city-wide issues (young people in one site and 'giving children a good start' in the other).

The champions were then nurtured as a group and encouraged to take action to improve local health and well-being in ways that their local NHS or statutory services wanted to support. The innovation in each case was to grow and support a group of citizens to act as Health Champions with a focus on a particular service or issue.

## What happened for people and for the NHS

As anticipated, both champions and those who participated in the groups and activities that they provided reported many personal benefits. The overwhelming majority felt strongly positive about their involvement and reported improvements in their happiness and well-being.

The majority of the General Practices, and the specialist service, greatly valued their more engaged relationship with citizens and recognised that champions were providing a valuable contribution to the well-being of their patients and therefore developing a close relationship between the practice/service and the community.

These were very encouraging and offered the possibility of more significant change over the next two or three years.

The champions working with the NHS, described in this report, face fundamentally different challenges from Health Champions working in the community. Altogether Better and the local teams put a great deal of time and effort into working with the NHS and, in city-based work, with local services, to help to find productive working relationships with champions and it is likely that, without this, the champions would have achieved much less and would have been left unsupported at the end of the funded work.

*"We have a really wide range of champions from different ages and backgrounds, who speak a lot of different languages and come from different sectors of the local community. This helps to connect the practice with the local community and help them realise that we do want to help them and provide a service for them."*

Practice Manager, Sheffield



*"I feel more involved with my own community, have been inspired by the people I have met and feel more connected with local opportunities."*

Practice Health Champion, Sheffield

*"I can see from my regular patients that they've had great support. And they're coming to see me less and less frequently because they've got help outside. I've also directed new patients towards the groups to get that extra assistance. It's been helpful and, I have to say, a success."*

GP, North East

## What Altogether Better learned

Altogether Better came to understand the very real challenges of working in what they describe as the 'liminal space' – a boundary between two very different worlds: between the institutional world of the NHS that is challenged by its responsibility to meet the growing burden of disease and by expectations without additional resources and which necessarily operates in a formal way; and the 'lifeworld' of the volunteers who face their own challenges in their lives and to their health, and whose way of operating is informal.

Champions working within 'the system' and those who support them all have to find a way of working that meets the needs of both the formal world and the lifeworld. For example, their recruitment begins with an invitation – not in the form of an invitation to either a job interview or to a party but in a form that is appropriate to something that is enjoyable and that makes a difference to people's lives.

Altogether Better learned many specific things that it could have done better, and is now working more effectively in extensions of the work, supported by local commissioners who have recognised its value. This learning includes the methods for selecting, excluding and supporting champions; the value of diversity in the champion group; the need to avoid delays and obstructions when drawing on the passion of champions; the critical importance of the day-to-day working relationship between the champions and their practice, service or issue; and the deep challenges faced by an NHS that is so stretched and has so little room to manoeuvre that its capacity to innovate, and even to notice when promising things develop, is so limited.

These challenges mean that champions and the NHS need intensive support to develop the work followed by step-down 'maintenance' support for the work to become embedded and to develop appropriate language and codes of behaviour that are fit for work at the boundary between citizens (community) and services. When this work goes well it can be intensely rewarding for the champions and staff and offers the possibility of fundamental change for the NHS.

The evaluation comprised comprehensive qualitative and quantitative approaches. As part of the qualitative evaluation 142 people were interviewed including champions, local teams, stakeholders and practice/service staff. In the quantitative evaluation over 500 champions and over 100 practice staff gave their detailed feedback.

### Key findings

- Champions and participants have benefited enormously from their involvement in an astonishingly wide range of activities with over 98% reporting increased involvement in social activities and social groups and over 98% reporting increased levels of confidence, well-being and new knowledge related to health and well-being.
- The mental health and well-being of both champions and participants in the groups and activities run by the champions has improved.
- Becoming a Health Champion is life changing for some people and life-improving for many. The changes were due to feeling more confident, having a purpose in life, making good friends, particularly with people they would otherwise never meet, and the capacity of this to lead to increased community cohesion and resilience.
- Statutory organisations have come to a greater recognition of the resourcefulness and generosity of the citizens who use their services. This in turn raises the possibility of these organisations radically changing the way that they provide services.
- 95% of practice staff involved with the programme would recommend it and wish to continue. New relationships between champions and organisations will be sustainable into the long term, becoming simply 'how we do things round here'.
- The work has demonstrated a new model of volunteering that has the potential to contribute to the development of both community and organisational resilience.
- The work requires a new set of skills when working at the boundary between the formal world of statutory organisations and the 'lifeworld' of volunteers.

*"A young girl came in to see my diabetic lead the next week and said, 'That diabetes meeting has changed my life totally because I wasn't managing it properly, I met all these people who have been doing it for years and it's already changed my life'... So massively positive..."*

Practice Manager, Calderdale

*"We don't see her anymore, the GP keeps saying to me, 'I haven't seen such and such for a long time' and I keep saying, 'Because she's too busy doing things for me to come and see you!' There are so many stories like that that we can tell, through people becoming Practice Health Champions but also then people going to the groups that the champions have set up."*

Practice Manager,  
North East

# Robin Lane Medical Centre creating a new blueprint for General Practice

**Robin Lane Medical Centre has nine doctors, employs 50 people, has 13,000 patients and is growing at about 5% a year.**

**It also has a wellbeing centre, a café and an amazing 19 groups run by over 50 volunteer champions every week.** Managing Partner, Mev, said: "We had a growing realisation that general practice was unsustainable in its current format. We can't just go on employing more and more doctors to meet more and more demands, we had to think quite radically about how to change demand in the first place.

So that was the start. I knew that I wanted to get a volunteer programme up and running and I thought Altogether Better sounded great. We'd wanted to do it for a couple of years but just didn't have the capacity, so we didn't have any reservations. **When we first put out an invitation to patients to join we had over 100 applicants, it was absolutely astonishing!** Before we started we didn't know if we would get one champion let alone if one person would use the coffee shop. And now we've got a wellbeing centre and groups on every day."

**The Practice has now established a charity run by a board of volunteer champions.**

Dominique (Wellbeing Manager) said: "We've got a steering group who run the reception, fundraising, and DIY - Geoff does DIY. We have people on reception 12-2 every day, they give out information and help people.

We have regulars who come to the café and who might be a bit lonely. So they go into the café and have their breakfast then they come in here and have a chat for an hour, and then they go home. And of course we have our 19 groups run by volunteers.

**The way it works is that it has to be the champions' thing. We will offer any support they needs, but it's their idea. If I'd approached them and said 'We want to start this group, we need somebody to lead it,' then it would be a lot harder."**

The Ukulele group is one of the groups and is run by Lesley who said: "I wanted to start a group here because I love using this centre, it's the hub of the community. It's got so many exciting things happening and it's all about community and people meeting each other and forming friendships, and learning new skills, enjoying and laughing, and sometimes being sad - but that's good as well.

The group is about so much more than ukulele. Of course ukulele is important because it makes you smile - I've never known an unhappy ukulele player - but we hope people will step over that threshold and enjoy being part of the group. It's all about friendship."

**Linda Belderson is the senior GP Partner** at Robin Lane and has spent many hours alongside the volunteers - including preparing a Christmas Day lunch for local residents. She said: "The champions really have enabled a lot of things to happen which wouldn't have been able to happen otherwise so it's this huge resource of enthusiastic and very committed people.

It feels like we're a GP practice within a larger organisation, there's the general practice primary care bit which is wrapped around with a much bigger range of things going on."

The Sewing Group is another of the groups run by champions - they meet every Friday for two hours. Noreen from the group said: "It's 70% about social and 30% sewing, and some days we lay the sewing out and we look as if we know what we're doing, but then the coffee is out and the chatting starts and before you know it it's 12 o'clock and we've not actually picked up a needle!"

"The great story is lives have been transformed. We reach hundreds and hundreds of people every week. People are no longer isolated; they have made new friendships and use services differently. We have increased our patient lists by 4,500 people and seen no increase in demand for either primary or secondary care consultations because we do things differently." - Mev Forbes (Managing Partner).



*"The champions really have enabled a lot of things to happen which wouldn't have been able to happen otherwise"*



*This case study demonstrates the longer term impact in a practice where the work was prototyped in 2012-13.*

# 2 Introduction

## Between 2013 and 2015, this programme has seen Altogether Better develop a radical extension of its Health Champion model.

Building on its pioneering work developing the role of Community Health Champions and working with local partners it has recruited, trained and supported over 1,100 volunteer Health Champions. The work of these champions has been closely integrated with the NHS in General Practice; in a hospital-based specialist service; and across the health system at city-wide level.

This integration offers the potential for enhanced volunteering opportunities that the NHS and local services co-evolve with local people to provide more extensive and more appropriate care; and increased likelihood of sustainability after an initial period of grant funding. The focus of this reporting is primarily on the impact of the programme on the mental well-being of those involved and on the system within which champions are working.

### 2.1 About Altogether Better

Between 2008 and 2012 Altogether Better recruited, trained and supported over 18,000 Community Health Champions to work in the community to support the health and well-being of their family, friends and wider community (the 'Wellbeing 1' programme supported by the Big Lottery Fund). Community Health Champions grew in confidence and skills and in turn reached over 105,000 people, many of whom took greater ownership of their own health and well-being as a result. Above all this work demonstrated the resourcefulness and generosity of thousands of people across a wide range of communities. (Jane South, Judy White & G Raine 2010)

This work raised two significant challenges. One was that, in almost every case, this work was invisible to the NHS. Hospital-based specialist services are too far from the community to know what is going on in it, and engaging citizens in cross-cutting issues across the whole system happens very rarely. General Practice, though much closer to its communities, has in the past rarely found ways of connecting its patients to activities taking place in the community and voluntary sectors, to the frustration of organisations providing these activities.

The other challenge raised by Wellbeing 1 was the difficulty of securing ongoing funding to support the work after the end of the lottery funding at a time in which the NHS is feeling huge financial pressures.

Between 2011 and 2013 Altogether Better discovered what it hoped to be a way to tackle both of these challenges. The Right Conversation at the Right Time project, which was seeking ways to improve the quality of the conversations that take place in primary and secondary care and particularly the consultations between clinicians and patients, was developing in Leeds with the support of Fischer Associates. Fischer Associates became increasingly aware of the need that many people have to speak to others, either before or after their consultation, and that speaking to their peers would meet this need most appropriately. They invited Altogether Better to apply their Community Health Champion model to the context of three pilot General Practices and a hospital-based service (Emergency Department), finding, developing and supporting champions to work with these NHS services.



*"It's nice to also have other... friends in the community, that when you go out, you see people you can say hello to and it just gives you a little boost, or a big boost."*

Practice Health Champion, Sheffield



The three General Practices which piloted this development encountered a range of challenges as they invented the new role of Practice Health Champion, but all three demonstrated that when champions work with practices they can together do remarkable things and draw on resources that were not available to the Community Health Champions.

These pilot practices have valued the champions enough to continue to find ways to support them over the two years since the project funding came to an end. The experience of one of these practices is described in the Robin Lane case study to illustrate the potential that has been achieved after Practice Health Champions have been working in a practice for nearly four years.

This example illustrates Altogether Better's aspirations for the work in other practices, while recognising that what champions do in each practice is particular to that practice and highly dependent on the nature, interests and people working in the practice as well as on the particular group of champions who come together around it.

On the basis of the piloting of this innovative approach, Altogether Better developed the work further with the support of the Big Lottery Fund.

## 2.2 About Altogether Better's Wellbeing 2 programme

In 2013 Altogether Better was awarded £2.7 million by the Big Lottery Fund to deliver the portfolio programme 'Altogether Better - Working Together to Create Healthier People and Communities'. They worked with local partners in seven localities in three English regions with the aim of developing a systemic approach that engaged champions, communities and health services to improve the health and well-being of participants in three types of local project:

- Practice Health Champions
- A specialist hospital-based service for people with chronic fatigue syndrome (CRESTA)
- City-wide initiatives (focusing on children and young people, and on early years).

The work has taken Practice Health Champions from the stage of invention (coming up with something new, in the original three pilots) to the stage of innovation (putting it into widespread use), introducing Practice Health Champions into 30 practices. It has applied the approach piloted in the Emergency Department to another hospital-based specialist service. And in the two city/county-wide projects it has introduced a significant innovation into the well-established whole systems approach to pressing local issues that cut across the system (Julian Pratt, Pat Gordon & Diane Plamping 1999/2005) by formalising the selection, development and support of participating citizens as Health Champions.

The objectives of the work were to improve the mental well-being of champions and people who participated in the offers that champions made, such as running support groups for their peers; and to improve health services, leading to conditions that support better mental well-being.



*"By being a champion, you are helping others in the community in different ways. You get a real satisfaction from helping others."*

Practice Health Champion

Arrangements were established with partner organisations to lead on local delivery of the work:

### Locations, partners, project types

Location	Local lead organisation	Project type
North East	NHS England Area Team (Northumberland, Cumbria, Tyne & Wear)	Specialist hospital service: CRESTA Practice Health Champions
Bradford	Bradford District Care Trust	Practice Health Champions
Calderdale	South West Yorkshire Partnership NHS Foundation Trust	Practice Health Champions
East Riding	Humber NHS Foundation Trust	Practice Health Champions
Sheffield	Sheffield City Council	Practice Health Champions
Shropshire	Shropshire Clinical Commissioning Group	City/service-wide: Young Health Champions
Barnsley	South West Yorkshire Partnership NHS Foundation Trust	City/service-wide: Pregnancy & Early Years Champions

## 2.3 The overall context and the need for change

The NHS is no longer sustainable in its current form as it struggles with an increasing burden of long-term conditions and increased expectations. The morale of staff in General Practice is low as pressures in the system increase and funding is unlikely to match escalating demand.

The NHS Five Year Forward View (NHS 2014) published in October 2014 asks us to consider the possible futures on offer, and the choices we face. It argues that health services need to change, and develop a more sustained relationship with patients, carers and citizens. But there are few examples where volunteers have made a significant change, through participation rather than consultation, to the way that General Practice and wider health and social care services are designed and delivered.

## 2.4 Altogether Better's ambitions for the work

Altogether Better has evidence from Wellbeing 1 that people benefit from becoming Community Health Champions and from participating in the offers that champions develop. It fully expected that these benefits would be replicated for champions participating in Wellbeing 2.

But Altogether Better also hoped that Practice Health Champions (and the other champions involved in this programme) would become much more than just a new context into which to parachute champions.

- One aspiration was that a close working relationship with the NHS would enable previously unreached groups of people to volunteer and benefit as participants; and that a 'home' in the NHS would assure long-term sustainability.
- The other aspiration was that the presence of champions would transform the offer that the NHS makes to its patients, connecting them to an extended range of activities that would bring them together with others in purposeful activities that would improve their mental and physical well-being.

Altogether Better understood that this would mean devoting significant time and energy to

*"We need to start to use and access our GPs differently. At the moment we are using the services for completely the wrong thing a lot of the time. We have got to re-think that, and Health Champions is just one way of alleviating that pressure."*

Business Manager,  
Bradford

finding, developing and supporting the NHS organisations involved as well as the champions. They believed this additional effort would be worthwhile because:

- Clinicians are genuinely driven by the desire to have the best possible consultations with patients. In practice this means having the time to see those patients who really need that clinical expertise. Champions may create space for those patients to have the consultation they need because others whose needs are non-clinical are 'diverted' to groups and activities led by champions that are better able to meet these underlying non-clinical needs.
- Much modern care requires a multidisciplinary team for its delivery. Champions become one element of this multidisciplinary team, contributing diversity, resources and resourcefulness.
- Living successfully with a long-term condition requires the adoption and maintenance of new behaviours, which people are most likely to achieve when they learn and are supported within a community context (whether a family or peer group of 'people like me') rather than by healthcare professionals. (Ivaylo Vassilev et al 2014)

The ultimate aspiration was that this would enable the NHS and its champions, together, to provide more appropriate and higher quality care that will reduce inappropriate workload and lead to a new model of healthcare provision.

In the General Practice setting Altogether Better's aspiration is that, by creating the conditions for practice staff and volunteer Practice Health Champions to work together in new relationships, and responding to the shared enthusiasm and priorities of practice and champions, this co-evolution will lead to an innovative model of Community-Centred General Practice.

## 2.5 Overview of this evaluation

To complement the Big Lottery Fund's own evaluation of Wellbeing 2 commissioned from Ecorys, Altogether Better commissioned an internal evaluation to capture the full depth of the learning.

They employed an Evaluation Manager who conducted qualitative interviews with 142 people – staff, champions and participants. The full qualitative data report is available. Altogether Better also commissioned NMK Partners to provide evaluation support including the quantitative evaluation – design and analysis of surveys – as well as linguistic analysis of conversations with the project leads; and to write this report bringing together the various strands.

One aspect of this approach is a summative evaluation, tracking the impacts of the work on people (champions and participants in activities that they organise) and the healthcare system (General Practice, a specialist service and at city/service-wide level).

The other aspect of the evaluation approach is a formative evaluation – identifying, describing and feeding back to the Altogether Better team any issues or challenges that the work was facing. Making use of this feedback required the right conversations to take place about the right things at the right time, and to bring together the right audiences to discuss it. This required conversational processes at all levels to share personal and aggregated insights.

The Evaluation Framework document agreed between Altogether Better and the Big Lottery Fund at the outset set out a description of the Theory of Change that Altogether Better had articulated at that time. Towards the end of the programme the Altogether Better team took part in a cognitive mapping workshop which developed a more complex Theory of Change. The big difference was that the original was focused entirely on champions and participants, while the part played by the NHS was assumed but not articulated.

The new version gave due weight to the NHS and particularly to the critically important issue of the working relationship between General Practice (or settings the champions are working within) and its champions. The initial assumption that this relationship would be as easy to establish as in the pilot practices turned out to be entirely wrong.

*"There's other things happen at your doctors, you don't have to be ill to go, you can go and join a group, you can go and meet people, you can go and have a cup of coffee."*

Practice Health  
Champion, North East

# A practice doing things differently in Gateshead

## “Practice Health Champions are making a tangible difference to this practice and the GPs who work within it.”

So says Sheinaz Stansfield, Practice Manager at Gateshead’s Oxford Terrace & Rawling Road Medical Group. Sheinaz is a passionate advocate for Practice Health Champions. She believes the traditional model of GP appointments needs radical change if it is to properly serve all patients. “I’ve been here for seven years and it’s always difficult to reach patients. Practice Health Champions have changed that. The staff are really motivated and we’re doing exciting things, things that interest our patients.”

These activities include a Tea Dance, which combined health information with entertainment; a Christmas Dinner catering for 26 vulnerable people who would otherwise have been alone on Christmas Day and a Flu Fair.

Sheinaz said, “When people get their flu jab, they’re also informed about self-care and supportive organisations such as Age UK. They’re encouraged to turn to the community rather than their GP.”

The success of these events from a practical and an outreach perspective means there is no going back, she said: “With austerity measures kicking in, services such as out-of-hours mental health support are closing. People are coming to us with their well-being needs. They’ve nowhere else to go.”

**Dr Caroline Snell, GP, admits to initial reservations about Practice Health Champions but is now supportive.** “I wondered how many patients would be interested because it’s a huge commitment. But it’s been a success. My regular patients have had great support and they’re coming to see me less and less.

I now have options for signposting people, especially those with mental health problems. We have groups for befrienders, knitters, readers...all run by champions. With lack of resources and, increasingly, lack of GPs, we have to encourage self-care. I think other GP’s will take the scheme on board.”

**One of those groups - a Craft Club - meets weekly at a local clubhouse.** Practice Health Champion, Linda, helps to run it. She said: “We do crafts but really it’s about friendship. Our members want to be recognised as people. When you’re sitting at home, dwelling on problems, you blow them out of proportion. Or you ignore them.”

Susan became a champion because of the lack of emotional support during her own personal trauma. She said: “We need more than the NHS can provide. I had two children at home but I didn’t want to worry them, sometimes it’s easier to talk to strangers.”

Margaret regularly attends Craft Club, she said: “It’s something to look forward to, something to talk about. It’s not just for women, men come too. Every doctor’s practice should have one. Some people go to the doctor because they just need to talk.”

A fellow-member agrees: “I never used to go anywhere, never had any conversation. If this group didn’t exist, I’d just sit at home.”

**Practice Health Champions also see benefits for themselves.** Linda says, “When I go to bed, I feel like I’ve achieved something worthwhile.” And Susan said: “Helping other people helps me cope with the fact that I had no support.”

Becoming a Practice Health Champion has been life changing for Tee, who has Schizophrenia. She is a trained nurse but had to leave her profession. She said: “I’ve helped with the Flu Fair and cooked the Christmas dinner, it’s been amazing. This is my life now. I used to visit my GP twice a day, but now they wonder where I am!”



# 3 What happened

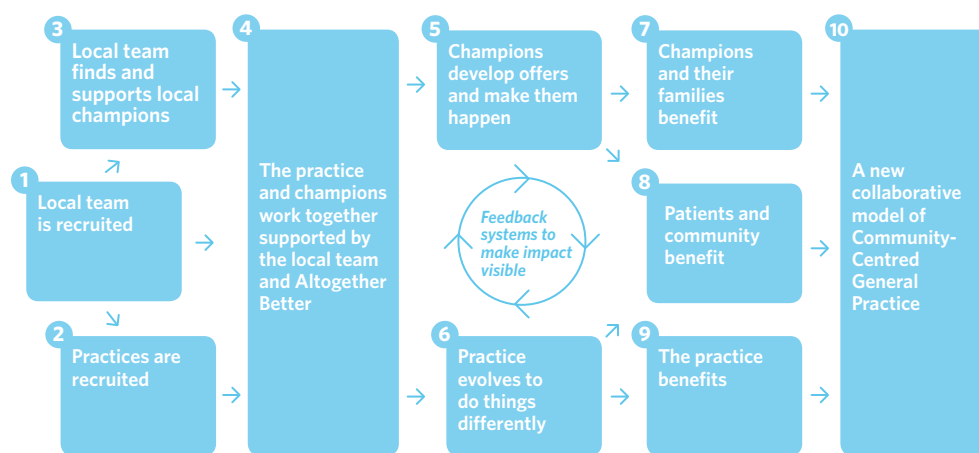
(and what we learned from doing it)

## 3.1 General Practice

### 3.1.1 What happened - Practice Health Champions

Altogether Better has developed a map which is helpful in describing the approach both internally and when talking to other people who are interested:

#### *The Altogether Better process for Practice Health Champions*



#### *What Altogether Better does to set the projects in motion (Boxes 1-4 above)*

The starting point in each local site was the recruitment of the local team, which was carried out by local partner organisations. One person in each site, often known as the project lead, led the work and managed a small team who worked closely with the practices. The local partners also played a major role in selecting practices. The local team together with the practices then recruited two or three waves of champions.

The first stage of supporting the champions was the Welcome Workshop (previously described as Training), which took place on two separate days and was facilitated by an experienced Altogether Better trainer or carefully selected local provider (in some cases trained staff in the local teams). The local team continued to support the champions as a group and as individuals throughout the project. This role was gradually taken on, in many practices, by a member of the practice.

### **What the practices and champions do (Boxes 5 & 6)**

As soon as possible after the Welcome Workshop the champions were joined by as many members of the practice staff as could attend in a Whole Practice Meeting. The purpose of this meeting, facilitated directly by Altogether Better, was to enable staff and champions to get to know each other, to recognise the gifts and passions that each bring to their work or volunteering, and to begin to establish agreement about what the champions were going to do and how the champions and practice would work together. Throughout the project the project lead hosted meetings between representatives of the practice and the champions to continue the conversations, formalise these agreements and grow the working relationship between champions and the practice.

The champions and the practice (facilitated by the local team) agreed an initial list of offers that the champions might make – including running groups to provide support to their peers and supporting the practice by enabling patients to make better use of the practice. They started with one or two offers and expanded to others depending on the resourcefulness of the champions, the support of the practice and the skills of the local team. The practice also started to change, initially in small ways such as providing space for the champions and establishing the identity of the champions within the practice, but in some practices deepening to include champions as ‘part of the way we do things round here’ and even in some cases changing the way that the practice provides its services.

### **Outcomes (Boxes 7-9)**

As anticipated it has been possible to identify clear benefits for champions, patients and the practice itself, described in more detail in Section 4.4 ‘Outcomes – General Practice’. A large number of activities and outcomes are described in this section.

### **Objective (Box 10)**

There are some early signs that some practices may be taking the first steps towards a form of Community-Centred General Practice, but in most practices Altogether Better accepts that this remains an aspiration which could develop over time.

### **Feedback loop**

The work of the champions needs to be visible to both patients and staff in the practice and champions and practice staff together needed to work out the best way to do this.

The practice also needs to find the most appropriate ways to communicate back to the champions when there is an impact as a result of their work. Champions gift their time very often because they want to make a difference and there is no monetary currency for this gift. The currency is in feeling that what they do is valued by practice staff who need to demonstrate this by showing recognition and appreciation.



# Alan, Health Champion, The Ridge Medical Practice, Bradford

Since November 2013 over 75 patients have come forward to volunteer as Practice Health Champions at The Ridge Medical Practice in Bradford, which has ambitions to expand the approach. Alan is one of the current Health Champions.

"I heard about Practice Health Champions and I thought **'Why not, I'm retired now, it will get me out the door - and try and do something different and give something back to the health service'**.

After the training workshops, I joined the cancer support group because I have cancer and I thought 'I'll sit in and see how it goes'. It was good. And I managed to help one person and that's enough.

It was a gentleman and he opened up to me, I touched his hand and he cried. And I cried. And then maybe three weeks after I was downstairs in reception and he walked through the door, and his face lit up when he saw me. I went to him and said 'How've you gone on?' and he said 'I'm clear'. And that was it. That's all I needed. It was fantastic.

The doctor doesn't have enough time to listen like that, they are under pressure. You know that you should just talk about the medical parts. Anything that is outside of that you feel that you really shouldn't talk about.

What's also lovely is that when I became a champion I met people I hadn't met before and now I've got friends. That's all part of the game. It's definitely benefited me."

## **Dr Gareth James, The Ridge Medical Practice**

"We see patients who are feeling really low but more like a reactive depression, so they might be feeling low because of isolation or because of difficulties coping with the things that have happened in their lives. And often the things that have been proven beneficial to help people in those situations are things like support, getting involved in activities, things that allow them to mix with other people, get out and do things that take the emphasis away from them and what's happening to them in day-to-day life.

We are used to trying to help people where there isn't a clinical solution, that's not new to General Practice, but it's something that has got less resourced and that means you have to try to find different ways to help that person and find that support.

I think this is one of the core things that the Practice Health Champions have been able to help people with.

And you don't necessarily have to be medically qualified to provide that support either. Sometimes you just need some common sense. All of our champions fit into that category - they're doing it because they want to make a difference."



### 3.1.2 Learnings - Practice Health Champions

There are two long-term partners in the development of a group of Practice Health Champions - the practice and the group of champions.

#### **An enthusiastic group of Practice Health Champions**

Altogether Better were largely confirmed in their knowledge that any diverse group of local people have the capacity to flourish and improve the health and well-being of the local community. The local team need to be able to provide one-to-one support to champions and to give attention to group dynamics.

#### **A General Practice that develops as an organisation**

This work provides an Organisation Development opportunity for a General Practice, as it evolves into a Community Centred General Practice that redirects some of its energy into supporting community members to care for themselves and others. Many of the practices had recognised the opportunity by the end of the project, but some were only able to think of Practice Health Champions as a 'nice add-on' to their existing way of working; and a few were unable to provide the necessary engagement and practical support for the champions to flourish and for the practice to change. Altogether Better underestimated the difficulty of engaging practices in learning, with each other, about how to make the most of their champions. It has learned from this and will make a different Organisation Development offer in subsequent work.

#### **Working at the boundary**

The key to this work is the working relationship between the champions and their practice. Where they worked well together the work flourished. The local team were the facilitators, and within the practices it was the practice manager and the receptionists who played the main role.

It was only after the linguistic analysis had been reported that Altogether Better felt able to articulate something that it had known all along - that the work for Practice Health Champions, local teams and Altogether Better itself lies at the boundary between the formal world of the NHS and the more informal world of both champions and most volunteering. There are very real challenges when working in this 'liminal space', this boundary between two very different worlds. The institutional world of the NHS is challenged by its responsibility to meet the growing burden of disease and of expectations without additional resources and necessarily operates in a formal way; while the 'lifeworld' of the volunteers, who face their own challenges in their lives and to their health, operate in a more informal way.

A liminal space requires language and behavioural norms that are particular to that space, not taken directly from either of the worlds. Those working in such a space have to be able to challenge existing languages and behavioural norms and find appropriate alternatives.



*In most practices the champions formed a cohesive group that was able to support the ideas of its members.*

**What happened**



The description of what happened and what Altogether Better learned that follows covers:

1. *Recruiting and supporting project leads*
2. *Finding and supporting practices*
3. *Finding and supporting champions*
4. *The practice and champions working together supported by the project lead*
5. *Champions developing offers and making them happen*
6. *The practice evolving to do things differently.*

## 1. Recruiting and supporting project leads

### Recruitment

The capacity of the project lead and the local team always affected the local success of the work. The difficulty of this role is that it requires three very different skill sets in order to:

- support champions individually and as a group
- support and constructively engage and challenge GPs, practice managers, nurses and receptionists
- create a space for Practice Health Champions that is governed by its own behavioural rules and language, not those of the NHS or of community volunteering..

Altogether Better recognise that finding all the necessary skills in one applicant for the post is difficult but believe that with adequate support and intensive induction people who have some of these skills can develop the others as long as they are flexible, understand the need and are enthusiastic to do so.

- » **Learning: Take an active role in recruiting, managing and supporting project leads..**
- » **Learning: Avoid contractual arrangements that prevent direct management of project leads and guidance of teams.**

### Supporting local teams

**Support for local teams.** Altogether Better did not at the outset plan to host meetings to bring together the project leads from around the country. As the project leads saw the potential of the local Communities of Practice they asked Altogether Better to convene similar meetings at which they could learn from each other.

- » **Learning: Altogether Better needs to ensure that the project leads and local teams have lots of opportunity to learn from each other.**

## 2. Finding and supporting practices

### Finding practices

**What sort of practice?** Each local project partner took a different approach to finding practices. The pressure to meet targets resulted in some practices being invited into the work without having had chance to fully understand what it was about. At one extreme practices were invited to bid to take part, at the other practices were nominated. Some partners were looking for practices in which it had a good chance of success; others wanted to experiment to find how best to use the approach by giving it a trial in different sorts of practice – large and small, flourishing and struggling, with and without experience of working with community development projects.

- » **Learning: Choose practices that really want to do it.**

## Finding champions

**How many champions do you need?** In a few practices just a handful of champions have persisted and been very effective, but practices that recruit enough champions (perhaps more than half a dozen) have been more likely to establish a lively group of champions that support each other, create energy and maintain momentum. This means that practices with small lists present more of a challenge. An alternative that some practices have adopted is to recruit champions for individual practices from the wider local community rather than restricting them to their practice list. In some areas patients have registered with a new practice in order to become Practice Health Champions.

» **Learning:** *Recruit a strong group of champions from the community not just the list.*

## Practice support from Altogether Better

The programme was structured so that Altogether Better would support the practice directly by facilitating a Whole Practice Meeting that brought together the whole practice with its newly-trained champions and by facilitating quarterly Communities of Practice at city-wide level that would provide an opportunity for GPs, practice managers, receptionists and champions to meet their opposite numbers from the other practices and learn from each other. The intention was that the project lead would then go on to support the practice manager and one or two others from the practice in meetings with the champions on a regular basis throughout the project.

**The practice's readiness to engage.** What happened was that there seemed to be very little communication within the practice about the Practice Health Champions. Attendance by the practice at the Whole Practice Meeting ranged from comprehensive to minimal, and many of the practice team who did attend did so because they had been told to rather than because they had an understanding of what it was all about.

**GPs' willingness to engage.** Many GPs only began to recognise the real value of champions after they had been active in the practice for a year or so. Altogether Better now recognise that they need to ensure that the GPs really understand what the work is about at an early stage.

» **Learning:** *Before the champions are trained and meet the practice, Altogether Better (not newly delegated local partner) needs to hold a preparatory meeting with practice team.*

## Whole Practice Meeting

**Purpose.** The Whole Practice Meeting was delivered by members of the AB team with OD and whole system knowledge and expertise. The WPM brings together the practice and champions for 2 hours to get to know each other, understand what matters most to each of them, share their thoughts about what the champions would like to do and what the practice would like to see them doing, and begin to explore 'how we want to be together'.

**Timing.** In the first wave of practices, after the champions were recruited and had their training (now called Welcome Workshop) it took 2-3 months to arrange a Whole Practice Meeting. This led to delays before champions could get going and frustration amongst them about the slow pace, which generated misunderstandings between practice and champions. Altogether Better rapidly minimised the gap between training and Whole Practice Meeting and this has proved much more satisfactory.

» **Learning:** *Arrange Whole Practice Meeting for the last half-day of the Welcome Workshop for champions.*

**The importance of the GPs.** Getting anything like a full turn-out is a major challenge but the involvement of the GPs in this meeting provides a powerful symbolic endorsement of the work as something of real importance to the practice and could easily jump-start its acceptance by the whole practice by a year.

» **Learning:** *Need to ensure have the skills to engage the doctors and get them to the Whole Practice Meeting.*

## Communities of Practice

**Purpose.** A Community of Practice is a group of people who have a shared inquiry that they explore in their own day-to-day practice, coming together at regular intervals to share their learning and re-focus their inquiry. The first part of each meeting consists of a review of what each has learned since the last meeting; and the second part is a discussion about what will be the shared inquiry that each pursues before the next meeting.

**Disappointing uptake.** There was generally quite poor attendance by practice staff at the Communities of Practice, particularly by GPs who therefore missed out on the opportunity to learn from their peers. With only patchy attendance by practice managers, those who did attend felt that the meetings were paced too slowly and achieved little for them. The practices generally did not pay much attention to the proposed inquiry between meetings. The champions were, however, enthusiastic to learn from the very different experiences of champions in other practices, and to share their feelings with the local partners.

Altogether Better has decided to take a different approach in the future and to design and host structured learning sets that bring together champions from across the practices in the same patch. The plan is not to invite practice staff, but not to exclude them if they want to come.

» **Learning: Replace the Communities of Practice with quarterly learning sets for champions from all practices in a local area, which practice staff are welcome to attend if they are able to.**

## Review meetings

Altogether Better offered to hold one review meeting with the partners in each practice towards the end of the project with the two purposes of learning about how, if at all, the practice had changed and of encouraging the practice to think ambitiously about the future development of champions in the practice. The practices that carried them out found them helpful as they recognised the significance of some changes and developed new insights as they shared their experiences.

» **Learning: Review with practice partners every six months.**

## Practice support by project lead

The immediate task after the Whole Practice Meeting is to develop further an understanding about 'how we want to be together'. This is developed into a written agreement that covers issues of concern to the practice like confidentiality and safeguarding; agreement about champions' access to the practice and its resources; ways to agree speedily which champion activities the practice is happy to see taking place and the champions want to get involved in; how champions will keep the whole practice informed about what the champions are currently offering to patients; and how the practice will connect its patients to the champions' offers.

Altogether Better originally suggested a fortnightly meeting between a member of the local team, the practice manager (or somebody taking this role on behalf of their behalf) and champions, however this developed in different ways in different practices.

» **Learning: Experience shows that different practices have different needs and the schedule of support needs to be flexible, frequent and meet the preferences of champions and staff in each practice.**

### 3. Finding and supporting champions

#### Ways of finding enthusiastic champions

Most practices with the support of the local team found effective ways to recruit champions from their list of patients. Even people who had not considered volunteering say that they felt honoured to be invited by the practice, and wanted to give something back to help it. Ways that have been found to work include:

- Sending a text message to all patients
- 'Face time' in the practice from project team
- Promote in the wider community
- Information sessions – so people can come and find out more. People who came to the information session were more likely to come to the Welcome Workshops.
- Once there is a cohort of enthusiastic champions they are able to play a major role in recruiting further cohorts.
- Receptionists can be wonderful recruiters.

» **Learning: Mixed methods of recruiting.**

**The role of receptionists.** The key is getting practice staff on board, especially receptionists – for example by the project lead and Altogether Better attending staff meetings. Practices where staff are enthusiastic and have an understanding of the role are able to identify patients as potential champions, talk to anyone who inquires about the role and make the role seem appealing.

» **Learning: Get receptionists on board.**

**The role of other champions.** Once the first wave of champions have been recruited they themselves are very effective at explaining the role to others, both amongst their family and friends and when they have a presence in the waiting room. When a receptionist becomes a champion they often take a leadership role in promoting all aspects of the champions work including finding new champions.

» **Learning: Champions find more champions.**

#### Diversity

The aim is to find a really diverse group of champions, reflecting the diversity in the local community, and many practices achieved this.

» **Learning: Good mix of champions – including both leaders and 'followers'.**

#### Exclusion

There need to be processes that screen out unsuitable applicants and a protocol for difficult situations (e.g. asking a champion to leave). Exclusion should be considered early (for example screening people out before invitation) as well as when people volunteer. Methods that have worked well include:

- DBS checks.
- Opinion of GPs and the opportunity of the whole practice to veto a potential champion.
- Initial conversation with practice lead.
- Behaviour in Welcome Workshop.

## **Project teams demonstrates that they recognise and respect champions' contribution and importance**

The project teams were generally very good at respecting the diverse group of champions that they were working with, although there were occasional lapses that jarred (e.g. one project team member talking about 'my lovely little champions').

Sometimes champions felt that their particular interests, skills and potential contributions had been ignored by the project lead and the champions group. Altogether Better plans to encourage project leads in the future to carry out a formal mapping of these assets brought by champions and to keep them in the forefront of the minds of the champions group as the work goes forward.

» **Learning: Map and record the champions' skills and passions - an asset-based approach.**

## **Welcome workshop for champions as a group**

**Building the group.** The Welcome Workshop (initially called 'training') took place over two separate days. Its purpose was threefold - to build individual self-confidence, particularly by transferring knowledge about healthy behaviours and about behaviour change; to provide an opportunity for the champions (and project lead) to get to know each other; and to build the champions as a group.

Altogether Better initially worked with several providers of this workshop, running train the trainer courses. They were rapidly alerted to the inadequacy of some of these providers by the tablet feedback from champions at the end of the workshop, and terminated their contract. By the end of the project they were worked with a small team of very experienced trainers to run these workshops or trusted local partners who had themselves been trained by AB's trainer to deliver the session.

» **Learning: Building the group is the key and requires a high level of expertise which embodies a deep understanding of the work. Altogether Better decided not to offer a 'train the trainer' approach to external training organisations, but to deliver the training directly.**

**Enough champions.** The champions need to act as a functioning group that can support each other in developing offers and putting them in to place. In most practices the champions were able to do so but in some practices only a few champions were recruited and in others the working of the group was undermined by interpersonal differences.

» **Learning: Engaging a diverse group of champions and dealing with group dynamics is a skilled role for and experienced, confident project lead.**

## **Nurture champion group and include further cohorts of champions**

**Getting going.** In the early months of the project significant numbers of champions found the pace far too slow and felt that reaching agreement with the practice - on how to work together, on access to the practice and on what issues could be tackled - felt more like a 'talking shop' than the active volunteering that they had been expecting. In consequence there was a significant loss of champions. The project lead needs to provide champions with a sense of rapid progress immediately after the Whole Practice Meeting.

» **Learning: Project lead needs vigorously tackle anything that delays the champions in establishing themselves in the practice and making a difference.**

**Ongoing support.** The project lead needs to bring the champions together regularly as a group, ideally in a social setting with tea and cakes, and these meetings need to be planned for a time when the majority of champions can attend.

Many champions greatly value the provision of further specific training, particularly as they focus their attention on making particular offers and planning particular groups.

» **Learning: Provide additional training for champions in areas of content (e.g. dementia awareness, first aid) and process (e.g. social skills, how to set-up and run groups, handling people under pressure) but do not describe this as mandatory or a requirement of being a champion.**

### One to one support to champions

Project leads found that keeping a log of champions' involvement was helpful, making contact if they have not heard from them in a while. This allows any issues or problems to be discussed and overcome at an early stage.

Some champions are entirely self-propelled but many others need quite a lot of support, particularly at the start as they develop in self-confidence and in practices where a decision was made to recruit as champions people who needed support themselves.

**Time-limited support.** Those leading the work locally need to remember that they are aiming for the work to become self-sustaining, and they may need to help some champions develop additional forms of support. Some people recruited as champions benefit from becoming participants or helpers in other champion's groups.

## 4. Practice and champions working together, supported by project lead

### Practical support

Most practices were in principle supportive of their champions but few gave them enough practical support to get the greatest possible benefit to the practice from them.

» **Learning: A good working relationship between the practice and its champions provides the basis for flourishing champions, and for a practice that can feel the benefits and support sustainability.**

### Practice explains its view of the problems that it is facing

**Finding things for champions to do that meet the wishes of the practice and the passion of the champions.** Practices found this more difficult than was had expected. One practice produced what the champions experienced as a list of demands, while at the same time were not supportive of the suggestions of the champions. One doctor was keen for the champions to provide one-to-one home visits to patients with terminal illness although they were not equipped to do so. At the other extreme another doctor felt that any suggestions by the practice would be an inappropriate exercise of power and would rob the champions of autonomy. Perhaps the most balanced approach was the practice manager who was full of good ideas but kept them to himself till the champions had had a good chance to explore what they wanted to do.

» **Learning: Be honest and polite about what you want but listen to the champions first.**

### Champions explain what they want to contribute and what they want to get out of volunteering

Champions need to share what they would like to contribute; this might be something that they enjoy like walking or cooking, some experience that they would like to share such as living with a long term condition or being a mother, or some skill that they want to contribute.

### Project lead nurtures champion – practice relationship

Misunderstandings between practice and champions sometimes occur in the early months, particularly over issues like territory, access to tea and coffee and so on. Sometimes the problems are more fundamental, for example when the practice ignores the champions or a champion expects favoured access for their own clinical care.

In each case the project lead needs to be aware of the developing situation, work with both parties, engage in subtle diplomacy and translate to each side how the other perceives their behaviour. They may need to establish new ways of working, like combining meetings with cake, that signal that this is not the usual NHS way of doing business.

**Patient Reference Group/Patient Participation Group.** Some practices have a group known as the Patient Reference Group or Patient Participation Group. These groups generally act as sounding-boards for consultations carried out by the practice, though they may take on a more participative role. In one or two practices the group felt put out by the arrival of the Practice Health Champions – either because they had not been adequately consulted before the decision was made to embark on the project or because they felt that their role was being usurped. In each case the project lead was able to make peace between the group and the champions, and to help them find ways for them to complement rather than compete with each other. Cross-membership between champions and Patient Reference Group seems to make this easier, and champions have served an additional and valuable function by reviving or instituting Patient Reference Groups.

### **Practice makes champions feel valued and welcomed**

Champions need a certain amount of practical support to feel welcome – access to space (for themselves and posters), tea and coffee seem to be most important.

Formal recognition of the champions by the practice is a powerful way to make them feel valued and recognised and places them as members of the team. But the most powerful form of recognition is when members of the General Practice team recognise the champions with as little as a ‘hello’ or a smile – and the GPs are particularly important.

» **Learning: Making the champions feel at home and part of the practice family pays off handsomely.**

**Thanks for volunteering.** When Practice Health Champions help out at the request of the practice (for example at flu clinics, or helping people to make more use of online booking), the practice needs to remember that they are volunteers gifting their time. They can't be told what to do or how fast to work, as would a paid worker.

Thanks for specific contributions to the practice are most effective when they are timely – when the Care and Quality Commission (CQC) judged a practice to be ‘Outstanding’, in part because of the activities of the champions, the practice thanked them immediately and the champions were hugely encouraged and motivated.

» **Learning: Thank the champions whenever you can.**

### **Champion offers are made visible to the practice (feedback)**

**Knowing what activities and groups the champions are providing.** In some practices the receptionists and nurses had a good idea of the range of offers that the champions make to patients in the form of groups and activities, and this enables them to connect patients to these. It was very rare for the doctors to know about more than one group or activity that the champions are offering. Yet this awareness is critically important for two reasons. One is that it is necessary if the practice is to support the champions (and benefit their patients) by connecting patients to champions' groups and activities. The other is that without this knowledge the practice is unlikely to value as it should all that the champions are doing.

» **Learning: Find ways for the whole practice to know what champions are doing.**

**Knowing whether patients attend when doctors suggest it.** There is another thing that champions need to find a way to communicate to the practice. Members of the General Practice team may start off enthusiastically suggesting to patients that they go to champions' offers, but if they never hear whether they have taken up the suggestion they will stop doing so. It is very important for the champions to feed back to the practice when patients take up their suggestion. This is easiest when the champions have a presence in the practice building.

» **Learning: Find a way for the members of the practice team who connect patients to offers to know who takes up the offer.**

## 5. Champions develop offers and make them happen

### Champions able to follow their passion

**Getting going quickly.** There are important understandings and agreements to be reached between each practice and its champions, and these take time to establish. But delays in starting the work that the champions want to do is very frustrating and was the cause for some champions leaving.

» **Learning: the practice needs to identify a few 'quick wins' that the champions can join in straight away while they are developing their offers and ways of working with the practice.**

**Limitations imposed by practices on champions.** Many practices enable their champions to follow the things that they are passionate to do but some practices, and even project leads, have misunderstood the source of energy that champions bring. They have taken the traditional public health approach of attempting to carry out a 'needs assessment', encouraging champions to survey patients in the practice to find out what sort of groups and activities they want before getting any going.

Clearly it is wise for champions to be aware what else is being provided in their community, in part so that if they duplicate some other provision they do so thoughtfully not in ignorance. But the essence of champions is that they do what they have energy to do. Some of their offers will attract interest and these may continue. Others will have little take-up and will be discontinued. This is not failure, it is an aspect of rapid prototyping.

» **Learning: Check out what else is going on around here.**

» **Learning: Two champions is enough to get started on anything.**

Other practices are so concerned about minimising risk that they make it impossible for champions to do what they could. Concerns about health and safety and liability can become barriers that nobody has the energy to overcome.

Some practices take very seriously their responsibility to promote healthy lifestyle choices, seeing behaviour and lifestyle change as having the greatest impact on wellbeing and have allowed this to get in the way of champion offers that provide great evidenced based opportunities to reduce isolation and loneliness –arranging social events, providing cake at meetings or meeting in a pub, for example.

On the other hand there are reasonable safeguards to put in place, such as DBS checks and confidentiality agreements.

» **Learning: Ensure practices take reasonable precautions to ensure the safety and wellbeing of both champions and participants, but do not allow misinterpretations or myths about liabilities and risk get in the way of the work flourishing.**

There have also been times when the practice has quite appropriately stepped in to prevent champions from making an inappropriate offer, for example promoting what they judged to be a 'quack' cure or promoting dietary supplements in which the champion had a financial interest.

» **Learning: Practice has a veto.**

### Champions run groups

Altogether Better's initial rule of thumb, that no offer should take place unless both champions and Practice want it, has proved its worth in preventing unreasonable requests from either side. The key is an ongoing relationship in which both parties are flexible. If a practice makes requests that sound like demands, combined with a failure to respect and appreciate champions, it is very predictable that they will leave the practice. Practices need to be wary of "funnelling" champions' offers and suggestions into direct 'Health' activities (e.g. exercise/walking). The bigger well-being picture includes the benefits of reduced isolation and increased purpose and connections.

» **Learning: Social contact is a higher priority than healthy living.**



## Champions enable patients to make better use of the practice

**Using technology.** Practices were often slow to encourage champions in this role. The things that proved popular with both champions and practices were when champions showed patients how to use the technology that the practice had put in place to save them time – touch screens for registration, online booking for appointments and repeat prescriptions and so on.

**Helping out.** Some of the activities where the champions helped out the practice contained a large element of enabling patients to make better use of the practice – for example at flu clinics the champions welcomed and organised the patients, helping them remove their coats and roll up sleeves, so that they could have a more pleasant and efficient use of the clinic.

**Appointment Guide.** One specific suggestion from Altogether Better that some practices and champions took up was the use of the Appointment Guide (Annex 8c), which is intended to help patients make better use of their appointments with the doctor.

**Connecting patients to appropriate services.** Some champions, who were able to establish a presence in the waiting room and who gradually built up a knowledge of activities and groups taking place in their locality, took on the role of connecting patients to these as well as to their own groups and activities. One example where this had some success was where champions responded to the practice's problem that people were consulting them for dental pain by taking a dental health awareness training and suggesting to all patients that they register with an NHS dentist – though the lack of local services reduced the impact of this. Altogether Better also hoped that champions would help patients to understand how best to use the practice – when to see the doctor and when the nurse, when to come to surgery and when to have a telephone consultation and so on – but there is little evidence that this has happened.

**Learning: Practices need to tell champions what problems they have with the way patients use their services.**

## Maintain momentum – get going quickly

**Champions are put off if there are delays.** Altogether Better now encourages practices to identify some 'quick wins' that would be helpful to the practice and enable the champions to start working as a group quite quickly doing something practical together, preferably something that establishes them as a presence in the waiting room. Examples include helping at a flu clinic, developing a resource of community activities to share with patients, getting engaged in health promotion campaigns, helping with the Friends and Family test.

» **Learning: Find some quick wins that the practice values.**

## Keeping enthusiastic champions

There are lots of good reasons why champions appear to disappear from contact. The project lead may assume that they have lost interest, but when they sought them out they found that most people who have trained as champions still consider themselves to be champions and imagine that they will return when the time is right; they are best described as 'in hibernation', waiting for something to happen that they're interested in contributing to. Significant numbers (8.5%) have taken up employment, full-time education (17%), moved away, taken on additional family commitments or have pressing work commitments (22%):

From exit registers and exit conversations the largest three reasons for drop off, each accounting for about 25% of the total are:

- Time commitments / work commitments not allowing it.
- Change in personal circumstances or illness.
- Change of mind / not what champion thought.

Some champions have left because some aspect of their experience was negative – for example they found the champion group unsympathetic, the practice unsupportive, the local team inaccessible or the whole process too slow and requiring too much planning, talking and not enough action. The project lead needs to pay attention to all of these things from the start to minimise the risk of unnecessary loss of champions.

» **Learning: Talk to champions who have disappeared and deal with any underlying problems quickly.**

## 6. The practice evolves to do things differently

### *Changes to existing services that make them more appropriate*

The participative role of champions is different from the representative role of the Patient Participation Group but there are potential overlaps which need to be negotiated.

If the practice is to co-evolve with its champions and its community, both need a way to express their wishes and needs on a regular basis. Changes to the existing services that practices provide (by contrast with the new things that champions provide) are only in the early stages of discussion at this stage.

### *Practice connects patients to Practice Health Champion offers*

**Language.** Community-centred general practice occupies the liminal space between self-organised community activities and the formal world of the NHS. It needs a language, and rules of behaviour, that belong to neither world. Altogether Better has learned to resist the use of the language and logic of 'referral' and 'signposting' as these have been captured and professionalised by the formal system. One of the roles for the local team is to search out language that is closer to the 'telling about' or 'recommending' that might take place in the community. Altogether Better's current usage is to talk about connecting, or making connections.

» **Learning: Steer clear of organisational language.**

Receptionists and nurses have taken on a much greater role in connecting patients with champions' offers than Altogether Better anticipated – particularly early on when the doctors have not grasped the possibilities. Altogether Better plans in the future are to work explicitly with receptionists early on and even, perhaps, to select practices in which receptionists are already involved and engaged.

### *Practice works in a new way*

Some practices saw this work as an optional add-on volunteer programme that requires little effort or change on their own part and did not recognise that this is in fact a gentle OD intervention. Altogether Better may have contributed to this by originally describing the work as being about 'Practice Health Champions'. They have changed their approach and sought language more appropriate for describing the broader system intervention of working in the liminal space that is neither NHS nor community and it now feels right to describe the work as 'community-centred general practice'.

### *Clinicians work in new ways*

Some of the GPs involved absolutely understood the potential that Practice Health Champions have to change the whole way that General Practice is delivered. Most seemed to treat champions as a nice add-on extra to the practice, and it was only in the final stages of the project that any of them began to recognise that they could start to use their own time differently – for example by supporting self-help groups rather than carrying out individual annual checks. Altogether Better needs to make these examples available to all GPs who are either involved or considering involvement.

» **Learning: Altogether Better needs short regular reviews with each practice to encourage GPs and practice managers to recognise what they are beginning to achieve.**

### *Practice provides new offers adding up to a well-being service*

Many practices have developed offers that promote well-being, run by champions. Getting to the point where the practice can claim to their communities that they provide a well-being service is challenging. This is partly because few practices were genuinely committed at the start to this work continuing beyond the duration of seed funding; and partly because each individual offer tends to come and go with the availability and enthusiasm of individual champions.

» **Learning: Altogether Better to share the learning from the Practices running for longer periods of time to demonstrate the possibilities for shifting service provision.**

### Relationships within the practice change

**Practice team share what motivates them.** The whole practice meeting was in some practices the first time that the whole practice had got together to discuss anything. It encouraged the practice team as well as the champions to share what they were passionate about, and Altogether Better are curious whether this sharing of motivation will change the behaviour of the practice team, or whether time pressures will cause it to be forgotten.

**Resourcefulness of receptionists.** Some members of the practice team, particularly receptionists and reception managers, have stepped forward to take a leadership role in the champion work, and this has changed the way that they are seen as resourceful members of the team.

**Morale.** One of the significant changes in some practices is that morale improves. Several receptionists have said that before the champions arrived a large and difficult part of their job was to explain to patients that the appointment they wanted is not available; now they have a range of alternatives to offer that are provided by the champions. And a nurse who saw champions talking to patients in the waiting room has started to come out of her consulting room to talk to patients, saying that she has re-discovered why she went in to nursing in the first place and finding patients more ready to raise difficult issues with her.

### Relationships with patients change

**Patients recognised to be resourceful.** The way that the practice thinks about its patients changes, as champions become valued as contributors to the work of the practice and as equals who add value to the life of the practice.

**Practice seen as more caring.** Patients, too, come to see the practice in new ways as it extends its offer to include caring in a very obvious way about contributing to their psycho-social health and well-being.

### Relationship with the community changes

**Making requests.** When champions join a practice they gradually build bridges between the practice and the community. One way is by making requests from community and voluntary organisations – in the first instance for space to hold activities, training, and joint working. In one practice the champions approached a local monastery when they were looking for a place for their singing group to meet at exactly the time that the monastery were discussing how to make more of a connection with their local community. As a result one of the monks has joined the singing group.

**Links with community and voluntary organisations.** Many of the champions' offers benefit when the champions have further training (e.g. dementia awareness, dental health) which are provided by a variety of statutory and voluntary organisations who are delighted to provide the training and develop offers in partnership with the champions. These organisations have often been looking for ways to 'get in to' general practice for many years. Champions also appreciate the gift of training.

» **Learning: Champions are good enough as they are but see offers of training opportunities as a 'gift' rather than as a requirement to change them into people 'like us' by the NHS.**

**Links with the private sector.** Links are strengthened as the practice begins to thank the community for what it provides – for example a GP wrote to a publican who had made a room available to the champions to meet. The publican put the letter on the wall, and now connects his customers to the champions' groups.

**The practice feels different to its community.** As the practice makes new offers that are not medical but responds to things they feel the community needs, this establishes a relationship that is quite new for most practices and communities.

## 3.2 A specialist hospital service

### 3.2.1 What happened at CRESTA

Altogether Better worked with Newcastle University Faculty of Medical Sciences and the Newcastle upon Tyne Hospitals NHS Foundation Trust to develop a champion model aimed at improving the mental health and well-being of people with long-term conditions who suffer fatigue. This model was based within the Clinics for Research, Evaluation and Service in Themed Assessment (CRESTA), specifically the Fatigue CRESTA, an outpatients clinic. Champions were recruited, trained and supported to work with clinicians, managers, patients and carers to develop a Health Champion model which will support people living with fatigue to live well.

### 3.2.2 Learnings from specialist hospital setting

Recruiting a specialist service proved to be a challenging process in which Altogether Better drew extensively on its NHS contacts. There were initial false starts with other acute services where, despite front-line enthusiasm, it could not enlist senior support. However, the Professor of Ageing and Medicine and Dean of Clinical Medicine at the School of Clinical Medical Sciences of Newcastle University heard about Altogether Better's work and became enthusiastic about recruiting champions to work with the Fatigue CRESTA, partly because she had been excited by a visit to Holland where volunteer ex-patients support current patients in a similar clinic. The clinic wrote to patients to invite them to join the work as champions and those expressing an interest were then trained and supported by the local team. The difficulties in finding a hospital setting for the programme meant that the work with CRESTA began later in Wellbeing 2 and champions did not meet for their Welcome Workshop until December 2014, less than 6 months before the end of the lottery funded period.

» **Learning: Don't underestimate the time and effort needed to recruit a service with senior level support.**

The champions initially decided to meet regularly. There were many practical challenges to this, which they have largely overcome, including the long travel times for people whose energy levels are low and unpredictable. In the meetings they have focused on peer support; finding out from people attending the clinic what they would like from it; and finding ways to help the clinicians' campaign to keep the clinic open in the face of threats to its funding.

One interesting action by the champions has been to invite Altogether Better to give a presentation of the Appointment Guide (Annex 8g), which they plan to take back to their own GPs - they feel that the reason why their diagnosis and referral to the clinic was so delayed was due to the poor quality conversations they had with their GPs.

The group are in the early stages of development and have already considered a range of possible actions that the champions and CRESTA have considered they could take together:

- Provide local support groups.
- They could set up a peer support group for the partners or families of people attending the clinic.
- Attract a more diverse group of champions to include families, carers and ex-sufferers.
- The champions could take part in clinical research, documenting the factors that influence the severity of their fatigue.
- They could contribute to other services for people with conditions other than chronic fatigue syndrome that are also characterised by fatigue.
- And of course they could work with the clinic to find ways to improve the care it provides.

All these possibilities would almost certainly need some continuing external support and challenge if they are to take place.

» **Learning: Six months is not enough to support this work.**

*"It's become an integral part of how the clinic works, and equal partners, which is something very different, we really value each other's opinions."*

Clinical Professor of Ageing and Medicine

*"It's been great to be grouped together with a group of people I would never otherwise have mixed with and the mutual respect and support is great. It's been nice to work alongside the clinic and feel that we're in a position to really influence the way it works and how patients are treated."*

Health Champion, CRESTA

CRESTA has not yet had the time needed to make the most of this new relationship and to change the way the service is provided. The success of the relationship between the champions and the staff rests largely with the enthusiastic and very busy clinician who leads the service which is not sustainable in the long term.

» **Learning: Maintaining service (particularly clinician) involvement or more than one professional is a key challenge.**

## 3.3 City-wide programmes

### 3.3.1 What happened - Shropshire Young Health Champions

Building on Altogether Better's evidence-based approach, the work in Shropshire was developed to prototype a transformational change in the relationship between children, young people and health and social care service providers and commissioners. The work used a successfully tested 'Change Lab' approach, engaging and working creatively with children, young people and a range of stakeholders in the health and social care economy to consider the question 'How can we work more creatively with children and young people to live life well?'.

By working together, the aim was to create the conditions for a range of new possibilities and solutions for improving health and well-being outcomes for children and young people, including:

- 1 Increased range of health and well-being activities co-designed and delivered by children and young people
- 2 Increased involvement and engagement of children and young people
- 3 Improved health outcomes for children and young people
- 4 Increased community capital and social value
- 5 Better quality health and well-being services.

The population of Shropshire has an older demographic profile and there is a risk that with limited resources the needs of young people are overlooked. Local partners were keen to focus on finding new ways to work with young people from the outset and their enthusiasm was the catalyst for developing the work.

At the beginning of the work, Altogether Better met with young people as well as key stakeholders across the system. There was a strong base of excellent work with young people and embedded organisational commitment in the Clinical Commissioning Group (CCG).

The programme is open to all young people between the ages of 11-25 in Shropshire. People became involved in the project through a variety of local connections with youth workers, schools, General Practices and NHS staff and the project team have been successful in engaging a diverse mix of young people.

*"It's very easy to work with the people who are easy to access and so you often risk ending up with a sort of quite polite middle class engagement, really and that will focus on specific things. I think in the way that they've developed and delivered the project, they've aimed to be very rich and broad in their recruitment but support that balance, so 'How can we reach out to different sections? How can we find things that mean something to them? How can we celebrate that so that it gives confidence for others to get involved?', all those elements have been really important."* Communications Director, Shrewsbury & Telford

Altogether Better tested the training that had been developed for work with champions in General Practices. The feedback was that the training in its existing format was not fit for purpose and wasn't reflective of their needs and so Altogether Better's trainer worked with them to redesign the content. The intention had been that young people could deliver the training themselves, or in partnership with youth workers; however, ultimately it was agreed that it would not be appropriate for young people to lead the session which has instead been delivered by youth workers who participated in a 'train the trainer' session with Altogether Better's trainer.



*"Everyone in the Trust who has worked with the champions visibly lights up when their names are mentioned. They have been an absolute breath of fresh air, truly passionate and really creative. Our services will be better because of their involvement."*

Communications Director,  
Hospital Trust

Around 50 professionals took part in the 'train the trainer' programme, whereby participants participated in and learnt how to deliver the programme back in their own settings, with an understanding of the work as a whole and the role the training plays in establishing groups of champions. Some went on to deliver the training, but those who didn't had developed a depth of understanding about the work which enriched their subsequent work with the champions and created a different context that would have otherwise been difficult to achieve.

*"A lot of them didn't come on it to become trainers, they came on it because we wanted them to be partners in the project but by having them on the train the trainer course, they all came with that level of understanding... we had an absolute groundswell of people that knew what the project was about, not in just a superficial way."* Project Lead

Following training Young Health Champions engaged in existing projects but were also encouraged to use this experience to design and lead their own projects based on their interests, for example:

- Three girls with type 1 diabetes are leading an education programme in schools to improve the experience of students who live with diabetes.
- A young boy with an interest in Japanese culture is using this knowledge to educate others about different approaches to living with and preventing dementia.

A design team was set up and half of those attending were Young Health Champions. They contributed to the design of a **Whole System Event**, from which many ideas for future work were developed and worked on together. (Julian Pratt, Pat Gordon & Diane Plamping 1999/2005)

### Examples (from a much longer list):

**Community Safety Volunteer Scheme:** A safety volunteer scheme was set up using the local fire stations as event 'hubs' across the county. Young people said that they wanted to know more practical information about situations they are likely to find themselves in, such as how to be safe both in their homes and when they're alone. As a result of this young people developed the role of 'Community Connectors' and received training from doctors in first aid, from the police, from road traffic investigators and from the fire department.

**Build a 'youth service' for future generations:** During the period the work was developing in Shropshire, the Youth Service was under threat and being cut as a result of wider cost saving measures. Those attending the Whole System Event sat together to work out how they could provide a different youth service offer from the reduced resource that would be available.

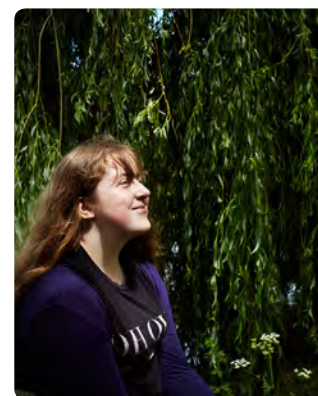
**Shape commissioning of young people services:** Improve young people's participation in the planning and delivery of young people services.

**Transition between different stages of childhood/adulthood:** Young people and services agreed to work towards achieving a smoother transition from primary to secondary age and from school to adulthood.

**'Tell us Your Story' - accessing realistic role models:** Create videos to go up on YouTube about the career paths and stories of local people doing 'normal' jobs that young people might be interested in pursuing and which are realistic and achievable.

Subsequently a wide variety of activities were initiated either directly by or in conjunction with Young Health Champions. In total 25 activities were officially recorded (though others may have taken place). Many of these were the Young Health Champions' own ideas, developed and organised by themselves. Some were one-off events (which nonetheless took much planning and thought) but many were hugely significant pieces of work that will have a long-term impact on the future well-being of young people across the locality. Young Health Champions have also made meaningful contributions to advisory groups, workshops, consultations and conferences, both locally and nationally, to help improve services and there have been several cases in which Young Health Champions have been working with people in the local community to fulfil a local need.

News about activities is posted on the Shropshire Young Health Champions Facebook page: [www.facebook.com/pages/Shropshire-Young-Health-Champions/1524960241060756](http://www.facebook.com/pages/Shropshire-Young-Health-Champions/1524960241060756)



*"We found that if we work together we can do anything... we're going to be living in this world that's being created so we should have a say in how it should be made. Health Champions is about young people trying to change the world."*

Young Health Champion, Shropshire

*A selection is listed below by category*

### **Making services better for young people**

**Teen Room, Telford Hospital:** The Young Health Champions were approached by the Director of the local hospital Trust at the Whole System Event to help with the design of a room for young people in the new paediatric ward. The Health Champions were involved in all aspects of the design and on the 'rules' for the room. They had to learn about infection control and other aspects of design in a clinical environment.

**Partners in Paediatrics Conference:** A Young Health Champion presented to a large audience of consultants, nurses, doctors and other medical personnel to improve their communication with young people.

**Paediatricians learning tool:** A Young Health Champion with cystic fibrosis worked with the organisation 'Fixers' which helps young people overcome an experience or situation through carrying out their own campaign. This is the first time the programme has been used to heal the wounds left by a poor patient experience. A successful patient experience video was created for paediatricians to use as a learning tool

[www.fixers.org.uk/news/11860-11208/positive-patient-experience.php](http://www.fixers.org.uk/news/11860-11208/positive-patient-experience.php)

**Welcome initiative in a GP surgery:** A GP requested help from the Young Health Champions in creating a welcoming environment for the young people in their practice. They recruited Young Health Champions from their own practice population. Twenty-two young people did the Health Champion training and six have become active in the practice. The rest went on to join other Health Champion projects. The champions in the practice have embarked on a process of suggesting changes, such as having a noticeboard just for young people, and also explaining to staff how a young person feels when coming into the surgery. Another surgery has now also asked for Young Health Champions in their surgery.

**Future Fit:** The Young Health Champions are asked regularly by local health services for their view on health service provision. There is a soon to be a consultation, Future Fit, on major reorganisation of services and several Young Health Champions have been trained by the project team to understand the issues and to develop the confidence to speak on them.

**Diabetes film for teachers:** Two Young Health Champions with diabetes made a short film educating teachers about the condition with the help of a diabetes specialist nurse. Out of this project has come a different project aimed at educating young people about type 2 diabetes and the importance of healthy eating to prevent type 2 diabetes in later life.

### **Organising Peer Support groups**

**The Young Health Champion shop:** The Young Health Champion shop in the centre of Shrewsbury provided a focal point for young people in the town and from outside. It was just a place to hang out and various activities could take place there. A youth worker attended. Sometimes it was packed, other times there was hardly anybody in. The lease has run out so the shop will shut but it has proved that there is a need and a town centre church has offered its premises for the activity to continue. The rooms available are large and Health Champions will be able to hold many more activities there.

**Dementia friends:** Young Health Champions have been trained to become dementia friends. This is the first time this has been done with a group of young people in Shropshire. The initial 12 trained were asked after the training for their views about the session which has continued to be developed. These Young Health Champions have now encouraged and supported a further 30 young people to sign up and train to becoming dementia friends.

**No Panic helpline:** One Young Health Champion with anxiety disorder wanted to find ways of reducing anxiety for young people. She found a helpline, 'No Panic', for people with anxiety disorder but they didn't have a helpline for young people. The organisation said they could set one up for £1,000 and so she set about putting a concert on to raise the money. They raised £1,600 and there is now a helpline for young people with anxiety.



*"I've been massively impressed and they've well exceeded my expectations, I suppose on two fronts, firstly the sheer number of them, the complexity and detail to which they've gone into these projects in, so it hasn't just been a superficial kind of approach."*

Accountable Officer,  
CCG

**Life Lessons:** Young Health Champions were given the opportunity to take a course on death education. This was designed to put death in context globally and to allow the bereaved to express how they feel and remember the person they have lost. It is designed to break the isolation some young people feel when they have been bereaved. It was a popular choice and the lead from the organisation providing the course ran three courses for the Health Champions and young people who had been bereaved in Shropshire schools. The course was part-funded by the Police and Crime Commissioner in recognition of the role bereavement sometimes plays in a young person's criminal activity.

### Connecting & Learning social groups – exercise/activities

**Race for Life:** A 5km race was organised for children and young people. On the day Young Health Champions provided information and gave out a leaflet about cancers. School nurses were available to chat and Young Health Champions canvassed opinions from young people about how to be happy.

**Dance!:** A Young Health Champion has passed on her skills as a dancer by teaching 5-8 year olds at a weekly class.

**DART (Disability Accessible Run Time):** This is a weekly event organised by a Young Health Champion with both a physical and learning disability who felt that a 5km run is beyond the reach of many of his peers but that they would still like to take part in mass community activities like park run. DART is an organised shorter walk/wheel/run event starting alongside the park run each week.

### Connecting & Learning social groups – crafts, healthy food

**'What the chick is that?' cookery classes:** This was a champion-led activity, providing peer-to-peer cooking skills to people who access food banks, predominantly young people who may be care leavers or without wider family support. The project was instigated by a Young Health Champion trainee chef who is being joined by two other Young Health Champions with an interest in a future career in catering. The title comes from a common question at food banks querying what chick peas are. At Christmas the Health Champion ran a course on Christmas cooking for care leavers. The project went into hibernation and has now been revived due to the interest of a local cookery book writer who is passionate about young people learning to cook.

### Connecting people with activities in the community

**Community Therapy Days:** Young Health Champions worked with the GP patients group to create a day for the community involving art, music and tea ceremonies. The idea was that these would be for people in the community with dementia but Young Health Champions felt some people might be put off by this and instead have opted to call it a Community Therapy Day that will be dementia friendly. The aim was to get the generations mixing, creating more friendly faces in the community every day.

**Craven Arms Community Activity Day:** This was a one-off event with planning sessions. Craven Arms is a rural market town which is relatively isolated with high levels of deprivation. Young Health Champions didn't think their community got together enough, and thought that the community should be more active. Young Health Champions worked to find out what activities people would like to participate in more often. They ran a community day hosting a wide variety of activities from a climbing wall to roller blading and traditional games such as egg and spoon races and a sack race. The event hosted an ideas tree where citizens posted their suggestions for a healthy community. The result of this is that Young Health Champions will work with the GP practice and Patient Participation Group to help take ideas forward.

### A celebration event for Young Health Champions was held at The Buttermarket in Shrewsbury in October 2014

This was a very successful event with representation from the local Trust, BBC Shropshire and NHS England. Some of the scope and excitement is captured here: [storify.com/Sathcomms/the-shropshireyh-yhccelebration](https://storify.com/Sathcomms/the-shropshireyh-yhccelebration)



*"Meet new people, learn new things, go to new places... I'm really grateful I've joined Health Champions, it's the best thing I've ever done in my life."*

Young Health Champion, Shropshire





### 3.3.2 Learnings – Shropshire Young Health Champions

**Commitment matters:** There was outstanding support from a wide range of players at all levels across all organisations. There was strong and visible support from the leadership (AO and Director in the Clinical Commissioning Group (CCG)), Leader of the Council and Mayor, police and fire service, the project lead and support team and a range of people engaged in the work. By and large the greater the organisation’s commitment, the greater the impact Young Health Champions had on their services. In turn, as Young Health Champions stepped forward and took action about the things they cared about as natural leaders, it had a positive impact on partners who acted with equal generosity.

**The contribution of young people is highly valued:** Providers and commissioners stopped, looked, listened and could value the contribution that young people make in a different and more easily expressed than in similar work with adults; the young people’s views and contributions are hugely powerful and potent.

**Valuing the work:** From the outset the project team celebrated and made visible the work the Young Health Champions were engaged in – bringing energy, creativity and a momentum to the work which was impossible not to see and which established a profile for the work locally and also far beyond Shropshire [vimeo.com/110876365](https://vimeo.com/110876365)

Young Health Champions created a range of highly visible activities that brought local services and the community together including fun runs, fundraising events, plays, carnivals and festivals.

**Champions at the centre of everything:** The project team had the ability to ‘walk in the shoes’ of the young people, always ensuring that the work was rigorously looked at from the Young Health Champion’s perspective. The project team were skilled at making sure that the work was understood and recognised by the schools, negotiating time out of school, arranging meetings and events at times young people could make, making transport arrangements, providing appropriate food and drinks, providing necessary conditions for them to be at their best (e.g. a quiet/safe room at a Whole System Event for those who wanted time out and processes they were comfortable with) and most of all listening and working alongside the young people.

**Diversity works:** A deliberate attempt was made to invite a wide range of young people to be Young Health Champions in terms of socio-economic groups, academic performance, gender and age (11-25 is very diverse). This gave wonderfully rounded insights and contributions. Young people were recruited from the local Youth Parliament, young carers, local schools and youth clubs.

**Preparation matters:** when working with large numbers of diverse Young Health Champions it really helps to set aside specific time to prepare young people so that they can engage in the dialogue with other services and organisations and feel that they have contributed.

**Coordination:** When numbers increase, it becomes messy. Looking to the future there will be a core group of champions who are elected by others whose purpose will be to have oversight of the direction of everything and oversee the Young Health Champions’ work.

**Leaders need nourishing too:** It is hard work and opportunities to meet peers and learn/be supported are much valued. Whilst there were project team COPs (Communities of Practice), online blog conversations between project teams and telephone support from Altogether Better, more relationship-building opportunities with other Altogether Better projects would have been appreciated.

### 3.3.3 What happened – Barnsley Early Years programme

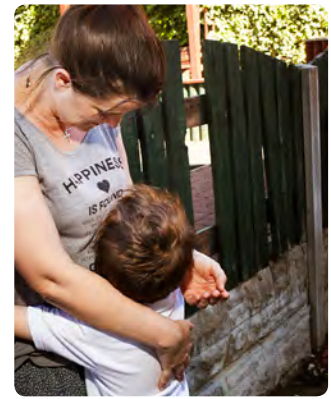
The work in Barnsley developed as a result of interest from local commissioners and providers to find new and innovative ways to support women in pregnancy to give up smoking and to go on to breastfeed their babies.

The traditional approach to these issues would focus on health education campaigns, but the local commissioners and providers agreed to take a Whole System Approach. This first requires securing support from the stakeholder organisations at board level. It then requires them to bring together people from across the system who are passionate about a particular issue, which came to be described as ‘Working together in Barnsley to give our children the best start’.

*“They are confident, used to speaking publicly. Obviously it’s something that has gripped them and empowered them... a quite impressive group.”*

Police Inspector, Shropshire





*"I do think it's a really good idea and it's really good to have and I do absolutely love it... Gives you a purpose in your life doesn't it?"*  
Health Champion, Barnsley

Whole System Working always requires at least 20% of those involved to be citizens, because of the resourcefulness that they bring and because they keep reminding public servants of the purpose of the work that they do. Altogether Better had in the past, however, always believed that these citizens did not need any further support or training to bring their resource and resourcefulness to bear on their particular issue. The innovative element in this work in Barnsley was the intention to find, develop and support a group of mutually supportive champions at the very outset.

It took a long time to appoint the local team in Barnsley which reduced the time available to engage champions. This led to recruiting generic champions who could apply themselves to any health issue rather than, as intended, those passionate about giving children the best start. There was a tension between Altogether Better, who believed that for champions to make a difference to this issue they would have to be passionate about giving children the best start, and the local team who wanted to recruit generic Health Champions who could apply themselves to any health issue. This (along with haste to meet project milestones) meant that the champions recruited included people with no particular experience of (or interest in) the challenges of being a new parent.

A design group held monthly meetings from April 2014 and, as is often the case, found it difficult to arrive at a shared purpose. In a group of 10 people there were disappointingly only two champions at each meeting, and without any support to attend, their attendance declined. For those who did attend, however, there was nonetheless a sense of purpose and potential.

*"You get a sense of 'actually I can do something about what's going off in the system'."*  
Health Champion

*"It was really good though and being a mix of everyone, that was really good, to have everyone on the same page."* Health Champion

*"I thought it was great. ...it was a real eye opener for me, considering I've lived in Barnsley for the past 23 years, to see the extent of the health inequalities... we tend to work in silos."*  
Member of the Barnsley Salvation Army

The Whole System Event was held in December 2014. The invitation included a reminder that this was a process continuing over time and that everyone was invited to a follow-up session two weeks later to start turning the ideas that had been generated into reality. It was attended by 85 people, 15 of whom were trained champions.

**Participants prioritised 20 issues to talk about, illustrated here:**



**This led to a number of new work streams:**

**Pregna Buddies:** A champion is leading on developing a scheme called Pregna Buddies to provide companionship for pregnant women who are on their own. The champions help with bonding in early pregnancy (pregnancy scrap books, cards, tummy painting, treasure boxes) and attend hospital appointments with women if they wish.

**Baby Basics:** Working in conjunction with the Salvation Army, champions provide Moses baskets full of items for a mum and her new baby for women who find themselves pregnant and in difficult circumstances. The maternity unit and health visitors refer women most in need to champions for the Baby Basics packs.

**Clothes banks:** The Health Champions sort and package donations of clothes to the Children's Centres and help to distribute them to the three clothes banks. The Children's Centres had received a great deal of clothes donations and did not have time to sort and package them.

**Knits and Bits:** Group launched by a champion to encourage older people to come and teach younger women the arts of knitting and crochet.

**Bright Sparks:** Developed by two champions who have children with additional needs. There was a need for a group which included children with any disability and their whole family. Most groups cover children with a single diagnosis and are often just for the child, not their siblings.

**Women's Coffee Morning for Mums new to Barnsley:** New immigrants (particularly black and minority ethnic asylum seekers and migrant workers) can find it difficult to get information about the support services.

**Breastfeeding for Longer:** Support for women who want to continue breastfeeding after 9 months.

**Bumps and Beyond:** Based at Children's Centres, activities include messy play, walks and visits to a local farm.

**Cook & Eat:** Sociable way to learn to provide balanced diets.

**Golthorpe programme:** Extending a clothes bank (with the Salvation Army) to a parents group (sessions on weaning, oral health, positive parenting etc.).

From January to May 2015 those groups that were ongoing met together every six weeks. Unfortunately, however, this took place against a backdrop of dwindling champion numbers, and staff being made redundant or being pulled off the work by enormous pressures in the system to save money.

Towards the end of the funded period, because very small numbers of Health Champions remained and because the services had lost contact, Altogether Better commissioned two organisations, PSS Barnsley and Homestart, both of which have a local track record of working with new parents and champions and volunteers. Working with their existing networks each organisation has engaged groups of enthusiastic champions. The final event in July integrated a new group of passionate champions who had just finished their training with those champions who had been active for a year and organisations that were still committed to working with champions.

### 3.3.4 Learnings – Barnsley Early Years programme

» **Learning: Recruitment to volunteering with a focus is important** – both for diversity and purpose. Many of the volunteers were students from the local college who saw this as a training opportunity rather than a volunteering opportunity. Out of over 100 champions recruited and trained very few continued to attend and only a handful were retained. Those recruited were somewhat unclear:

*“I thought I were getting involved in a rehabilitation for the elderly”, and (another person) “then they posted me wherever I needed to go.”*



*“It was somewhere that we could go, even though we didn't have a diagnosis, where there was other children with the same... it's just somewhere that you can come and play and have fun without being judged.”*

Health Champion, Barnsley

» **Support is key:** Particularly if they have volunteered for a cause/purpose and not to be in a relationship with a particular organisation. Champion groups faltered when there was not a strong enough relationship with the local team and between champions so they never became a cohort/group.

» **Co-production is challenging:** A higher number of champions were needed at the Whole System Event to break out of a 'same again' cycle of thinking. As there were only 16 in the room there were not enough champions to change the conversation.

» **Tension between formal organisation and champions' work:** Sometimes the organisation hosting the local team had ways of working and other issues on the agenda, which they aimed to achieve through this work as well. Examples of unhelpful bureaucracy were when champions were told that it would take six weeks to order a small amount of wool; and champions asking for bath beads (costing £2) for an activity were told that approval would be needed, and they never heard whether this approval had been granted.

» **Real leadership commitment:** Whilst no one in the senior leadership was against it, many of the participants (staff, project team and champions) felt that there was little genuine strong commitment to it and that other (very real and pressing) difficulties completely overshadowed this work and were treated separately. The system leadership proved impossible to get into a room at the same time and always delegated support to many levels below without asking for feedback. Many of the stalwarts of the work were doing this out of personal conviction/goodwill/as a hobby alongside their day job, which was often being eliminated in the organisational restructuring.

» **Try, fail, try again, fail better (Samuel Beckett):** This way of working is very robust. Despite many of the elements not being as strong as hoped significant outcomes have been achieved in a very turbulent and challenging environment. The participants have been very thoughtful and reflective and learned a lot. There is the capacity in the system now, with the right support, to build on the success and apply the learning from what didn't work to spread and amplify the impact of this initiative.



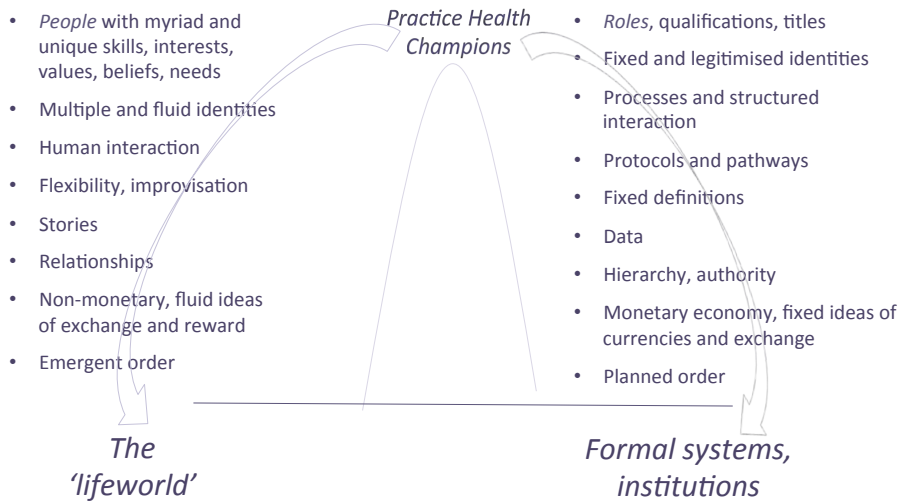
## 3.4 Overall context

### 3.4.1 The challenge of operating in a 'liminal' space

Some people (local teams, practice staff, champions and participants) instinctively understood what the work was about. Some struggled. Those who struggled saw it as either an extension of their employing organisation's way of doing things or they thought it was about having a new group of 'friends' attached to the organisation/system. Those who understood recognised that it was neither, it was working in the space between the 'formal world' of systems and institutions and the 'lifeworld'. The space at the boundary between two worlds is called a liminal space.

To complement the existing evaluation work and help them explore further and better understand their hunch about these different world views, Altogether Better commissioned a linguistic analysis in the later stages of the work (Gill Ereaut 2015). This work identified and named Altogether Better's tacit understanding of the challenges for champions and local teams of operating in this liminal space. In particular it revealed that a few of the people interviewed firmly occupied the discourse and world view of the institutions, while some others securely occupied that of the informal world. Most, however, flipped backwards and forwards between them with some sense of discomfort.

## Champions are balanced between two world views



There are powerful, exciting, new possibilities when in this space, but, as normal rules are suspended in this space, the projects needed to find different, fit-for-purpose rules. The tensions between life and institutional worlds surfaced over and over again in a wide variety of ways, for example:

- Local teams hosted within NHS organisations sometimes passed on delays and barriers to champions as a result of having to work to NHS systems and approval mechanisms for printed materials/publicity. This creates frustration for both practices and champions.
- Project teams who were recruited and directly managed by NHS organisations sometimes imposed delays on the enthusiastic champions by insisting that publicity materials be approved by the institutional communications department (pull of the institutional world).
- Champions in a practice who wanted to have names and photos on their identification badges were given badges saying just 'Practice Health Champion' – the institution had recognised the role but not the person. They were prevented from including photos by an earlier decision that the practice had made not to include pictures on staff badges (the pull of the institutional world).
- It is astonishing to observe the speed with which champions, exposed to the jargon of General Practice (which may have judgemental overtones), incorporate it into their own language.
- One group of champions wanted to meet in the pub (pull of the lifeworld) but the practice refused (pull of the institutional world).
- One practice unilaterally drew up a document to describe how it would work with champions and the sanctions that would apply if champions overstepped boundaries. Champions elsewhere, shown the document, said they would walk away from a practice that used that sort of language, and one champion said that it was similar to an employee contract they had signed when working in a security firm.
- The 'Fly a kite' group set up in one practice were delayed in setting up because of concerns from the local council that the noise of the kites might disturb the sheep in the next field (overly risk averse pull of the institutional world).

A principle of liminal spaces is that they require language and behavioural norms that are particular to that space. The closest real life analogy is to that of a beach, a place that is neither land nor sea and upon which human behaviour differs from that normally found on either. On the beach, normal rules are suspended and we behave in very different ways, for example we dress (or undress!) and conduct ourselves in ways that don't happen elsewhere. Similarly, when operating in the space between the formal and informal worlds, traditional language and ways of working are no longer effective or appropriate and a major part of the work for the local support teams together with the leadership of Altogether Better is to challenge language and behaviour that slips out of the liminal space and back into either world, in order for the champions and practices to come up with appropriate and fit-for-purpose language and behaviours.

- One of the themes that came up regularly among the champions was the value of sharing tea and cake to strengthen their relationships while planning new activities. However, it was important that the social aspect did not take over so no effective planning was done. How can the local team create the conditions in which the champions don't just enjoy the experience (lifeworld), or just get the task done (formal world), but enjoy both the process and the end result of making a difference?
- How should champions be invited to meet their practice? It's not a job interview but it's also not a party invitation.
- Champions do not receive monetary reward (institutional world) but they are doing what they do for a purpose, not just for pleasure. This means that the local team, and in time the practice, has to find ways to recognise and praise the champions that are appropriate to the volunteering role.

Much of the learning highlighted earlier is related to the deep challenge of feeling at home on the boundary for staff and champions.

### 3.4.2 Project structure as a significant influence on outcomes

This work took place within the context of a grant-funded project. Many aspects of the work were influenced by the existence of predetermined deliverables, monitoring and reporting milestones and project duration. Altogether Better also needed to deliver this work through sub-contracted local partners.

#### **Deliverables**

Funders have a legitimate need to ensure that their resources are being used effectively, and predefined deliverables such as the number of champions trained are a way to try to do this. The approach has associated costs, particularly where an approach is genuinely innovative, as it can lead to an inappropriate focus on quantity rather than quality.

In this programme the challenge of recruiting champions to work closely with the NHS and other public services is very different from that of recruiting Community Health Champions. The project lead needs to put far more effort into supporting the practice and the way that the practice and champions work together, and even where everything possible is done to shape their expectations some champions find that this is not what they expected or wanted. Altogether Better initially imagined that it would be easier to recruit champions than it turned out, and this had two consequences. One was that Altogether Better had to renegotiate its targets with the Big Lottery Fund as the project unfolded. The other was that local teams spent more of their time than was ideal recruiting champions, and not enough supporting either the champions who had already been recruited or the practice/services they were working with(in).

Project leads agreed that they could achieve far more in a practice with a small number of well-supported and highly motivated champions than with larger numbers recruited in a rush.

» **Learning: Don't chase targets.**

## Monitoring

During Wellbeing 1, Altogether Better had to rely on quarterly reports from their project leads and these often arrived late. This was one of the reasons why, for Wellbeing 2, Altogether Better adopted the use of the real-time collaborative software Podio. This enabled project leads to communicate with Altogether Better and with each other about what was going on, and provided a simple way for them to continuously update information on deliverables that had been achieved. This enabled Altogether Better and local partners to be able to see, on a day-to-day basis, how the work was progressing in all the projects. Altogether Better says that it will continue to use this technology in its future work. In an ideal world giving the funders access to this real-time information might provide them with a more hands-on awareness of how their projects were progressing, and might reduce some of the need for quarterly reporting.

» **Learning: Monitor by making the work transparent to all.**

## Milestones

Most of the project leads felt the pressure of the timescales that Altogether Better had agreed with the Big Lottery Fund, particularly in recruiting champions. They passed this sense of urgency on to the practices and services that were involved. Altogether Better had been over-optimistic and underestimated the time it would take for partners to appoint project teams. It took at least 3 months to recruit project leads, 6 months was more common and in one case it took 8 months to appoint a project team where they were recruited by an NHS organisation.

This led to a rush once the local team was in place to 'sign up' practices with whom most had no existing relationship or knowledge of them, which in turn led to some GPs volunteering for the programme without adequately involving their partners, the rest of the practice staff and the Patient Representative Group (PRG). It also led to the recruitment of champions who were unsuited to the work as the practice recruited the 'usual suspects'. Few champions were screened out as unsuitable. A more flexible timescale would have led to a much sounder start and this might have led to greater achievements in the overall time-course of the project.

» **Learning: Take your time when you need to.**

## Project duration

The first three to six months of many of the projects were taken up with recruiting the local team and the practices, and the final three months of any short-term project are characterised by the resignation of enterprising team members hired on a two-year contract. This means that the approach has in effect been fully implemented for 15 to 18 months. It would be very helpful if all funders were to provide low-level funding for a six-month 'lead in' period before the main period of programme funding.

In the case of the intervention in a specialist hospital service it took so long, and so much effort, to find a service that was willing to participate that the work did not fully achieve its potential in the six months that had been available.

One Community of Practice discussed the need for ongoing support at the end of the project and agreed that it needed another year of (lower-level) funding followed up by incorporation into low levels of mainstream funding. Altogether Better now discusses with local funders who want to take the approach the need for a variable duration of low-level funding following an intensive first year (from the appointment of the project lead).

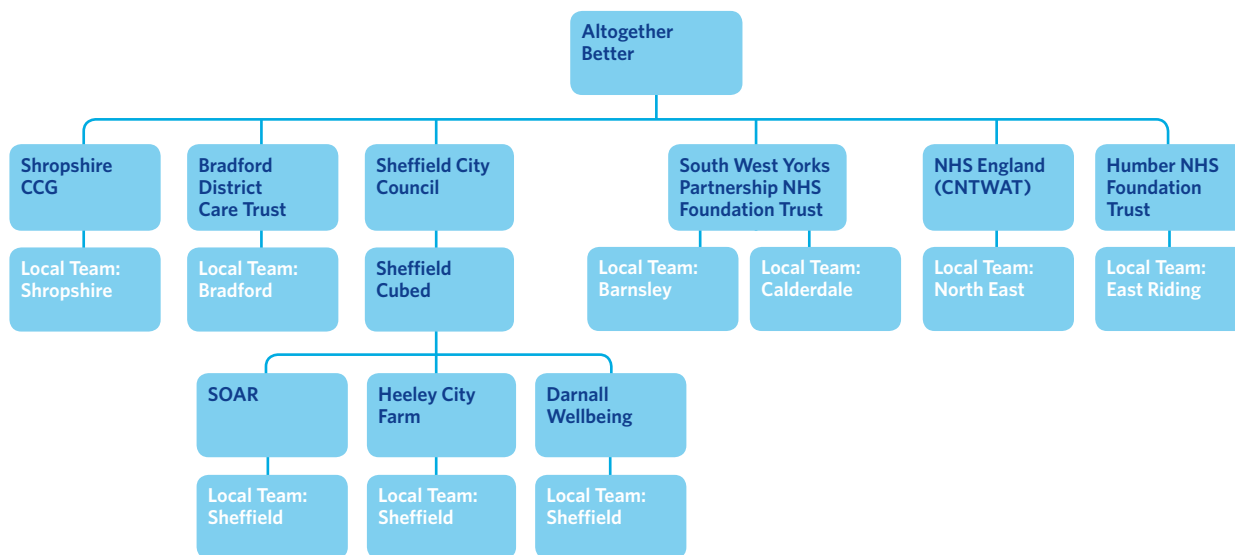
» **Learning: Projects need six months' lead-in funding to appoint staff and set up.**

» **Learning: Projects need step-down funding for some time to fully embed the work.**

» **Learning: Embargo on releasing news of the grant award to local partners meant delays in 'getting the ball rolling'.**

### Delivering through partners

The sub-contracted nature of the programme across the three regions and seven localities differed in terms of the type of host organisation and local arrangements for delivery of the work and is illustrated below:



Where the relationship between the Altogether Better team and staff locally was most effective is where there were the fewest administrative layers between the two. The further away Altogether Better was from delivery staff, the more difficult it was to nurture relationships and develop shared purpose, understanding and learning.

On the other hand the sub-contracting arrangement did enable the local teams themselves to be closely associated with the part of the city where the practices were located, and this has grown relationships that are likely to be sustained into the future.

» **Learning: If Altogether Better were to sub-contract with other organisations in the future, it should consider building into the contract a direct managerial link between Altogether Better and the staff who will be working locally, for example through a secondment.**



# Creating 'Community Centred Practice'

**Champions make a difference in their practice in many different ways, one of which is supporting the smooth running of the practice day by day.**

**Sandy, a Practice Health Champion in Bradford, is one of the members of the practice's Reception Support Group. She said:**

"We started the group and we're zooming! We found our niche and it's lovely.

We help with the admission screen. We help with people who just want information. If they see somebody that they see as approachable then they come and see you before they go to reception, which is fine because the girls are busy. If we can sort it out then they can take a seat rather than waiting in a queue.

You become known, that's what makes us a success. You become known to more people than you will ever know. We're a friendly face, which is important for people going somewhere that they don't know or where they don't speak the language. It all helps. It really does."

**Business Manager, Nick Nurden, can already see changes in the practice, he said:**

"It's a change for us – the champions are helping with the self check-in screens, and helping to facilitate flow around the building and to just being there to chat, because that's something that our staff just don't have time to do. Things like that are a big help.

It's just starting to get community and patients involved with the running of the surgery. It's their surgery, it's a community building, it's a community facility, it shouldn't be like a shop where you feel it's staff and customers. It's about us working together to everyone's benefit.

We need to start to use and access our GPs differently. At the moment we are using the services for completely the wrong thing a lot of the time. We have got to re-think that, and Health Champions is just one way of alleviating that pressure."

**Receptionist, Rana, is experiencing the change first hand, she said:**

"I was seeing a pattern of patients coming in to see their doctor just for a chat for that human contact. Patients were coming in for friendship, for a chat, because they've got nowhere else to go. This becomes a pressure on the practice – for reception and for the doctors.

But setting up these groups gives the patients something else, a different place to get that interaction. And since the Practice Health Champion groups have started we can see patients not coming in as often as they were."

**Nick has a clear vision about where the work with champions is heading, he said:**

"We want to see Practice Health Champions grow. The scale of what we're talking about and what we're trying to do is huge. It happens slowly. It's through individuals. And I want that in all our surgeries – that's what we are growing towards."



*"We want to see Practice Health Champions grow. The scale of what we're talking about and what we're trying to do is huge"*



# 4 Outcomes

## 4.1 Meeting the original objectives for the programme

The long-term goal of the work is to create the conditions across a system to support positive mental health and well-being in those communities involved in the project.

The objectives were:

### **Outcome 1: Champions and project participants will have improved mental well-being.**

Individual level outcomes: Health Champions will use their social skills and training to engage others in local activities and groups that encourage people to connect together and increase their knowledge and awareness of health issues.

### **Outcome 2: There will be improvements to health services leading to conditions that support better mental well-being.**

Organisational level outcome: A whole system approach will result in unanticipated outcomes that result from the synergy of all the stakeholders working together. This may occur in the life of the project or more likely beyond as changes work through. Organisational and system level outcomes will be captured qualitatively.

Specific targets (change indicators) were:

- Champions report increased knowledge and awareness related to health and well-being (at least 60% of champions)
- Champions are active members of steering groups and groups setting direction of system change (at least 15% of champions)
- Practices have a formal written agreement/compact for the co-production approach in place (target: 90%)
- Services/practices now run new groups/activities to improve well-being, both champion led and practice supported
- Champions/citizens actively participate in wider whole systems change.

### **» All these targets were met**

In total 1,131 champions have been recruited and trained (up to July 2015) across the three regions in the seven projects areas.

Outcome targets were measured through monitoring champion development (recruitment, training, activities) as well as via feedback surveys among champions, participants and practice staff. Over half the champions completed these feedback surveys. Additionally, all champions completed background information about themselves at the start of the project (demographics) and feedback about the quality and early impact of the training.

We have quantitative information on:

- Personal outcomes for champions and participants (in line with target) on a closed list of questions
- Background information on champions (age, gender, ethnicity, health status)
- Champions' satisfaction with training
- Personal outcomes from champions and participants in their own words (these are also coded, grouped and counted to see patterns).



*In total 1,168 champions have been recruited and trained (up to July 2015) across the three regions in the seven projects areas*

## 4.2 A framework for individual mental well-being – connecting what the champions have done with the evidenced-based Five Ways to Wellbeing



The UK Government's Foresight Project on Mental Capital and Wellbeing drew together all of the research evidence on building mental capital and wellbeing (Jody Aked et al 2008). Using the evidence gathered the New Economics Foundation (NEF) drew up a set of five actions that people could build into their daily lives that would improve well-being and increase resilience. (Sam Thompson et al 2008)

The work of the champions can be categorised in relation to each of the Five Ways to Wellbeing and using statistical analysis of the dataset generated in the champion survey data, Altogether Better has been able to validate many of these influences on wellbeing (see Annex 8b) evidencing that champion activities lead to improvement in well-being and increased resilience.

### Connect

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstone of your life and invest time in developing them. Building these connections will support and enrich you every day.

### Be active

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy that suits your level of mobility and fitness.

### Take notice

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

### Keep learning

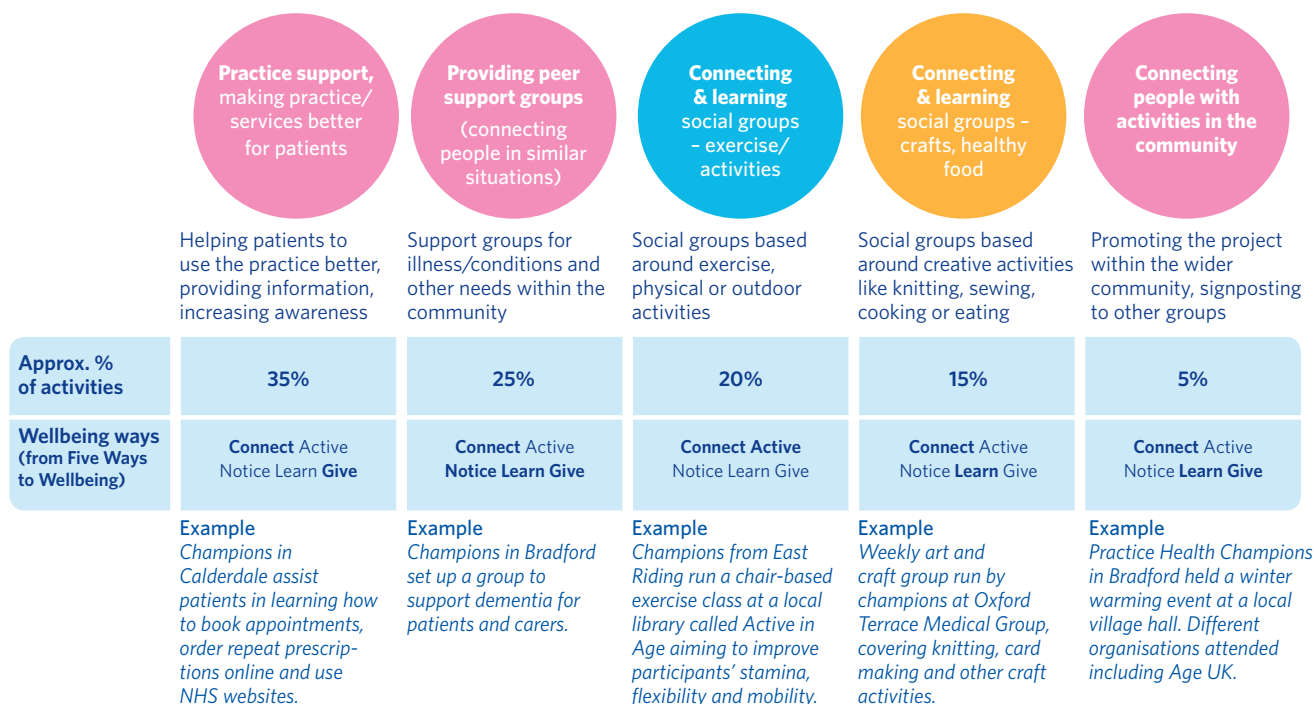
Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

### Give

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

## 4.3 Champions and what they have done – the overall picture

Altogether Better is aware of at least **216** activities created by the programme of which over **175** are ongoing. Most of these activities relate to several if not all of the Five Ways. The chart below shows some of the primary and most obvious links between the type of activity and the Five Ways to Wellbeing. However a broader understanding of the activities brings the realisation that elements such as ‘Giving’ and ‘Taking Notice’ are in fact a cross-cutting component of much of the work that the champions do as well.



Some examples of these activities are shown below to bring these categories to life:

Activity	Some examples
	Note: YHC = Young Health Champion led activities and events (Shropshire)
<b>Practice support, making practice/ services better for patients</b>	<p><b>Helping patients use practice better:</b>            Conversation club and language skills (for non-English speakers)            Signposting to the Health Trainer team            Help with booking appointments online            Explaining appointment guide            Help with checking in/arrival screens            Translating practice pamphlets into Urdu            Increasing awareness of smear tests            Helping with friends and family survey</p> <p><b>Raising awareness:</b>            Raising awareness of Health Champions and recruitment            Raising awareness around issues concerning homeless people (in surgery)            Raising awareness around diabetes in schools (YHC)</p> <p><b>Improving services:</b>            Decorating and designing a teen room in a hospital (YHC)            Young Health Champions talking at health conferences (YHC)            Making practices young person friendly (YHC)</p> <p><b>Health education:</b>            Information on diet, exercise and stress reducing methods            Promoting campaigns like: Stoptober, British Heart Foundation's Healthy Heart Week, Alcohol Awareness Week            Providing information on quitting smoking in practice            Leaflets and information on self-care</p>

*continued overpage*

Activity	Some examples
<b>Providing peer support groups</b>	<p data-bbox="333 152 967 174"><i>Note: YHC = Young Health Champion led activities and events (Shropshire)</i></p> <p data-bbox="333 203 699 230"><b>Disease/Illness/Condition support:</b></p> <ul data-bbox="333 232 858 495" style="list-style-type: none"> <li>Bipolar group</li> <li>Cancer support</li> <li>Chronic pain</li> <li>Diabetes</li> <li>Dementia group</li> <li>Dementia friends training (YHC)</li> <li>Bright Sparks (Special Educational Needs group)</li> <li>CRESTA 'Let's Get Together'</li> <li>Anxiety disorder helpline for teens 'No Panic' (YHC)</li> </ul> <p data-bbox="333 510 687 537"><b>Support to sections of community:</b></p> <ul data-bbox="333 539 906 1061" style="list-style-type: none"> <li>Carers group</li> <li>Baby and toddler groups</li> <li>Breastfeeding support</li> <li>Young parents groups</li> <li>Domestic abuse group (women)</li> <li>Men's health</li> <li>Stop smoking support</li> <li>Reading support (local primary school)</li> <li>Youth Circus for Roma Slovak children to learn English</li> <li>Afternoon tea 'cuppa and company' (for isolated people)</li> <li>Clothes bank</li> <li>Upcycling clothes for teens (YHC)</li> <li>Book club/reading groups</li> <li>Digital drop ins</li> <li>De-stress meditation/colour therapy</li> <li>Champion coffee mornings (for champions)</li> <li>Health &amp; Well-being Wednesdays</li> <li>Hearts and Minds</li> </ul>
<b>Connecting &amp; learning social groups - exercise/activities</b>	<ul data-bbox="333 1093 847 1379" style="list-style-type: none"> <li>Chairobics</li> <li>Local walks</li> <li>Cycling</li> <li>Circle dancing for patients with dementia</li> <li>Lawn bowls, gardening at practice, walk and weigh,</li> <li>Tai chi</li> <li>Somali dance class</li> <li>Race for Life for young people (YHC)</li> <li>Dance classes (YHC)</li> <li>Disability Accessible Running Time 'DART' (YHC)</li> </ul>
<b>Connecting &amp; learning social groups - crafts, healthy food</b>	<ul data-bbox="333 1411 863 1783" style="list-style-type: none"> <li>Allotments: learn to grow food</li> <li>Grow your own fruit and veg for parents and children</li> <li>Healthy eating cooking workshop</li> <li>Health and nutrition groups</li> <li>Social café: how to cook a healthy meal on a budget</li> <li>Knitting and card making</li> <li>Quilt making</li> <li>Glass painting, crochet, cross-stitch</li> <li>Bring your own craft project</li> <li>Kite flying</li> <li>Sewing</li> <li>Singing and choir groups</li> <li>Music (e.g. ukulele)</li> </ul>
<b>Connecting people with activities in the community</b>	<ul data-bbox="333 1814 1066 2029" style="list-style-type: none"> <li>Promoting other health groups (Bradford Healthwatch, Change4Life) at surgery and community fairs (signposting to activities in the community)</li> <li>Signposting to information for mums</li> <li>No smoking information stand at a maternity clinic (giving information)</li> <li>Informing patients about what is going on in their local area</li> <li>Organising community art and music therapy days (YHC)</li> <li>Organising community activity days (YHC)</li> </ul>

**In total over 1,100 Health Champions were recruited and trained in the programme by July 2015:**

<b>Location</b>	<b>Practice/Locality</b>	<b>Champions trained</b>
<b>Barnsley</b>	City-wide	
	Pregnancy and Early Years	<i>Total 106</i>
<b>Bradford</b>	Bradford: Fisher Medical Centre	57
	Bradford: Horton Park	46
	Bradford: Picton Medical Centre	29
	Bradford: The Ridge Medical Centre	74
		<i>Total 206</i>
<b>Calderdale</b>	Calderdale: Beechwood Medical Practice	32
	Calderdale: Church Lane Surgery	22
	Calderdale: Horne Street	47
	Calderdale: Keighley Road Surgery	22
		<i>Total 123</i>
<b>East Riding</b>	East Riding: Brough and South Cave	69
	East Riding: Holme-Bubwith Medical Group	19
	East Riding: Practice 2, Medical Centre	13
	East Riding: St Nicholas Medical Group	24
	East Riding: Wolds View Primary Care Centre	30
		<i>Total 155</i>
<b>North East</b>	CRESTA	11
	NE/Newcastle & Gateshead: Denton Turret Medical Centre	19
	NE/Newcastle & Gateshead: Oxford Terrace Medical Group	34
	NE/Newcastle & Gateshead: Oxford Terrace Medical Group: St Anthony's	9
	NE/Newcastle & Gateshead: Oxford Terrace Medical Group: Teams Medical Practice	14
	NE/Newcastle & Gateshead: Oxford Terrace Medical Group: Whickham	19
	NE/Northumberland: Guidepost Medical Centre	19
	NE/Northumberland: Waterloo Medical Group	14
	NE/Northumberland: Well Close Medical Group	9
	NE/Northumberland, Tyne & Wear NHS Foundation Trust	14
	NE/South Tyneside: St George Medical Centre	9
	NE/South Tyneside: The Glen, Hebburn	22
	NE/South Tyneside: The Park Surgery	7
<b>Sheffield</b>	Sheffield: Darnall (Clover Group)	43
	Sheffield: Heeley Green	28
	Sheffield: Page Hall	37
	Sheffield: Shire Green	43
		<i>Total 151</i>
<b>Shropshire</b>	City-wide	
	Young Health Champions	<i>Total 227</i>
		<b>Grand total 1,168</b>

## 4.4 Outcomes – General Practice

### 4.4.1 People benefits

The following change indicators agreed with the Big Lottery Fund demonstrate individual improvements in mental health and well-being.

#### i) The measured impact on champions and participants

##### Change indicator performance:

##### Knowledge

✓ **87%** of champions and **94%** of participants report **new knowledge/awareness related to health and well-being.**

##### Well-being/confidence

✓ **86%** of champions and **94%** of participants report **increased levels of confidence and well-being after involvement.**

##### Social

✓ **98%** of champions and **99%** of participants report **increased involvement in social activities/membership of social groups/social networks.**

#### Change indicators:

Indicator	Measures “Would you say you now know more about ...?”/ or “Do you agree...?”	Champions (total 561)	Participants (total 304)
<b>KNOWLEDGE</b> New knowledge / awareness related to <b>health and well-being</b>	<i>One or more of these:</i> <ul style="list-style-type: none"> <li>How to keep yourself healthy</li> <li>How to eat more healthily</li> <li>Ways to stay physically active</li> <li>Ways to improve mental well-being and happiness</li> </ul>	<b>87%</b> 77% 63% 65% 78%	<b>94%</b> 80% 60% 80% 79%
<b>WELLBEING / CONFIDENCE</b> Increased <b>levels of confidence and wellbeing</b> after involvement	<i>One or more of these:</i> <ul style="list-style-type: none"> <li>I am more self-confident</li> <li>I feel generally happier</li> <li>People listen to me more</li> <li>I feel more valued</li> </ul>	<b>86%</b> 67% 70% 58% 73%	<b>94%</b> 68% 88% 62% 68%
<b>SOCIAL</b> Increased <b>involvement in social activities</b> / membership of social groups / social networks	<i>One or more of these:</i> <ul style="list-style-type: none"> <li>I've started going to more (social) activities &amp; groups</li> <li>I have made more friends</li> <li>I have more contact with people in my community</li> <li>I have met people from different backgrounds</li> </ul>	<b>98%</b> 55% 85% 71% 92%	<b>99%</b> 75% 88% 83% 86%

*Q: As a result of being involved as a Champion: Can you tell us which of the following are true for you?*

Variation in outcomes by project (location) and by individual practice was measured and identified a consistently strong story, with only a few pockets of weaker results.

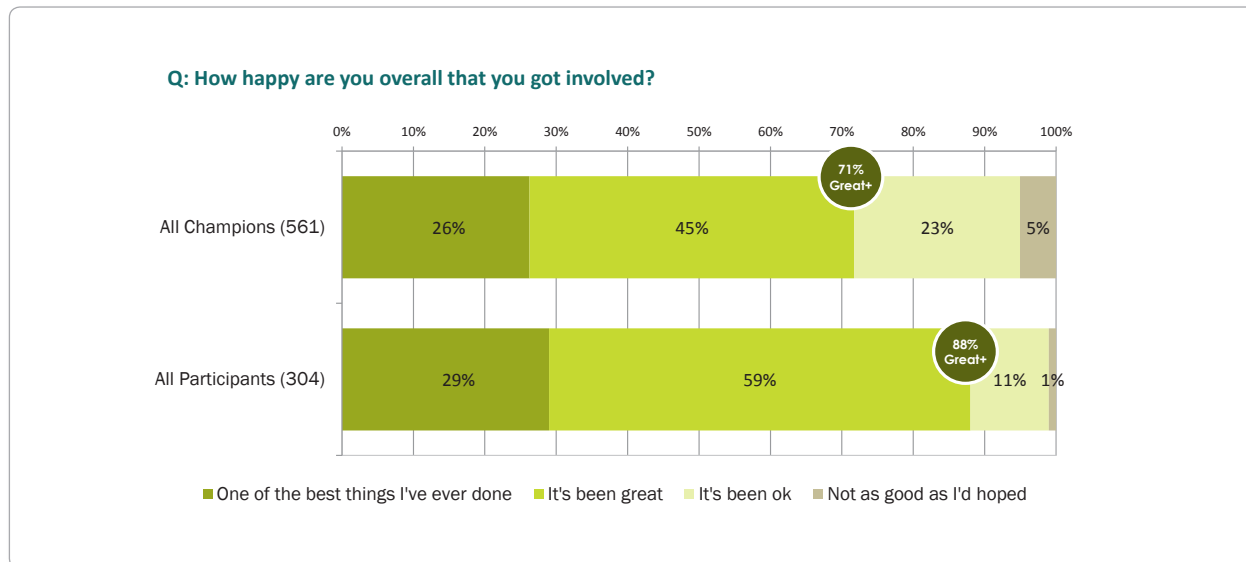
ii) Overall satisfaction is very high

Champions and participants are very positive about being involved:

Overall satisfaction with involvement in the programme

✓ 71% of champions and 88% of participants rated their involvement as "one of the best things I have ever done" or "great".

Less than 5% of champions and 1% of participants disappointed.



iii) In their own words

Champions' descriptions of their experiences were captured via many one-on-one personal interviews and from hundreds of comments made via the feedback surveys. The patterns coming through from all of these follow strong themes:

- Socialising with friends
- Gaining new skills and experiences
- Regular socialising with a new group
- Having a reason and purpose to get out
- Communicating with different types of people
- A range of new experiences
- Feel more involved with the community
- Standing up for myself
- Being able to help others
- Knowledge of local health needs
- Helping and contributing
- A sense of worth and purpose
- Feeling positive about myself
- Making a difference

Becoming a Health Champion is **life changing** for some people and **life-improving** for many. The changes were due to feeling more confident, having a purpose in life and making good friends. In some cases champions were feeling physically better.

*"It's really helped me get back on track... when they did the induction, it was all about isolated and lonely people. Well I was one of those isolated and lonely people, so basically left to rot... and literally that text that (project worker) sent to me that day, **saved my life.**"*

*"After this bereavement, not having a job, not having a purpose, I started having panic attacks a couple of years ago, quite bad and I'm still having them a bit but because I'm having to go out and be the centre for people and there for people and responsible, it's really helped me... **this has helped me more than any medication might.**"*



Other **major themes** mentioned are:

**Meeting people and being a part of a diverse community**

- Enjoying meeting new people
- Being part of the community
- Meeting a new and diverse group of people

**Making new friends and socialising**

- Making genuine new friends
- Regular socialising with a new group

**Having a reason and purpose to get out**

- Getting out more
- A reason to go out

**Helping and contributing, making a difference**

**Gaining new skills and experiences**

- A range of new experiences
- A bridge into work

**Feeling positive about myself**

- Building up my self-confidence

**Helping and understanding my local practice**

**Feeling physically better and more healthy**

**Meeting people and being a part of a diverse community**

The universal feedback from champions is the social aspect – meeting lots of new people and in particular a diverse group that they “wouldn’t have met” in their everyday lives otherwise. The sense of being more part of and improving their community is frequently mentioned.

*“I’ve met some really nice people, which is actually quite humbling because it’s people who are in the same position to me, better than me, worse than me.”*

*“I feel more **involved with my own community**, been inspired by the people I have met and feel more connected with local opportunities.”*

*“I have become much more involved with **people who I probably would not have met** if I’d not been involved with the champions. I look forward to our activities and meetings.”*

*“**Getting together with people my own age** outside school and making a difference to other people.”*

*“I have gained a wider understanding off the women we work with like when we closed down for Ramadan, I am always open to finding out more about the other people and what is important to them.”*

The importance of diversity within the group was strongly valued by the champions. Increasing diversity leads to improvements in With 1 in 7 of the population being born abroad (ONS July 2015) opportunities to improve community cohesion are welcomed.

*“I think it’s just a **damned good thing for the community**. I just hope it all spins off and more people join us and we feel more of a community.”*

*“It’s nice to also have other **friends in the community**, that when you go out, you see people you can say hello to and it just gives you a little boost, or a big boost.”*

*“And I like it because we’re such a **mixed bunch** aren’t we? No we’ve got everything. You know we’ve got youth... Yeah a couple of young lads, a couple of young lasses. There’s a range of ages. Most of us are either knackered or retired.”*

*“Me and K., she’s only 21, we’re on the desk on Fridays and we bonded... she looks at me as though I’m her grandma, she says **I’m her adopted grandma** and we do get on and it’s nice, she speaks very good English and she can speak bits of language and she’ll help, we get by.”*

*“Yes, **the Asian men being on the desk together with the older English women** and that sort of chattering that you wouldn’t normally get.”*

## Making new friends and socialising

An important part of becoming a Health Champion is making new friends based around a common interest – helping others. Sometimes this is a close and supportive group in the practice and often friendships develop outside the Health Champion work. One person said that being in the Health Champion group was like having a new family.

*“We’re very close, the two of us and eventually we got to the idea of let’s get together, so we get together once a month down at the pub, unofficial, we call it a social whereby members from another practice – all champions – and from here and anybody’s welcome.”*

*“The biggest benefit that I’ve found is, I’ve made a **new social circle of friends**, really nice friends.”*

*“Really good friends and we’re a good team and we support each other and **it’s a good laugh.**”*

*“**It’s got me out of myself** and I’ve talked to different people and been more sociable.”*

*“I’ve made two **fantastic friends.**”*

## Having a reason and purpose to get out

Some of the Health Champions were previously isolated and now have more friends, get out of the house, and have something to ‘get up for’.

*“I enjoy it and my daughter said **‘It gets you out mum** and you’re around people your own age”. Cheeky madam!”*

*“Getting me out of the house to at least **feel like I’m alive** and my life is not wasted.”*

*“I’m not sat at home with a cat and a bottle of wine.”*

## Helping and contributing, making a difference

Champions feel like they are able to help the people in their community by doing something worthwhile that makes a difference.

*“I love being able to help others and **use my past experiences** to help others and raise awareness about the issues that are of importance to me.”*

*“Knowing how much I am helping people and believe that **I am doing something worthwhile** helping people on their journey to recovery.”*

*“I can **make a difference to the local area.** Especially NEETs in the area.”*

*“I like feeling that you can **make a difference to someone’s life**, helping others, sharing life experiences.”*

*“I have **always wanted to help** other mums in my community but don’t normally get the chance.”*

## Gaining new skills and experiences

Champions often mention broadening their experiences and learning new skills with some using their experience as a way into work.

*“Helping has been beneficial as I have gained experience helping people, it is also enjoyable. I have also been **able to teach my own classes with the experience gained.**”*

*“I have **become qualified** in delivering active in age, I’ve also learnt more how to link in with the practice and the project staff.”*

*“I have **learnt how to work effectively in a group** as well as independently.”*

*“It’s made a big change in my life. I applied for the health trainer training twice before, not successful and then I applied for it again a third time and with all this experience behind me now, thankfully I got through and I’m **now working as a health trainer** as well.”*

*“**I’ve learned more about diabetes** and how to become more understanding with people with this problem. I’m a better listener. I’m learning how to crochet.”*

## Feeling positive about myself

Champions feel more positive about themselves, more confident and motivated with a greater sense of mental well-being.

*"It's given me more experience in different things and it's **made me more confident**. Whenever I get an email or a text message through saying that there's an event or something going on, I would always push myself now to go and you just never know who you might meet or what opportunities might come up, so it's definitely made me more confident."*

*"I also find that because I've come back into something that has to **push my boundaries** because for years, I didn't do anything; that's given me a bit more confidence to speak to people."*

*"I think it's made me **more outgoing**. If I'm fighting for somebody else, I'm all right, if I'm fighting for myself it's a different matter but for somebody else, it's good and I don't mind putting myself out for somebody else."*

*"It gives you a **sense of worth & purpose**."*

*"I do feel more confident about myself and I feel good when I achieve things we do. **I have a purpose** on the days involved."*

## Helping and understanding my local practice

Champions feel involved in the practice, more informed and that they are able to help.

*"I lived on the council estate just across there and to think that now I'm 60, I'd be asked to join the PPG is just amazing... that took my breath away."*

*"**I learned how my health practice works** and what my doctors perceive gaps are."*

*"I've really, really enjoyed meeting others and having the opportunity to meet high up people in the NHS and **put my views across**."*

*"**I am proud** that I have had an opportunity that I am **able to signpost the patients in right organisations**. Also, I helped my community and try my best to make them aware about everything and what is going on in today's society."*

## Feeling physically better and more healthy

Some champions directly attribute physical health improvements to their involvement.

*"It's two years now **I've not been to hospital for a check-up because I feel healthy**, everything fine, so these sort of things help people."*

*"I've got fibromyalgia and some days it can be very debilitating, you can't get out of bed but I do, I make myself and yes, I come for my repeat prescriptions **but I've not been for ages to the doctor**."*

*"I made friends with N and her sister and they teach me language, so it's given me a chance to meet people and just get out of myself, from a health perspective **it's marvellous for me!**"*

## 4.4.2 Practice benefits – the impact on practices

### i) The verdict of practice staff is positive

The net results are very strong:

- ✓ **95%** of practice staff would **recommend the programme**.
- ✓ **95%** of practice staff **wish the programmes to continue**.

### Recommend/Continue

We asked two questions covering recommendation and continuation:

**1. Would you recommend** working with Practice Health Champions to a friend or colleague in another practice who is thinking about doing so?

- Yes
- No

95% Yes

**2. We know that getting this work off the ground can be slow and difficult at times, but now that Practice Health Champions are part of your practice would you say that it is worth continuing into the future?**

- Definitely
- Probably
- Probably not
- Definitely not

66%  
Definitely

+

29%  
Probably

Overall (across all staff roles at all practices) :

- **95% said they would recommend the programme**
- 66% said they wanted “definitely” want to continue in the future
- Another 29% said it is “probably” worth continuing, making again a **95% positive response**

Additional qualitative and anecdotal evidence is that some practices are starting to see:

- ✓ **Improved morale of practice staff**
- ✓ Development of **patient groups as an additional resource to the practice** and whole healthcare system
- ✓ The possibilities of developing a **new, sustainable business model**
- ✓ **More satisfactory consultations** for both patients and clinicians
- ✓ Additional **support in delivering care plans**

## Overall indicators: by project

Of the five practice-based projects there are indications that staff in the North East and Calderdale are less positive

% who give positive score	Total	Bradford	Sheffield	East Riding	North East	Calderdale
Base:	101	51	26	8*	13	3*
<b>Would recommend (yes)</b>	95%	98%	96%	100%	85%	67%
<b>Continue into the future (definitely)</b>	66%	76%	62%	63%	46%	33%
<b>Continue into the future (definitely+prob)</b>	95%	100%	97%	88%	84%	66%

Key: Colour coding used throughout this report.



Over 70%



Over 60%



Under 60%

\* Note: small sample

## Overall indicators: by role

- Recommendation is near-universal (top row)
- In terms of wanting to continue, staff who have more contact with patients are more strongly positive than those who are managerial/admin

% who give positive score	Total	Doctors	Nurses	Reception/Rcpt. Mgr	Practice Managers	Admin	Other*
Base:	101	14	12	25	24	17	9
<b>Would recommend (yes)</b>	95%	100%	100%	100%	88%	88%	100%
<b>Continue into the future (definitely)</b>	66%	79%	75%	68%	63%	47%	78%
<b>Continue into the future (definitely + probably)</b>	95%	93%	100%	88%	100%	94%	100%

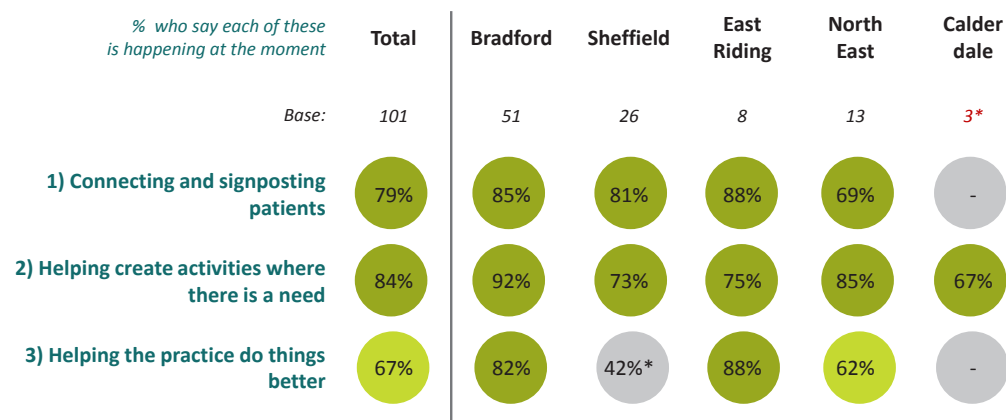
\*Other staff include: health care assistant, business manager, access manager, caretaker

\* Note: small sample

ii) Practice staff understand and see the benefits

### What champions are doing: by project

In most projects, practice staff have seen champions doing all of these



Note: if this is not "happening today" then in a follow up question nearly all staff in every practice thought that champions could deliver this area of service in the future

\* Note: small sample

### Outcomes: All projects

- ✓ There is a very good understanding of what champions are about
- ✓ And broad success is recognised in helping the practice connect to the outside world and let the practice improve



## ii) And practice staff are starting to see patient benefits too

Doctors and practice staff mention these benefits of the Health Champions:

Health Benefits to patients

Helping the practice

Running great groups and activities

Bringing people together and reducing isolation

### Health Benefits to patients

Some GPs have noticed a difference in their patients who had become Health Champions. Although these are isolated incidences at this stage in the project, they prove the potential of the Health Champion work to have a major impact on people's lives.

*"I'd got a retired teacher who's now involved with the teaching ....it's given her another meaning because **she was very depressed and it's given her a meaningful life...**I see her a lot less."*

*"I can think of a particular person, she's slimmer, she's more confident, she's more confident in the way she relates to us in the consultation. **She used to be deferential and she's more self-confident now.**"*

*"I can think of one person in particular where **there's definitely been benefits in socialising** and a person that was new to the area and this was a way of them making friends and meeting up with people and getting involved."*

### Helping the practice

The practical ways in which champions help out at the practices are very visible to the practice and to others, in more than one example CQC inspectors visiting practices with champions recognised the champion element of the work as 'outstanding.'

*"We would like to invite all our champions at Wickham to drinks and buffet to celebrate **the wonderful team work that went into the CQC inspection.** Please join us on Friday 6 February at 7pm at The Crown pub upstairs room. We would love to have the whole team there."*

*"They help with **healthy eating**, showing patients how to self-arrive."*

*"Helping out **in reception area, testing the patients BP, signposting and encouraging patients to become healthier** (both in lifestyle and what they eat)."*

*"Working with them in flu clinics they certainly help **putting patients at ease and brightening the atmosphere with their interactions.**"*

*"At the flu campaign days their **input was not only helpful, but invaluable.** I also see them in the reception area once a week and it is nice to have them helping signpost the patients. They usually have a table with leaflets and information on too."*

## Running great groups and activities

And the groups and activities they organise are widely appreciated

*“Running the walking groups – creating opportunity for exercise and networking for patient.*

*Knit and Natter **helping provide support for patients and helping decrease loneliness.**”*

*“A couple of patients are regularly seen in the practice putting things on notice boards, chatting to staff and other patients. It’s good to have them around. It feels like **we are connecting with patients better and I think other patients see this too which is vital.** I know they run diabetes support and also mental health support groups. **This is really useful work, they have the life experience and credibility with other patients to be really effective.**”*

*“Health Champions doing some really good and positive work, setting up activities. **Lovely folk as part of the team.**”*

*“**Educating people** on diabetes, diet, foods to buy which are inexpensive, showing examples.*

*“**Pain management groups are a great success** and very much appreciated by the women that attend. A new domestic violence group to support victims has just started and we hope this will have similar success.”*

## Bringing people together and reducing isolation

Practice staff see the impact that the social groups and activities have in bringing patients together to reduce social isolation and loneliness.

*“Coffee mornings/afternoon with patient that normally do not get out.”*

*“**Most successful - 1) getting lonely/isolated people engaged - breaking down barriers.***

*2) getting people doing more physical exercise. 3) becoming financially independent.”*

*“The groups that they are running within the practice knit and natter, walking, healthy eating stall, charity stall are all for the **benefit of the local community and have particularly drawn in lots of people who have been leading quite lonely lives.** This has been really lovely.”*

*“I think the health Champions have **a very positive impact towards the community, engage very well with patients,** especially those who are not able to speak English.”*



### 4.4.3 Clinical Commissioning Group (CCG) and local authority benefit

The design of the programme included running local workshops for a small group of key stakeholders across health, local authorities and the third sector to learn from the work done locally as well as the national programme. As it took longer than expected for champions to engage in activities, the impact of champion work only started to become visible towards the end of the funded period. These workshops are ongoing and all those invited are keen to attend. They were invited to look at the learning from the evaluation, explore models of system change and discover together how to apply this learning to the health and well-being agenda. Some areas (e.g. Bradford, Shropshire, Barnsley, Calderdale) have already made commitments to sustain the work, but it is too early to tell the impact of applying the learning across the wider system.

The work has shown how the system can work together to:

- unlock the resource and resourcefulness of citizens
- catalyse the system (both citizens and services) to co-evolve
- deliver community-centred organisations.

Altogether Better's aspiration is that CCGs and local authorities will recognise the value of working with an empowered group of champions, who bring no partisan interest and who are motivated to work alongside them to discuss and tackle the difficult issues on the new commissioning agenda.

Some CCGs can see the potential of being in conversations with champions who help to create an authorising environment which legitimises shared commissioning and decommissioning decisions with their local communities.

There have been some early signs of this in Shropshire, an example of which is Young Health Champions helping to design the consultation questions with the CCG for the statutory public consultation on NHS England's 'Call to Action' strategy. This sought to reframe hospital and community service provision; two champions are using their artistic skills working alongside the children's commissioner to explain the commissioning cycle to young people and illustrate opportunities for them to provide their experience and views.

There have been some healthy signs of dialogue between Young Health Champions and the NHS at a national level with champions taking part in the first AGM of NHS England, and contributing to a range of NHS Citizen events and meetings including NHS Takeover Day.

*"The other thing for me with working with young people, it really provides a different insight in how you commission services because you're not thinking of commissioning for now, you're thinking about what will the young people now need in 20 years' time. So it has changed how we think around commissioning."*

Shropshire

## 4.5 Outcomes – a specialist hospital service (CRESTA)

### 4.5.1 People benefits

Quantitative feedback from the champions was very much in line with the overall results.

From the qualitative interviews the champions have clearly benefited from forming for themselves a peer support group, often finding for the first time ‘people like me’ and meeting together in a context where gluten- and dairy-free food is the norm. Here are some examples of comments made by champions:

*“I am not alone in having the health problems that I have. Have met people I probably wouldn't have if I hadn't been a Health Champion.”*

*“Because CRESTA treats less well known and less well treated illnesses, it has been a huge relief to meet others who have had a rough ride with health. I'm not the only one. The group are lovely people.”*

*“I feel as though I've learnt how to work better as part of a team and can integrate with people of different backgrounds. I feel it has helped me have confidence in my communication skills. It's been great to be grouped together with a group of people I would never otherwise have mixed with and the mutual respect and support is great.”*

It is likely that other people who use the service and their families will benefit, but there is no specific evidence collected of this at the moment.

### 4.5.2 Service benefits

Fatigue CRESTA feels more positively about itself for having developed this work and it benefits from the support the champions provide in campaigning for it to survive. The service has a better idea what the people who use it want, but the way the service is provided has not so far changed. The possibility that these champions will improve the care in their General Practices is an interesting and unexpected potential outcome.

*“If patients feel they want to speak to somebody who's been through similar experiences as themselves, they can contact Health Champions directly to talk through their experiences and this really helps them manage their symptoms and feel that they're not going mad, that this is very real and they will be taken very seriously. It's something patients are finding hugely valuable. They're coming to us with ideas of things they want to do. It's become an integral part of how the clinic works, and equal partners, which is something very different, we really value each other's opinions.”* Clinical Professor of Ageing and Medicine

This is a significant step towards the development of a new collaborative model for the service and its champions, but it remains to be seen whether further steps in this direction are taken over the next year.



*“It's been nice to work alongside the clinic and feel that we're in a position to really influence the way it works and how patients are treated. It's given us, as patients with chronic illness a voice which is unusual and much needed in healthcare.”*

Champion

*“It's become an integral part of how the clinic works, and equal partners, which is something very different, we really value each other's opinions.”*

Clinical Professor of Ageing and Medicine

## 4.6 Outcomes – Shropshire Young Health Champions

Overall the nature of the type of work being done is captivating for all exposed to it, and NHS England has been very interested and supportive of the work.

A total of 227 champions have been trained creating a wide range of activities, which have improved the mental health and wellbeing of Young Health Champions and resulted in significant organisational and system changes.

### 4.6.1 Individual change

Quantified outcomes from the feedback survey showing individual change:

- ✓ **84%** of Young Health Champions in the programme reported **increased levels of confidence and well-being.**
- ✓ **94%** of Young Health Champions trained felt they had **“learnt a lot”** from the training and **93% “enjoyed the training”.**
- ✓ **100%** of Young Health Champions said they had acquired **significant new knowledge related to health and well-being.**
- ✓ **100%** of Young Health Champions reported **increased involvement in social activities and social groups.**

### 4.6.2 Organisational and system change

The Young Health Champions were also offered opportunities to work with organisations on existing challenges. These were called ‘chocolate box projects’.

One group of Young Health Champions were given a tour of the local hospital’s women and children’s unit which had a vibrant young children’s room but a plain and dull space for teenagers. They redesigned the room, working up mood boards and scale drawings which they presented to the hospital. The plans were given the go-ahead and the Young Health Champions remain closely involved, using their energy and enthusiasm to engage local companies to support the project. Not only did the young people get the room they wanted but it was at a significantly lower cost than if it had been driven by NHS procurement processes.

The Communications Director of the Shrewsbury and Telford Hospital NHS Trust sums up what it means to work with Young Health Champions:

*“I have the immense privilege of working with Shropshire Young Health Champions. Everyone in the Trust who has worked with the Health Champions visibly lights up when their names are mentioned. They have been an absolute breath of fresh air, truly passionate and really creative. Our services will be better because of their involvement. Just one example has been the recent opening of the new Shropshire Women and Children’s Centre, where the champions are helping to design the teenage area.”*

Young Health Champions are now participating in the commissioning cycle with the Clinical Commissioning Group. This is equipping them with the skills they will need to support a local re-configuration of hospital services.

Two artistically talented Young Health Champions are working with the children's commissioner to explain the commissioning cycle to young people and illustrate opportunities for them to provide their experience and views.

- Clinical Commissioning Group (CCG) Champions attended and contributed at the AGM of the NHS England (NHSE) board and have been involved in a number of national events. Their work has been profiled by NHSE who were invited guests and strong supporters at their celebration event. The Head of Patient Experience (Children, Young People and Maternity) cited the "Shropshire YHCs as an example of putting young people at the heart of commissioning".
- In the 18 months of running the project the Young Health Champions have spent time with both incumbent Chief Executives of the NHS, David Nicholson and more recently Simon Stevens at NHS Takeover Day.

### 4.6.3 Sustainability and spread

The spread and numbers of Young Health Champions have surpassed our expectations. Shropshire CCG (also the police and fire service) has made a public commitment to continue to support the Young Health Champion work and to fund and continue the training and support of 100 Young Health Champions per year for the next three years, extending the lifetime of the work until 2018.

- This will take the number of Young Health Champions trained to a total of 450 by 2018
- Neighbouring, Dudley CCG has committed to introduce Young Health Champions by the end of 2015
- Telford and Wrekin CCG which borders Shropshire CCG has recently been supported by the project team to engage and train its first cohort of Young Health Champions extending the scope and scale of the work in the North West

## 4.7 Outcomes - working together in Barnsley to give our children the best start

As described in the previous section ('What happened'), the work in Barnsley has been difficult and challenging but optimism remains with a fresh start and new injection of energy under way.

There is little evidence of any organisational change that has taken place as a result of the work.

There are a number of activities being run and supported by champions that stemmed from the Whole System Event but they are not supported by the formal health and social care system which does not appear to have changed as a result of the work with Health Champions. Despite this there is qualitative evidence that champions have benefited:

*"It's like a sense of achievement in a way. It's like doing something nice for other people. It makes you feel a bit more relaxed that your child's going to be playing with other children who have other needs and you don't feel isolated. Because obviously when they get diagnosis, it's like... go and find whatever you can to help but they don't really point you anywhere."*

Barnsley, Health champion

*"From my experience, when my son was diagnosed with autism, he'd got a lot of autism, Asperger's groups out there. You hadn't got that many that cover all the additional needs, whereas we do, we have any children with additional need, not just the autistic ones."*

Bright Sparks, SEN group

A new and enthusiastic group of champions has started work in July 2015 with new ideas and the intent of connecting more successfully with the local system.

## 4.8 Unanticipated outcomes

### 4.8.1 Examples of the unanticipated outcomes that occurred

#### Individual level

The intensity of some responses and people referring to its life-changing and life-saving power.

The extreme range of champions' groups and activities – from kite-flying to Christmas lunch and a tea dance.

The extent to which champions valued the friendships made, particularly with a diverse range of people they would not have otherwise met – doing something together as an approach to community cohesion.

'Friends for life': many champions reported having met and become close friends with people they would not otherwise have known which has been hugely unexpected and rewarding.

#### Organisational level

The flourishing of receptionists who have taken a lead with the Health Champions and as a result a more prominent place in the practice team.

Improvement in staff morale at practices:

*"Whooooooooo hooooooooo, :) :) :) This is the bestest work place in the world and proud to be a part of it... such a good team!" Primary Care Nurse, Oxford Terrace, Gateshead*

The huge significance of 'hello' and the power of 'thank you' by GP and Practice Manager to champions.

Seeing a nurse working the waiting room after seeing champions working there and saying that it had turned the practice into a 'community practice'.

The difficulty of getting most GPs to recognise the possibilities for changing their way of working.

Practices forming closer connections with other local organisations – the host organisations, the local landlord of a pub, the brothers of a local monastery.

Conversation Club in practice where many patients do not speak English, and the extent to which the practice values this.

Practices received feedback from the CQC that the work with Practice Health Champions was 'outstanding'.

#### System level

Unusual partners being brought in (e.g. police, fire service, Bereavement Counsellors with young people).

Resources (both staff time and money) being shifted to support this work (three-year funding across four organisations, practices paying for further champion training).

Word of mouth spread, lots of expressions of interest and take-up by people and practices simply hearing about it.

Practices report increase in the number of patients on their list as a result of champion activity.

# Young Health Champions make hospital services better for young people

**When the Shropshire Young Health Champions were given a tour of the Princess Royal Hospital's Women and Children's Unit they saw a vibrant young children's room but a plain and dull space for teenagers. From this insight a project quickly emerged for the champions to work with the staff from Shrewsbury and Telford Hospital NHS Trust to design a new teenage room at the hospital to coincide with the merging of two inpatient paediatric units.**

Young Health Champion, Livi, 14, said: "As a teenager going into hospital it's quite scary and you feel a bit cut off because you don't want to be out of school and you miss your friends. So we wanted to make the room as comfortable as we could. We designed artwork for the room, and the layout, and we decided what was going to go in the room. We also said that it was hard because there wasn't a way to contact our friends, so they got Wi-Fi for the place. The staff were really helpful and lovely about it." Adrian Osborne, Communications Director at the Trust appreciated their involvement: "Key to the project was to work with the Young Health Champions to think about what that space should be like, everything from colour schemes to rules of the room. It's been a useful opportunity in all sorts of different ways because young people can come with lots of great ideas and expectations."

The project brought staff and champions together generating new ideas and new experiences. Young Health Champion, Alison, 13, said: "I helped present the teenage room idea to a board of people I'd never met. If I'd thought I would have been doing that back in December when I was in year 7 I probably would have had a panic attack."

The Communications Director summed up what it has meant to work with YHCs: "Everyone in the Trust who has worked with the champions visibly lights up when their names are mentioned. They have been an absolute breath of fresh air, truly passionate and really creative. Our services will be better because of their involvement."

Liam, 17, one of the Young Health Champions on the project, said: "We felt it was important for teenagers at the hospital to have their own room, not just part of the children's unit, because if they get upset then they can go somewhere quiet and have time by themselves, and to think problems through."

The room was officially opened in February 2015, Livi said: "We had spent months designing the room and then Princess Anne opened it so we got to meet her - which was so amazing! Health Champions is great, everybody should be a Health Champion."



*"Health Champions is great, everybody should be a Health Champion."*



# 5 The Programme Approach - structure, tools, mechanisms

Altogether Better put in place innovative mechanisms to support the work and the formative evaluation process. A key element was to gather feedback continuously and efficiently and to create the right conversations to discuss the learnings so that they could be evolved. The key technology used for this was conversation – a precise social technology – to discuss the learnings as they surfaced.

## 5.1 Evaluation data collection

The following data was collected:

	Quantitative feedback	Qualitative	Other analysis
<b>Champions</b>	Feedback survey ('SPQ') Demographic data, training feedback	26 depth interviews & 11 focus groups	Linguistic analysis
<b>Participants</b>	Feedback survey ('SPQ')		
<b>Practice staff</b>	Feedback survey (‘Practice survey’)	41 depth interviews	Linguistic analysis
<b>Leaders of local teams</b>		6 depth interviews	Linguistic analysis
<b>Altogether Better</b>		4 depth interviews	

### Quantitative feedback surveys (NMK 2015)

**Training:** Demographic data about the champions, feedback about the training (Welcome Workshop), by means of a paper survey administered at the training location.

### Feedback surveys (Single Point Questionnaire, SPQ) after at least three months

**of involvement:** Gathered via tablet computers available to local project leads. This allowed immediate data flow back to the central team for analysis, and avoided the complications of a paper-based system which had been problematic in previous programmes due to the need to manage piles of paper, perform data entry and upload results from remote sites. A technical solution was found which enabled surveys to be completed on tablet computers which can operate without a wifi signal and then upload data once a connection is available later. The survey was programmed in simple and clear language and balanced closed questions with free comments (open questions). Surveys were completed anonymously to encourage honest feedback and took under 10 minutes to complete.

**Practice survey:** Feedback from practice staff towards the end of the programme by means of an online survey, programmed to be easy to follow, anonymous and taking only 5 minutes to complete to encourage participation.

The data was analysed using external specialist market research expertise. This made use of a combination of direct cross-tabulation with multi-variate analysis, and the coding and theming of open-end responses.

### **Qualitative interviews** (Sue Hinder 2015)

A series of face-to-face depth interviews (individual and group) were undertaken in all project areas with Health Champions, practice managers, GPs, receptionists, strategic stakeholders and project teams.

Project leads were asked to select two practices, one that was progressing well with the Health Champion work and one practice where they felt there were more challenges. This provided a sample of ten practices. The interviews also included the clinic-based Health Champion work at CRESTA in the North East and the city-wide work in Shropshire and Barnsley.

Interview guides were developed in consultation with the Altogether Better team and amended as the interviews revealed additional areas of interest. Interviews were carried out by the evaluation manager between January 2015 and May 2015 in each practice including:

- One Health Champion who the project lead felt had benefited strongly
- A focus group of Health Champions
- The practice manager
- The GP most associated with the Health Champion work
- Receptionists (two).

Interviews were transcribed and analysed by the evaluation manager who took a Grounded Theory approach to the analysis, using Computer Assisted Qualitative Data Analysis software. In this approach the data is not analysed with a particular 'lens', but analysed for themes emerging from the data itself. A full qualitative report is available.

### **Linguistic analysis** (Gill Ereaut 2015)

A separate programme of qualitative data collection was carried out by Linguistic Landscapes:

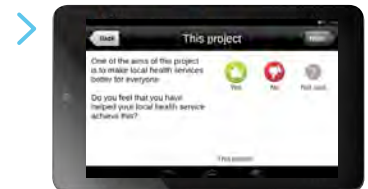
- Eleven conversations generated with project leads and team members, one to one or in small groups. These were unstructured conversations on key topics, carried out with minimal prompting
- Nine meetings between practice teams, champions and local teams were recorded.

The transcribed conversations were analysed using discourse analysis, a well-grounded approach to the analysis of language that is capable of revealing patterns, relationships, underlying assumptions and implications that are hard to see with the naked eye.

This analysis shed light on the key challenge of champions working in the liminal space at the boundary between the informal world of volunteering and the more formal confines and expectations of the practice and the NHS. The full report of the linguistic analysis is available.

### **Feedback via tablet computers**

Tablet computers, which worked on or offline and allowed data flow back to the evaluation team, avoided the loss of data, delays and inaccuracies that had characterised Altogether Better's experience of the paper-based surveying systems used in Wellbeing 1.





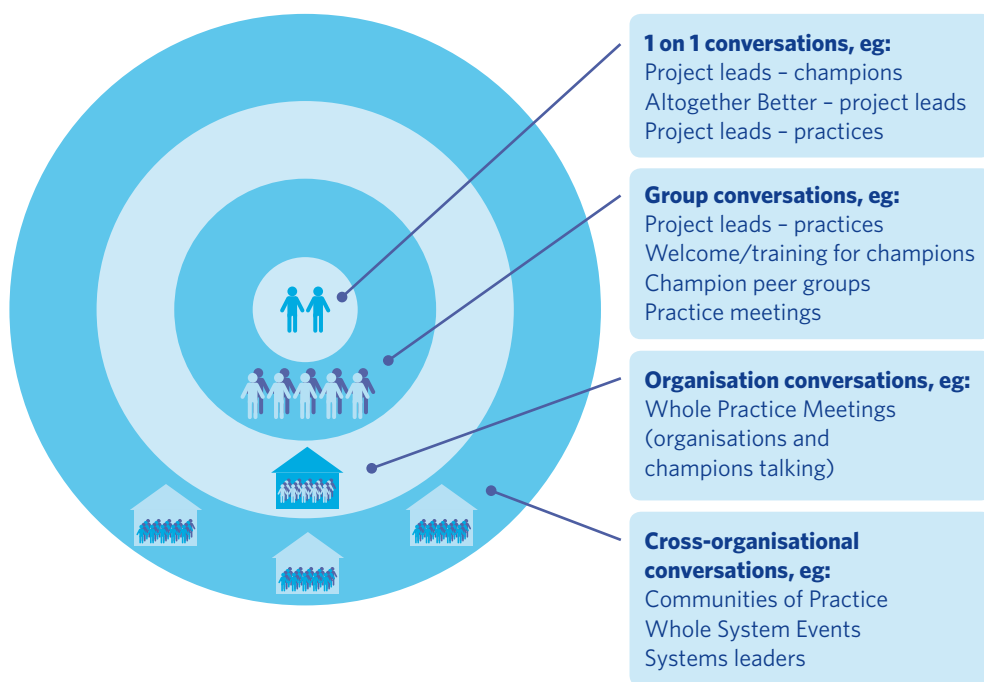
## 5.2 Conversations as a change mechanism

### 5.2.1 Principles underlying all conversations

People support what they create and act responsibly when they care – thus you need to bring together people who have a stake around an energising question. Having different people in the conversation also changes the outcome. Conversations have to be designed to allow participants to be at their best – both to contribute and to listen. Factors that influence this are the venue, high quality food (a sign of respect) and sitting in a way that invites connection (ideally small round tables of 6–8 people). Conversations are grounded in people’s experience of their own life, not in aggregate data, and use a variety of tools to reduce power differentials and equalise contributions. These are not just chats (the lifeworld) but neither are they traditional meetings (formal world).

### 5.2.2 Conversations involving all the stakeholders as a change mechanism

This work is based on using conversation as a mechanism to bring about change. Altogether Better took a systematic approach to ensure that ongoing conversations took place at all levels between individuals, groups and organisations:



The conversations referenced above include:

#### **Invitation to work with us**

Conversations with practices: to develop shared understanding of the work and the role that each plays in helping it to flourish.

#### **Invitation to citizens – engaging potential champions**

Using a variety of methods to find a diverse group of enthusiastic champions.

#### **Welcome Workshop**

This two-day programme, designed specifically for champions, is the first opportunity that champions have to get to meet and get to know each other as a group, learn more about the practice/service and the concept of ‘champion’ and to develop a foundation of knowledge about relevant topics.

#### **The vital role of language**

*Altogether Better has become increasingly sensitive to the ways in which language shapes understanding and consequently behaviour. For example, the description below makes reference to the ‘Welcome Workshop (previously named Training)’. Altogether Better originally described the first time that the champions came together as a group as ‘training’ but they found that this led to misapprehensions by the champions about what they should expect, and it became clear that the most important aspect was not the transfer of knowledge and skills but the building of a mutually supportive group of champions.*

*As another example, Altogether Better used to refer to the role of ‘project lead’ but changed their language to attribute the role to the ‘local team’. This was partly to acknowledge that it was always a small group of people, partly because it seemed inappropriate to describe a facilitator as a ‘lead’ and partly because it is unhelpful to describe this work as a project when it is aspiring to become the mainstream way of doing things.*

### Whole Practice Meeting

Bringing Champions and the practice/service together for the first time, the WPM was designed to set in place the starting conditions for a productive working relationship. The meeting was designed to build a shared identity (surface shared values and purpose), agree principles for 'being in it together' and paint a picture of what would energise them to work on together.

### Communities of Practice

Altogether Better brought together staff and champions from practices across a locality to share what they are doing and to learn together about shared areas of interest.

### Whole System Events

Whole system approaches are part of a search for new ways of working for joined-up thinking, building partnerships (new connections and relationships), inclusion and making the most of diversity.

### System Leaders Inquiries

System leaders from a number of organisations (health, local authority, voluntary sector) were invited to join a small inquiry group of peers to look at the learning from the work both locally and nationally, rigorously explore their approaches (theories and practices) to system change and discover together how to apply this learning to the health and well-being agenda.

## 5.3 Networked project management

It is a challenge for a small team of staff to operate across multiple locations. In Wellbeing 1 Altogether Better took a centralised approach in which the local sites reported quarterly to a central office. There were delays and inaccuracies and Altogether Better was always a step behind what was happening in the field. In Wellbeing 2 they made use of two software tools to ensure that project management took place in real time and served the purpose of communication amongst the Altogether Better team and the project leads rather than providing a central reporting mechanism.

**Podio** – this online collaboration and project management software was used between Altogether Better centrally and the project leads locally to share data. Project teams could enter dates for local meetings, the number of champions who had been trained and so on, as often as they wanted to. This provided Altogether Better with up-to-date information in each site and across the whole programme.

More importantly local teams could describe what was going on; the details of local groups and activities, innovations, developments and improvements to the work that they had devised. All of this information was immediately shared.

#### Podio collaboration example:

*The project lead from the North East posted a comment on Podio discussing how well the local Communities of Practice had gone in that area. He thought that a similar opportunity for project teams to come together to discuss opportunities and issues collectively would be beneficial. This was well received by other projects with positive feedback, therefore Altogether Better organised and facilitated the project team Communities of Practice.*

In addition to 'one-off' discussions, Podio was predominantly used as a day-to-day working tool for projects. Project teams often asked questions of others around documents used, policies in place (i.e. for tablet use for data capture/surveys) and how best to capture certain information required for reporting. All projects engaged with this and always offered support or examples where possible.

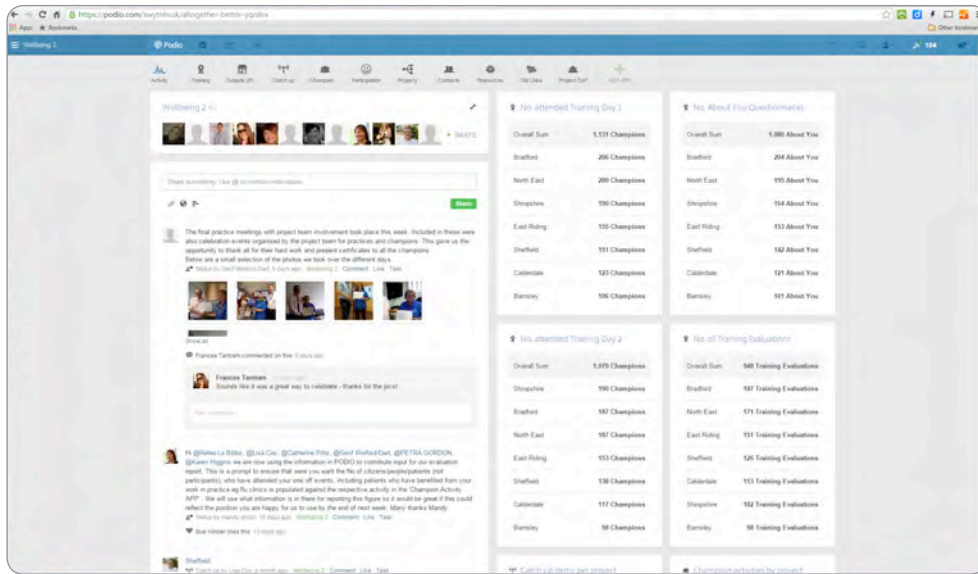
*"I have found using Podio a useful tool, it has been much easier than having spreadsheet after spreadsheet of data to sift through and report back." Barnsley Project Lead*

*"Podio has been very successful... It is simple to use and can be modified to suit local needs and reporting. So much so we plan to create our own local workspace for ongoing project management." Shropshire Project Lead*



*Engagement methods have been developed to ensure that groups of champions are both demographically and cognitively diverse.*

This report has drawn from Podio not only numerical data but also descriptions and classification of groups and activities.



# 6 Our Evaluation Questions

Following a number of early meetings and conversations with the Big Lottery Fund national evaluation team and academic evaluators from Leeds Beckett University, a number of evaluation questions were agreed, many of which are answered within the body of this report. This section sets out the answers to the things we were curious to explore at the outset.

## 6.1 The Whole Systems approach, co-production and change mechanisms

The approach Altogether Better has taken in this work is grounded in theory.

### Q How do co-production processes develop and who is involved?

Organisations have struggled for decades over whether and how to share power with citizens and if so, what processes to use. Sherry Arnstein (1969) described a 'ladder of participation' which moves from non-participation (paternalism or manipulation), through consultation to citizen power.

Co-production occurs towards the top of this ladder when providers and users work together to get an outcome.

#### Individual level

At an individual level, examples include assembling flat pack furniture and patients taking the drugs prescribed after a consultation. In the private sector it may develop when there is a demand for it from consumers. In public services it develops either when the provider recognises that it is to their advantage or when they believe that it is the right thing to do.

In the work of Practice Health Champions, one example of promoting co-production at an individual level was the promotion, by champions to patients, of an Appointment Guide which had been developed in the prototype practices (Annex 8c). The guide enables patients to play a more active role in their consultations with the doctor. In many of the groups set up by champions, the actual activities they undertake are decided jointly by participants and the champions coordinating the group.

This promotion of individual level co-production developed as a result of the enthusiasm of the Altogether Better team, the permission given by the doctors in some of the practices for its use and the project team's ability to support the process. It developed further as the champions in those practices and the local leads recognised its potential.

#### Service level

At a service level, co-production occurs when groups of citizens work with providers and either shape services or provide services themselves.

*"Co-production is a process that involves people in the design and, crucially, in the delivery of the services they enjoy." Martin Bontoft*

*"Co-production is about broadening and deepening public services so that they are no longer the preserve of professionals or commissioners, but a **shared responsibility**, both building and using a multi-faceted network of **mutual support**."*

(Lucie Stephens & Josh Ryan-Collins 2008)

In General Practice, co-production began with champions and the practice working together to shape the offers that champions made – that is to say, co-production was applied to services that were new. This process began in the Whole Practice Meeting and continued as champions and the Practice Manager discussed and reached agreement about these offers. This came about as the result of external force-majeure – Altogether Better made clear that they expected the champions to do things they were interested in and felt passionate about but which fitted the aims and ethos of the practice. But, like co-production at an individual level, it can only take place when service providers come to recognise that the people who use their services are resourceful.

*“The initial meeting, when the Health Champions came and met all our team during our protected learning time, was very interesting and enlightening for all of us and partly because we were sitting in the waiting area, the hierarchy was challenged and we had to relate to people in a different way....For me, that was a very important stage because that increased people’s confidence but it also challenged receptionists and doctors who were used to relating to patients as out there and separate.” GP*

The necessary conditions for co-production – trust, good working relationships, processes for conversations as equal participants and so on – were deliberately encouraged by the way that Altogether Better designed the meetings that they facilitated.

Co-production of the service offer made by the practice has, quite appropriately, developed only now that champions are well-established – practices normally use consultation (for example with a Patient Representative Group) rather than participation for this purpose. One example of co-production developed by a doctor who could see the benefits in a practice where there is an active peer support group for patients with diabetes, has been to reduce the time he spends reviewing patients individually and using the time liberated to attend the support group as a resource.

In the specialist hospital service the champions are too recently-established to co-produce the service and their engagement with the service has been limited to carrying out consultation with patients attending the clinic. The development of co-production here would require the active letting-go by the clinicians of the way that the service is provided.

The Whole Systems Approach adopted by the city-wide projects consists solely of activities co-produced by citizens, service users and people from a wide range of services. This approach can develop when an individual or body within the local system decides to try to make it happen; but in many cases it is developed when an external change agent gets grant funding. In the Wellbeing 2 projects co-production developed because Altogether Better worked locally to gain support at senior local level.

### **Q How does the whole systems approach work overall, and in the three types of project?**

‘Whole systems’ is currently used with a variety of meanings. The team involved in this project were the originators of this way of describing engaging with systems as complex adaptive social systems in the public sector (Julian Pratt, Pat Gordon & Diane Plamping 1999/2005; Becky Malby & Martin Fischer 2006).

Whole systems work involves bringing together a diverse group of people who share a common purpose and giving them the opportunity to have productive conversations. It takes time for the planning group to agree on a question or inquiry or purpose that they are going to pursue, which needs to have a clear action focus if the whole approach is not to become a talking shop. As they get clear about what they are trying to achieve they draw in new members and shed members who realise that they do not care passionately about this issue. It will only be possible to do this if active support for the work at senior level in the organisations affected is gained at the outset. The role of the team then is to provide conditions in which the people involved can have productive conversations.

Whole systems working shares many features with the promotion of co-production, but is not limited to work with a single service.

The innovation that Altogether Better contributed to Whole Systems working was that rather than inviting citizens to participate as individuals they were found, developed and supported as a cohort of champions.

### **When working with General Practice the key steps were to:**

- treat the practice and its local community as a system that has a shared purpose of improving health and well-being
- acknowledge the challenges that General Practice currently faces and recruit for diversity (trying to reflect list to some degree – both ethnicity, age if possible, gender, cognitive diversity and socio-economic mix)
- design the whole practice meeting using principles of whole system events, getting everyone to contribute their lived experience, as equal participants, and to focus on growing their working relationships
- create an ongoing, not a one-off, working relationship between the practice and champions that creates a 'shadow of the future' and so promotes co-operation and view of consequences
- work on what energises that particular group of people (practice and champions)
- try and create feedback loops so the practice is aware of what champions are doing e.g. short monthly reports to the practice meetings, analysis of usage of the practice of those involved in activities (does it increase or decrease?), share stories about the impact of activities on individuals.

### **When working across a city-wide issue the key steps were to:**

- place the work in context (work across the leadership to understand and connect the issues they are facing e.g. reduction in children's services in Shropshire, high levels of poverty and budget cuts in Barnsley)
- bring together groups (including planning groups) that contain 20% to 80% champions
- spend a lot of time working out the focus of the event. 'Asking the right question is the central act of transformation.' (Clarissa Pinkola Estes 1992)
- set up design teams that include champions and cut across organisations and hierarchy (CEOs, Directors, heads of service and front line staff all in design teams)
- pay close attention to who is invited and how they are invited to extend the diversity of who is in the conversation
- design any Whole Systems Event to be congruent with whole system principles
- support any action groups coming out of the event, all of which are encouraged to follow the same approach that the planning group have followed
- prototype where possible.

### **When working with a specialist (hospital) service the key steps were to:**

- invite a wide range of people/services who could have a stake to an initial workshop in order to provide context for the work
- support the next steps to be co-produced between the service and champions.

## **Q What is the learning on whole system change and what is transferable to organisations wishing to work in this way?**

### **Learning about whole systems change**

The learning from the two city-wide projects confirmed a great deal that is already known about whole systems working.

The achievements in **Shropshire** are largely attributable to the enthusiasm of key organisational stakeholders who were willing and able to involve a wide range of colleagues; genuine commitment from enough organisational leaders; lots of enthusiastic citizens (young people) and attention to detail, such as valuing champions by creating the conditions for them to take part, e.g. timing of meetings, provision of food they liked and transport for young people.

The slow progress in **Barnsley**, in spite of apparent initial support from senior people, was undermined by long-standing relationships that were close but not challenging; the job losses and cutbacks affecting key people who were involved and the failure to recruit enough citizens who were passionate about the issue being addressed and lack of support of those who were.

Whole Systems change has previously been shown to be transferable but it relies on enabling local self-organisation. If this has been crushed by local conditions or if the people who need to be involved cannot be engaged, it will not work. It is an approach for people who know that the traditional ways of organising to tackle cross-cutting issues don't work, but who still have hope and determination.

### **Learning about supporting groups of citizens as champions**

Learning includes:

- 1 Resilience:** Being part of a group increases citizen's resilience when working with the system over time. Those practice champions who built social relationships stuck with it and were more effective than those who didn't. In Shropshire the champions built very strong supportive relationships and have been a powerful collective force, whereas in Barnsley they have been isolated and have not connected as a group.
- 2 Persistence:** Staff are always uncertain about what it actually means to engage in a coproduction relationship with citizens (even if fully supportive intellectually) as it inevitably changes what they do. Most of their organisational experience is not of everyone being treated as equals. Having the expectations of a cohort/band of citizens as partners helps sustain the work through tough phases.
- 3 Commit:** the combination of training and supporting champions and regular meetings with the Practice – who talk of 'adopting' champions – ensures there is a 'shadow of the future' (they know they will meet again, and therefore there are consequences if they don't deliver) that promotes cooperative behaviour.
- 4** Start the relationship by asking people to talk about their **own experience** not aggregate data. This both enhances the relationship and sets the work in the right direction.
- 5 The relationships** all need containing/holding. This is difficult and high status work (not an admin task). Project leads need to be both skilful and seen as having high status to be effective.
- 6 The work takes time and the path is not linear.** Using the time to develop relationships and work out who needs to be involved means that action has false starts and is slower, but it accelerates significantly once the necessary conditions are in place.
- 7** This way of working is still deeply **counter cultural** (even when a formal system might claim to have embraced it). Senior leadership need to provide genuine top cover and demonstrate 'courageous patience' and visible support.
- 8** The system does have the capacity to self-organise. It depends critically on the quality of the relationships developed. As a 'rule of thumb', the stronger/deeper the relationship between champions and the organisation, the more the work was transformative – i.e. both the practice/service and the citizens who engaged with it adapted. Where relationships were weak, the champion work was more of a useful project on the side.
- 9** This work takes place in liminal space. A recognition and understanding of this brings with it a requirement for everyone to understand the rules of liminal space and find new ways of working.

## Q What is the added value from citizens (champions and project participants) and services co-producing activities and services together?

### Change in the flow of power

As the original report by Arnstein suggested, coproduction changes the flow of power. The system loses the power of veto (exercising a veto is destructive of relationships) and can no longer 'do to' citizens. By starting with small practical projects we believe we are giving the system confidence to spread this way of working (it is infectious).

*"Working with the young people just adds, seeps into other streams of work but... it's organic, so it's just seeping into stuff."* Shropshire Director

*"People are more straightforward about what they discuss with you, what they want to offer, what they want to share. There's less of a negotiation, it's more equal."* Bradford GP

### Benefit of multiple perspectives

Multiple perspectives ensure the issue is seen more deeply. Creating new flows of information and co-productive relationships ensuring the proposed actions are more likely to be effective. At both whole systems events (see section 3.3 on City wide programmes) most of the action groups that were set up out of them came about as a result of conversations with diverse mixes of people (e.g. the idea of safety champions in Shropshire when Young Health Champions were talking to the police and fire services).

Those who came to the events with an idea, found that their ability to bring it to fruition was enhanced if they got support from other parts of the system (e.g. Pregna Buddies in Barnsley) or its utilisation was increased as others got to hear of it and realised it could help them in their work.

*"Certainly from a health professionals' perspective, that is fantastic, having somewhere we can go when families are stuck and in crisis and can't afford the basic requirements that they need, when they're pregnant or just found out they're pregnant, that is fantastic and then obviously we've got families who have four or five children and to be able to afford the clothes and children grow out of clothes so quickly, so it is a fantastic recycling, upcycling model, that... certainly the people, my colleagues who have used it have found it really invaluable for the families they're working with."* Barnsley, senior NHS manager

Within groups run by champions, the value of diverse experiences within peer groups is well evidenced.

*"A young girl came in to see my diabetic lead the next week and went, 'That diabetes meeting has changed my life totally because I wasn't managing it properly, I met all these people who have been doing it for years and it's already changed my life.'" Calderdale, Practice Manager*

### Shaping the agenda and new behaviours

Simply having a significant number of citizens in the conversations with professionals reduces the degree to which professionals are able to fight for narrow interests and agendas. Changing who is in the conversation, not only changes the conversation, but it also changes the way in which the people in it behave towards one another.

*"I found them really creative and beneficial and made me think in a different way, as a person as well. The opportunities of using the young people as a conduit to join up agencies working together are immense. It's really powerful."* Shropshire, CCG Governance and Involvement lead



## New relationships allow for possibilities

New relationships have led to new possibilities beyond the original task and intent. For example, it was not fully envisaged at the outset that having champions in a practice could change the use of clinical services.

*"We don't see her anymore, the GP keeps saying to me, 'I haven't seen such and such for a long time' and I keep saying, 'Because she's too busy doing things... to come and see you!' There are so many stories like that that we can tell, through people becoming practice champions but also then people going to the groups that the practice champions have set up."*  
Practice Manager, North East

Equally, new relationships allow insights to be acted upon. One receptionist at a practice where many patients don't speak English asked if the Health Champions could put on an English language Conversation Club for patients they struggled to understand at the reception desk. The Health Champions did provide the club and the receptionists noticed a significant difference in some of the people who attended. It also offered the receptionists a real alternative to offer when people struggled to be understood. The club provided an informal environment to learn English rather than a formal classroom situation.

*"There's one patient in particular, a Slovak man that could speak absolutely no English, we encouraged him to go to the conversation club and he has, not brilliantly but he has picked up some English which has obviously helped him with us and with other services out there, which is great."* Reception Manager, Sheffield

Another example of new relationships leading to unforeseen possibilities was expressed by a local commissioner.

*"The other thing for me with working with young people, it really provides a different insight in how you commission services because you're not thinking of commissioning for now, you're thinking about what will the young people now need in twenty years' time. So it has changed how we think around commissioning"* Shropshire

## Change of identity - who 'we' are

In some practices, champions are seen as integral to the organisation as a whole. It has changed who the 'we' is. A Practice, after a very successful CQC inspection, invited the champions to a celebration as "We would love to have the whole team there".

Some practices (Church Lane, Brough and South Cave) have included space for the champions in their plans for extending or redesigning the practice.

*"As part of our plans for an extension that we're putting in and discussing with the NHS England at the minute, is to have a community room with a kitchen area for the purpose of things like these groups - because then anyone can turn up and say, 'I want a group', providing we agree with it, but they can potentially get patients from the waiting room and say, 'After you've had your appointment with the doctor, we've got this group on today if you fancy popping along'."*  
East Riding, Practice Manager

## Capacity of the system to adapt

The System's capacity to adapt is enhanced (see section on Practice evolving to do things differently in 3.1.2).

*"We are looking into having a volunteer behind reception as a bit of a presence but that needs a bit more looking into and thinking through, so that it's done properly and we have the right volunteer, reliable volunteer behind the reception desk, so they'll be more of a frontline presence, rather than sat on the enquiry desk in a separate area, they'll actually be on the desk."*  
Darnall, project staff

In the case of one practice, the Health Champion work has increased and strengthened the practice's links with groups in the community giving the GPs more information on what's available for their patients.

*"There was one woman who was walking a dog, she was from Age UK, she wasn't a patient in the practice but she went away and came back with her badge on and she spent the afternoon with us and as a result of that, this week, we have an Age UK primary care navigator starting in the practice, who's going to work with us on social prescribing and I just think that's the power of practice champions in terms of engaging, making those links and things."*  
NE, Practice Manager

Another example illustrates the way in which the system is adapting and improving the way it works with people in a commissioning organisation.

*"I would say it's a small step change at this point, I would say that what's happened really notably locally, is that people have realised that young people's voices are not simply idealistic and they don't wish for the world, that actually they come up with some really good ideas and they are now actively seeking them and not just in a 'can we have a young person on this committee?', it's more like people are coming to us and saying, 'We're doing a piece of work around CAMHS, we'd like some young people to help us, what do we need to do?', instead of, 'We're having a meeting, can you bring some young people?', it's changed to 'We're going to be doing this, what do we need to do, to do it well?'"* Shropshire, project lead

We have also noticed a recognition that the value of 'championing' will continue to adapt and change over time and provide a valuable opportunity for everyone to express their commitment to community.

*"So I think what we are probably seeing the beginnings of is a resilient community within young people but also probably the next generation of the voluntary sector but at a much younger age, which as to the sustainability of volunteering, is really important but also I think we could be seeing the start of, where currently volunteering is something that you do towards the end of your career, where you've got additional capacity, it's now potentially being built into business as usual, so your day-to-day lives, they will keep doing this kind of voluntary work with the voluntary sector that they're involved with throughout their careers and life, so it's a completely different approach and I think that's how it's going to make communities sustainable because at the moment, as you know, we depend very much on that much older population to kind of prop things up and if we can get that social capital going from a young age, then we're in a different place."* Shropshire, GP lead

The Accountable Officer related the young Health Champion work to the needs of the NHS in the future focusing on the population's need for social support. The work done by citizens when being champions is a critical resource and ingredient for the preservation and evolution of the NHS.

*"I think particularly at the national level, this is about we make NHS sustainable so it wasn't all kind of benevolent from our side, the reality is I can't afford to keep buying everything that the population locally needs and probably 20% of what they need is social support in their communities, this is where you build it, you actually teach people how to do that themselves and to give that back to their communities themselves, so this is a real investment in the future."*  
Shropshire, CCG Accountable Officer

## **Q How and why do citizens become champions?**

Citizens are recruited by the project team through different sources as described in detail in each 'What happened' section.

Most practices find effective ways to recruit champions from their list of patients, such as sending out a text message. Even people who had not considered volunteering say that they felt honoured to be invited by the practice, and wanted to give something back to help it.

Detailed motivations were collected as part of the champion surveys and are available in the full report of this data. In summary the main motivations that surfaced covered:

- a general desire to help, contribute and make a difference
- an interest in gaining new skills and experiences
- a desire to share existing skills
- an interest in specific health issues.

## **Q What processes support champions to act as change agents within the health system?**

- Leadership recognising that for certain services the champions' role is to become catalysts and facilitators rather than providers themselves
- Leadership not turning the 'new' into 'old' (e.g. asking for business cases)
- Investing in champions (e.g. training)
- Support for champions as a group and, where necessary, individually
- Connecting champions up across a locality (and nationally) as a peer support network in order to amplify their learning and voice
- Devolve real responsibility, leadership and authority to champions, and encourage self-organisation rather than direction from above. Whilst the practice needs to protect its reputation and ensure groups do no harm, they should never make judgements as to which ideas should go forward. Champions as a group are very good at managing out inappropriate suggestions and their experience as citizens gives them a good sense of what is needed. Inevitably, if allowed to self-organise, groups fill needed spaces (e.g. gardening groups attract gardeners, people with time on their hands, vulnerable people etc.)
- Support from the practice includes providing 'small money' to resource activities
- Employees in the organisations to see them as 'family', i.e. part of the organisation (different but still part of it). At its most basic, all staff need to recognise and welcome champions
- The more the champions can have respectful, authentic open conversations with the organisation/system they are part of, the greater their impact
- Ways of making visible the impact of what champions contribute and whether the practice is playing its part
- Processes and procedures that are appropriate for this kind of work – e.g. planning meetings that are friendly, have tea and cake but also progress the work
- Praise: 'thank you' from the system is a source of energy for champions.

## Q What innovative change mechanisms in this project worked best and for whom?

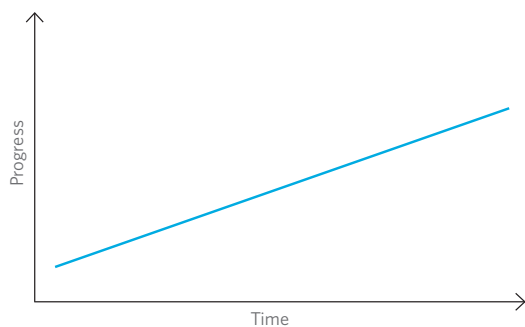
### Capacity of the system to adapt

The model of change this work used is heavily influenced by theories and practices from complex adaptive social systems. In this particular work the primary innovative change mechanisms were the use of use of **(1) Time** and **(2) Designed processes to allow the right conversations**

#### (1) Time

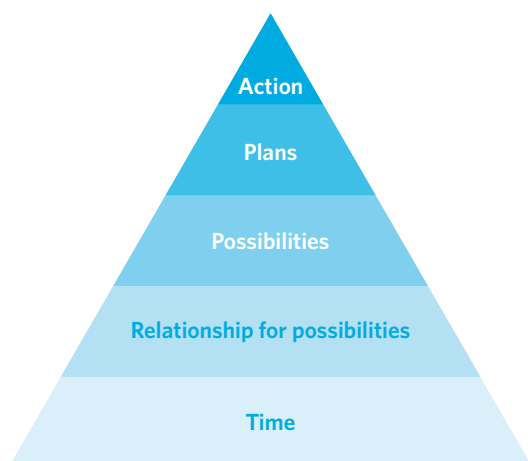
Time is a critical resource for all change projects and can be seen and used very differently. Many mental models of how changes occur have a linear relationship between time and progress (see the figure below).

#### Progress over time in mechanistic systems



When dealing with mechanistic systems (e.g. construction projects) this is highly appropriate. You would expect to be halfway to the outcome at the midpoint of the project. As we have so much experience of running successful projects that are based on mechanistic systems (sewage systems, electrification, building projects and manufacturing) this model has seeped into services and the public sector as the dominant ideology around change.

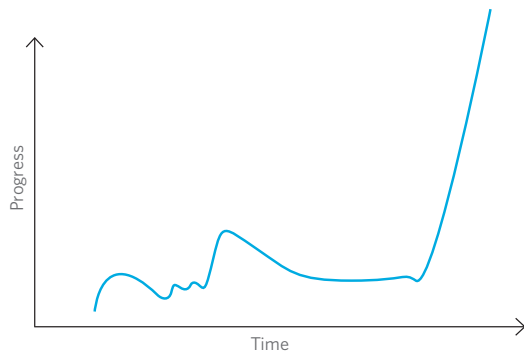
For change in social systems, another model is more relevant (see below). In this model, whilst we are equally concerned to get action, the degree to which we get an effective outcome is entirely dependent on the degree to which we spend enough time building the right relationships that truly allow the full range of possibilities to be explored in order for the most appropriate ones to be chosen. The section below on Processes describes our innovative approaches to allow this to happen. Then the right kind of 'planning' (for this kind of change, prototyping - rapid cycles of small change testing - is usually more effective than the traditional planning model) leads to effective action. If you don't spend the full amount of time needed to build the right relationships, you don't explore the full range of possibilities and the planning that gets done only leads to part of the action being effective (if implemented at all).



(Adapted from Michael McMaster 1996)

As relationships determine outcomes in systems change 'More haste, less speed' is a potential trap and a way to sabotage any change process. This is because getting the right mix of people to have the right functional relationships (not friendships but relationships for possibilities which go beyond simply getting the task done or a one off relationship) is the foundation of the work. A consequence of this model of change is that progress happens along a very different trajectory. There is very little visible project 'outcome' in the early stages as the work is building relationships. Then as the relationships deepen and more voices get heard, the early promising starts go backwards as the work is understood better. Then the process of prototyping - learning through doing on a small, rapid scale - means that many tweaks are being made before everything comes together and rapid progress is made.

### Progress over time in social/complex systems



Given the current pressures for quick wins, fast outcomes and measurable targets this model can be problematic when doing time bounded projects. Leadership requires valuing the work - and the time - required to create the conditions (relationship building and open conversations to explore possibility) and courageous patience that the outcomes will be achieved in due course.

## (2) Designed processes to allow the right conversations

### Designed processes

Effective processes are "... a precise technology to manipulate human wisdom and energy."  
Maledome Some

*"Change is the evolution of new meaning through language... this capacity for change, is in the 'circle of the unexpressed,'... in the ability we have to 'be in language' with each other and, in language, to develop new themes, new narratives and new stories. Through this process we co-create and co-develop our systemic realities... through which we continually re-organise our mutual living and our self-descriptions." (Harlene Anderson & Harold Goolishian 1998)*

### Designed conversations

It is not enough to simply get people into a room to have a conversation for change to occur. Even at the most basic level, there are differentials in rank which ensure some voices and ideologies are potentially more powerful than others - e.g. GPs in Practice meetings. Conversations need to be designed to allow all voices to be heard according to their contribution, not the rank of the speaker. Equally, many decisions are determined by who is not in the room (patients have been excluded from many decisions in the design of the NHS to our cost). A lot of work has to go into working out who needs to be in the room and how to invite them so they come willingly. All meetings are not the same - meetings to close down options and make a decision need very different processes than meetings to explore the full range of possibilities. Scale matters too: for larger groups publicly capturing peoples contributions and the groups collective sense making help make participation visible and outcomes shared.

Principles for good conversations include:

- Create a safe space
- Start by listening
- Mobilise (engage their ideas) not control (work out answer and 'sell' to participants)
- Diversity is the solution, not the problem
- Conflict (disagreement) and information are sources of energy
- Encourage dialogue and inquiry
  - Dialogue is about invoking insight which is a way of reordering our knowledge – particularly the taken-for-granted assumptions that people bring to the table. The task is to examine if there are other options and generate new possibilities
  - Inquiry means looking into what you do not yet know, what you do not yet understand, or seeking to discover what others see and understanding that that may differ from your point of view.

### **Examples of supporting the right conversations at different levels:**

#### **Individual**

- Recruitment: For example, the way in which citizens were invited to become champions and the way practices were invited to take part was by pull not push. The invitation to practices was to explore together. It is an approach which does not sell or persuade but as some leads describe 'seduces' and 'tantalises'. Equally, champions were invited to work 'together with' the practice, not for.

#### **Group**

- Training was designed to build confidence, community and filter out unsuitable participants. It was overwhelmingly participative and included champions giving each other feedback.
- Support: teamwork and best use of diversity. Separate out conversations for possibilities (understanding context, opening out, connecting) from conversations for commitment (values and judgement re impact) and conversations for action (traditional planning).
- Combination of nurturing and directing. It is important to model how to deal with the inevitable group dynamics. Over time this becomes the norm and the Lead's contribution was sitting silently but knowing that their presence in the room created a container for them to do it themselves.

#### **Organisation**

- Whole Practice Meetings: the model has the relationship between the champions and the Practice as the foundation of the work. It is designed to build a shared identity (surface shared values and purpose), design and agree principles for 'being in it together' and to develop a first iteration of what would energise them to work on together – reducing social isolation being an example (possibilities).

#### **Inter-org**

- Communities of Practice (a form of action learning with a shared focus) brought together staff and champions from practices across a locality to share what they were doing and learn together about shared areas of interest (e.g. how to invite citizens to groups, how to speed up the setting up of activities, what makes a good relationship between champions and receptionists) Learning together builds equality in relationships, values the diversity different participants bring and widens the field of possibilities.

## 6.2 Organisational change

### Q What learnings and organisational change have resulted from the implementation of a co-production approach within health services?

Sections 4.4.2 (Practice Benefits – the impact on practices) and 4.4.3 (Clinical Commissioning Group (CCG) and local authority benefit) have covered some of the changes and learning for practices and CCGs. The sections on Barnsley (4.7 Outcomes – Working together in Barnsley to give our children the best start) and Shropshire (4.6.2 Organisational and system change) cover some of the changes across organisations engaged in system’s change. Some consequences of adopting a coproduction approach are covered earlier in this section.

Larger, multi organisational, complex systems take longer to change than single General Practices. This soon after the whole system events (in Shropshire and Barnsley) is too early for systems change to be visible. However there are promising indicators that ‘what counts’ (a robust indicator of change) is changing. There is promising evidence of time, money and attention being shifted by organisations (e.g. in Shropshire the CCG, the police, the fire service and NHS services are funding the work into the future and doing things differently. In Barnsley there is continuing support in terms of money and time).

#### Citizens are a resource

At the Orthopaedic Hospital in Shropshire the young Health Champions are helping them to get the young person’s view into the service.

*“They’ve asked us to take part in the 15 Step Challenge assessments of the children’s ward and... they’ve taken part in interviews for their new play specialist on the children’s ward, so they’ve involved us quite a lot.”* Shropshire, project lead

At its simplest, professionals learn to value the contribution citizens make to a better outcome.

*“I am going to bring parents to the next meeting to contribute to discussions.”*  
Barnsley professional

*“Really, really embrace Health Champions, sing their praises and keep them on board.”*  
Barnsley manager

In practices, citizens have become partners in enabling the provision of a broader range of services.

Champions’ interests often lead them to deliver a wide range of health and wellbeing groups and activities that the practice do not have the time, resource, and often the reward or incentive to deliver.

#### Citizens help you see differently (and therefore do differently)

*“I think the Health Champion project has allowed us to engage with young people in a different way, it’s allowed us to be creative and innovative and so think outside the box, think about what we could do and so that’s where all this exploring of different mini projects has come from and it’s been brilliant from that perspective.”* Shropshire, school nurse

Much of a practices’ current work load is to respond to non-fixable problems which are rooted in psycho social causes and to support people to manage their long term conditions. General practice does not currently organise or recruit to meet these needs which are often seen as outside of the business of general practice. When champions are invited to work alongside the practice they bring an increased diversity of skills and experience and an insight into ‘what matters’ which pulls this work to be at the centre of their relationship with the practice. This enables the practice to deliver a new offering which predominantly meets the psycho- social needs of patients. Meeting patients non-medical needs shifts patients from accessing medical services to health and wellbeing services/offers. Equally, peer support groups of patients with long term conditions usually reduce the use of formal services and improve well-being.

## Citizens can change the way 'business' is done

*"People have realised that young people's voices are not simply idealistic and they don't wish for the world, that actually they come up with some really good ideas and they are now, actively seeking them and not just in a 'can we have a young person on this committee?', it's more like people are coming to us and saying, 'We're doing a piece of work around CAMHS, we'd like some young people to help us, what do we need to do to do it well?'"* Shropshire, project lead

*"Working with the young people just adds, seeps into other streams of work but... it's organic, so it's just seeping into stuff."* Shropshire Director

We know that when citizens work with practices and coproduction processes get adopted some of the **dynamics in the practice change**. Receptionists in particular become more involved and begin to work outside of silos of their roles. Practice managers often learn new ways of working.

## Who are the organisational beneficiaries and how do they engage with the programme?

If the organisation changes to be better able to meet the needs of the people it serves, **everyone benefits**, whether they are directly involved or not (e.g. a patient who comes less to the GP creates a knock-on effect on the workload of receptionists, admin and clinical staff). Thus all the changes mentioned in the section above directly benefit staff – particularly in General Practice, regardless of their personal engagement. In larger organisations working across the system, it is far too soon for the impact to be felt beyond those personally engaged, but those who attend and participate find that the experience energises them and gets them to see things differently and encourages them to do things differently. Participating invariably energises people and reconnects them to why they work in public services.

There are many quotes from organisational members as to these benefits. Here are just a few:

*"The other thing for me with working with young people, it really provides a different insight in how you commission services because you're not thinking of commissioning for now, you're thinking about what will the young people now need in 20 years' time. So it has changed how we think around commissioning."* Shropshire, CCG Governance and Involvement lead

*"Networking been great – feels like a step forward for renewal."* Barnsley manager

*"They see pictures of joy and engagement and creativity and that reminder about, our jobs in the NHS risk being quite sort of, they can be a bit bureaucratic and dealing with the bureaucracy of the requirements of the NHS and it is so Goddamn enriching to do something like this!"* Shropshire, Trust Director

Within practices...

### Staff benefit by having more options to offer patients

Receptionists, doctors and nurses are all in frequent contact with individual patients. Their satisfaction with their job increases as they find that they have more options to offer these patients, and the patients find that they benefit.

Receptionists often have the role in general practice of telling patients what they can't have (particularly an appointment with the doctor of their choice today). Being able to offer and to signpost patients to other alternatives makes the job much more satisfying. In a practice in Sheffield the receptionists were delighted to be referring people to the conversation club and to be able to do something more useful than regret the failure of communication. In Bradford receptionists could see an enhanced role for themselves in signposting patients to groups run by champions and perhaps beyond.

### The organisation benefits as Patient's value the practice more

Patients remark that having groups, run by champions, that meet their particular needs makes them realise how much the practice cares.

They also appreciate the care of the practice when it provides more appropriate services as the result of champions' suggestions.



### ***Inappropriate practice workload falls***

Some patients find the support that they get from champion-led groups, whether this be social support and friendship or support for specific medical conditions, allows them to reduce the number of consultations they have with clinical staff. This includes planned consultations, as patients gain support elsewhere; and unplanned consultations, as they turn to trusted others who have experience of tackling issues as they arise.

When champions appropriately signpost patients to services within the practice that are more suitable, or to services or activities provided outside the practice, this may also reduce inappropriate practice workload.

### ***Everyone benefits as the organisation and the list adapts to the changing context***

As we refer to above, having citizens involved can turn out to be a catalyst that allows the practice as an organisation to evolve (different voices are heard, different things count, different behaviours are valued) and both the organisation and its list's usage of services adapt.

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## **6.3 Evidence and numbers**

These have been provided in detail in the Outcomes Section 4.

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## **6.4 Sustainability of the work**

Practice Health Champions evolved from the challenges experienced during previous work with Community Health Champions, who were left to find ways of funding their continuing activity at the end of the grant funding.

The basis for the sustainability of Practice Health Champions is that the practice recognises that it benefits them enough (through reduced clinical workload, improved morale and improvements in well-being for their community) that they make sure that they continue to support champions in their practice. When the programme really works, Practice Health Champions simply become 'what we do around here' and 'how we work' and 'just part of the family'.

So far the retention of the Health Champions during Wellbeing 2 after training has been good at 60%. This is a rough calculation based on amount of data we have collected of champions trained vs. the numbers completing a feedback survey – who are therefore considered to still be active after over three months of involvement. This feels like an excellent result for voluntary work of this nature requiring a significant commitment.

If Practice Health Champions are to be a sustainable feature of General Practice after an initial grant-funded start-up programme like Wellbeing 2, they face several challenges that require ongoing funding:

- Covering the costs of champion activities – this may include the cost of venues, transport, materials and in some cases where the amount of activities generated by the champions is high, the cost of a paid wellbeing coordinator. (In one of the early prototypes more than 50 champions are delivering over 40 different kinds of activity.)
- Existing champions will inevitably leave the role at some point in the future, and the practice needs to provide Welcome Workshops for new cohorts of champions to continually fill the pipeline of volunteers. The costs of the welcome workshops is relatively small and one Practice Manager compared the cost to 'buying a desk or bit of office equipment' which could be easily met from practice funds.
- Keeping up the energy and momentum by providing opportunities for champions (and practice staff) to meet those working in other local practices.

*The three early pilot practices have now had Practice Health Champions in place for four years. Although one of these is still reliant on CCG funding for a very part-time coordinator, in another the practice manager has extended her role to include supporting the champions. In the third practice, which already had the vision of becoming a community-centred practice, the number of registered patients (and so the practice income) has risen and their clinical workload fallen significantly, which they attribute to a number of changes they have made but particularly the Practice Health Champions. This impact has allowed them not to replace a part-time doctor and re-invest the salary to provide a support worker for the champions (see Case Study: Robin Lane).*

Different practices organise to achieve self-sufficiency in different ways, some examples of which have been:

- Staffing themselves differently (moving responsibilities and roles to allow a champion support role in-house)
- Looking at revenue options to support the programme (for example through advertising revenues in the practice)
- Champion-organised fund-raising as an integral part of the programme (and providing additional social contact and purposeful activity)
- Champions constituting themselves as a charity, thus avoiding VAT and being in a position to bid for small local grants and hold a bank account so that they can operate with some autonomy.

Full self-sufficiency is achievable, but takes time. The eighteen months of actively delivering Wellbeing 2 has proved to be too short a timescale for the champions to have taken root sufficiently strongly in most practices or with services, and a full 2 or 3 year timescale would be much more likely to enable practices/services to achieve self-sufficiency.

Altogether Better estimates that many practices will need tapering ongoing support for another year or two. It is offering 6-monthly review meetings in each practice and ongoing email and telephone support combined with a national Health Champions network.

However, expectations for continuation and expansion (as of July 2015) are excellent.

- **All practices:** In the feedback survey virtually all practice staff surveyed (95%) reported that they would like to continue with the programme.
- **North East:** The programme is continuing and some areas are anticipating expansion.
- **Sheffield:** The programme is funded for a further year by the CCG and local authority with the expectation that all their Health Champion programmes will together receive main-stream funding. This year's funding covers an additional practice in addition to supporting the current four.
- **Bradford:** The programme is continuing, funded by the CCG, with the addition of eight further practices to the current four.
- **Calderdale:** The programme is continuing with the addition of 5 further practices to the current four.
- **Shropshire:** This will depend on the local system and its participants but currently it is understood that commitment has been made to three years' funding, and resource has been secured from a number of public sector partners including the police and fire services and the local authority, and a longer-term commitment is anticipated.

# 7 Conclusion

## Summary

**Altogether Better's work with its local partners in selecting Health Champions, and supporting them to work as a group alongside the NHS and other statutory organisations, has had a range of positive impacts:**

- ✓ Champions, and participants in the groups and activities that they have run, have benefited enormously from their involvement in an astonishingly wide range of activities; with over 98% reporting increased involvement in social activities and social groups and over 86% reporting increased levels of confidence, well-being and new knowledge related to health and well-being.
- ✓ The NHS and other statutory organisations have generally proved willing to support Health Champions to work with them, though this has required a great deal of input from Altogether Better and the local teams. By the end of the programme 95% of those asked in general practice wanted to continue to work with Practice Health Champions, while recognising that it does make significant demands on the practice manager, they would recommend the approach to others.
- ✓ Statutory organisations have come to a greater recognition of the resourcefulness and generosity of the citizens who use their services. They are beginning to recognise that it is legitimate and effective for them to divert more of their time and resources into supporting volunteers who themselves support the health and well-being of their communities. This in turn raises the possibility of these organisations radically changing the way that they provide services. The success of the approach depends critically on the quality of the working relationship between Health Champions and their organisation.
- ✓ There are grounds for optimism, as a result of these relationships, that support for Health Champions will be sustainable into the long term, becoming simply 'how we do things round here'.

The intensity of the response of some champions and participants to their experiences has been astonishing to witness, and the eventual knock-on consequences of these responses are impossible to predict or track over time and place. Equally exciting has been the development of new friends, particularly people they would otherwise never meet, and the capacity of this to lead to increased community cohesion and resilience.

There have been many detailed challenges in the course of this work and Altogether Better has learned a great deal from its sometimes mistaken assumptions and practices. It is clear that the local team, and Altogether Better, require members with experience in supporting volunteers and managing their group dynamics; and in organisation development, brokering agreement amongst a range of organisational stakeholders and, for the city-wide initiatives, Whole Systems working. But a key learning from this work has been that a third set of skills is needed when working at the boundary between the formal world of statutory organisations and the 'life world' of volunteers. In this liminal space the team need to develop language that is not taken directly from either the formal or life worlds; and to establish norms of behaviour that support getting pleasure out of acting purposefully.

Looking to the future, the expectation for continuation of the work started in Wellbeing 2 are excellent and in every one of the locations where the work has run the work is to be continued and usually expanded.

## The achievements of Health Champions working with the statutory services

By working with highly-appreciated services like General Practice and CRESTA, or with issues they really cared about like early years or young people, this work has engaged both champions and participants who are otherwise unlikely to have taken part. Champions have done a huge range of different things, from kite-flying to providing support groups for people with long term conditions, from starting a conversation club for people whose first language is not English to providing Christmas lunch and a tea dance. They have drawn on their willingness both to share their own experience and enthusiasms and to help others to make better use of the services provided by their General Practice or other statutory organisation. The overwhelming majority felt strongly positive about their involvement and champions and participants have benefited in a range of different ways:

- making friends and reducing social isolation
- improved happiness and well-being, due to making good friends, feeling more confident and having a purpose in life
- acquiring new knowledge about health and well-being
- getting to know people from different backgrounds and cultures that they would not normally get to meet in their day to day life; and so contributing to community cohesion
- increased levels of exercise
- increased healthy eating
- feeling physically better
- having some experience to put on their CV and finding new confidence to lead them in to employment.

The most striking impact of the work on champions and participants, however, has been the extreme responses of a few people who have described it as 'life-changing' or 'it saved my life'.

## The willingness of the statutory services to support Health Champions

The majority of the General Practices, and the specialist service, greatly valued their more engaged relationship with citizens and recognised that champions were providing a valuable contribution to the well-being of their patients. A range of services, including perhaps surprisingly the Fire and Police services, have supported the work of Young Health Champions.

Many people working in the statutory services are aware that they cannot provide an adequate service by trying to do more with fewer resources, and recognise that the future has to include far more co-production with people receiving the services and more provision of peer support by citizens. But it is a very big leap to actually do this, more than most highly-stretched services can even imagine on their own.

Many GPs were in principle very supportive of the work and at a high level appreciative of what the champions were doing; but only very gradually, if at all, did they find ways to support the work practically. This represented a missed opportunity as it is the practice manager and receptionists who have most contact with the champions and all that is required of GPs is that they recognise and acknowledge the champions and the work they are doing; discuss with the champions what the practice is struggling with and that the champions might help with; keep sufficiently up-to-date with what the champions are offering to connect patients to these groups and activities; and remain open to the possibility that they could divert some of the clinical time they spend with individual patients into acting as a resource for a peer support group.

## The potential for transforming how statutory services deliver care

The most obvious way in which the services involved in this work have changed is by adding new services, provided by champions, under their banner. By extending the range of offers that promote well-being there is anecdotal evidence that they may be reducing demand for professionally provided services such as GP consultations. This may enable the NHS to move some way from providing attention to individuals to supporting groups of champions who provide support and attention to groups of local people.

As services recognise the resourcefulness of their local population they may draw on this – both by co-designing and delivering services in new ways and by drawing patients into more co-productive behaviour in their individual consultations that enables them to be more active partners in their own health and care. This co-production has been most clearly seen in the work with Young Health Champions and is beginning to take place in some General Practices.

Champions have also proved to be willing and able to help people make better and more appropriate use of professionally provided services – from advising them how to use aspects of a General Practice like a touch screen for check-in or online booking of appointments through providing self-help advice at the time of a flu clinic to helping them make better use of their appointments by explaining an appointment guide.

Champions have also enabled statutory services to develop as organisations. Morale in many of the General Practices has improved as receptionists, who sometimes feel as though they spend a lot of their time saying ‘no’ to people’s requests, take on a more positive role of connecting patients to champions’ activities as a positive alternative. And the close connection that receptionists often have with champions can give them a new purpose in their work and a more prominent place in the practice team. The refocus within the practice on the contribution of champions and the community has changed some conversations within the practice and amplified the voice of non-clinical staff.

In a similar way clinicians have said that they have found the champions have re-connected them with why they wanted to do their sort of work in the first place. Some individuals have already changed their way of working – a nurse who had seen the champions talking to people in the waiting room has started to do the same and find benefits in her consultations; a GP has re-directed some of his clinical time from individual reviews of people with diabetes to acting as a resource to the diabetes support group. But in the timescale it has proved difficult so far for most GPs to recognise the possibilities of changing their way of working.

The work also builds bridges between organisations – most obviously in the city-wide work but even in General Practices which are forming closer connections with other local organisations – the host organisations, the local voluntary and third sector, the landlord of a pub, the brothers of a local monastery.

There is also evidence that the involvement of Young Health Champions in Clinical Commissioning Group (CCG) policy making is making professionals ‘think differently.’

### The potential for sustainability

There are three sustainability issues raised by this work. After the end of the grant funding:

- will the existing work continue?
- what local resources will it need to draw on?
- will Health Champions develop elsewhere without external grant funding?

#### Existing work

Sustainability depends on

- a** the practice recognising the benefits working with champions brings (through reduced clinical workload, improved practice morale and improvements in health and well-being for their community), and
- b** champions feeling valued and energised by the work.

If Practice Health Champions are to be sustained after an initial funded start-up they require ongoing long term funding (relatively small amounts, but critical to ongoing sustainability):

- Covering the costs of champion activities
- Filling the pipeline of volunteers as champions inevitably leave at some point.
- Keeping up the energy and momentum by both explicitly valuing the work done and providing opportunities for champions (and practice staff) to meet those working in other local practices.
- Putting in place processes that make visible the impact of the work (energises both the champions and the practice)

The three early pilot practices have now had Practice Health Champions in place for four years. Although one of these is still reliant on CCG funding for a part-time co-ordinator, in another the practice manager has extended her role to include supporting the champions. In the third practice, which already had the vision of becoming a community centred practice, the number of registered patients (and so the practice income) has risen and their clinical workload fallen significantly, which they attribute to a number of changes they have made but particularly the Practice Health Champions. This impact has allowed them not to replace a part-time doctor and re-invest the salary to provide a support worker for the champions. Other practices in Wellbeing 2 have been using advertising revenues in the practice, champions fundraising and bidding for small grants to raise revenue to sustain the work.

Although, sustaining champions may incur a small cost, the overall economic benefits outweigh the investment cost. One way of calculating the economic benefit of Health Champions is to use Volunteering England's average pay methodology. The median hourly pay in Leeds for example is £11.58 (ONS, Annual Survey of Hours and Earnings, 2011). On the basis of one Practice having ten champions who each offer an average of 3 hours per week to the practice this would equate to £18,065 equivalent of paid worker time over the course of the year. Some practices are analysing the attendance patterns of champions and beneficiaries (and intend to monitor over time), but the results are not yet available. They anticipate direct savings in reduced workload (and possibly prescribing/referral costs) and future savings if the pattern of attendance/morbidity changes over time.

Full self-sufficiency is achievable, but takes time. A 2 or 3 year timescale would appear to be the timescale to enable practices to achieve self-sufficiency. This would include ongoing step down support for the practice and the champions from Altogether Better.

## Wellbeing 2

The expectations for continuation and expansion of the work started in Wellbeing 2 are excellent (as of July 2015):

- **All practices:** In the feedback survey virtually all practice staff surveyed (95%) reported that they would like to continue with the programme
- **North East:** the programme is continuing and some areas are anticipating expansion
- **Sheffield:** the programme is funded for a further year by the CCG and local authority. There is an expectation that all their Health Champion programmes will subsequently receive mainstream funding together. This year's funding covers an additional practice in addition to supporting the current four
- **Bradford:** the programme is continuing, funded by the CCG, with the addition of eight further practices to the current four
- **Calderdale:** the programme is continuing with the addition of 5 further practices to the current four
- **Shropshire:** this will depend on the local system and its participants but currently it is understood that commitment has been made to 3 years funding, and resource has been secured from a number of public sector partners including the Police and Fire services and the local authority, and a longer-term commitment is anticipated.

### **Health Champions in new places**

People hear about Health Champions, particularly Practice Health Champions, by word of mouth and Altogether Better has received several expressions of interest and with work already begun, funded by Clinical Commissioning Groups.

### **Working at the boundary between formal organisations and volunteers**

Local teams and Altogether Better need skills in supporting volunteers and managing their group dynamics; and in organisation development. But a key learning from this work has been that a third set of skills is needed when working at the boundary between the formal world of statutory organisations and the 'lifeworld' of volunteers. By the time that Altogether Better comes to the end of its grant-aided involvement it has had to ensure that the General Practices and other statutory organisations have the necessary skills for this to continue - it is the quality of the relationship between champions and organisation, lying precisely at this boundary, on which the success of the work depends.

The task at the boundary, or liminal, space is to develop language that is not taken directly from the formal or life worlds; and to establish norms of behaviour that support getting pleasure out of acting purposefully.

The champions working with the NHS, described in this report, face fundamentally different challenges from Health Champions working in the community. Altogether Better and the local teams put a great deal of time and effort into working with the NHS and, in city based work, with local services, to help to find productive working relationships with champions. It is likely that, without this input, the champions would have achieved much less and would have been left unsupported at the end of the funded work.

# 8 Annexes

**Annex 8a: Demographic data on champions**

**Annex 8b: Revisiting and validating the Five Ways to Wellbeing individual mode**

**Annex 8c: The Appointment Guide**



## Annex 8a - Demographic data on champions

### Demographic data (1): Gender, Age, Work

	Overall AB	Barnsley	Bradford	Calderdale	East Riding	North East	Sheffield	Shropshire
<i>Base</i>	1039	93	166	120	145	200	135	180
<b>Gender:</b>								
Female	75%	92%	74%	77%	70%	72%	74%	75%
Male	25%	8%	26%	23%	30%	27%	26%	25%
<b>Age group:</b>								
14 years and under	9%	0%	0%	0%	0%	0%	0%	51%
15-19 years	12%	6%	7%	8%	1%	2%	6%	45%
20-24 years	8%	20%	12%	8%	4%	3%	8%	4%
25-34 years	12%	46%	11%	9%	5%	9%	19%	0%
35-44 years	13%	13%	15%	24%	6%	14%	23%	0%
45-54 years	14%	5%	15%	18%	17%	20%	21%	0%
55-64 years	14%	5%	19%	16%	20%	24%	10%	0%
65-74 years	15%	3%	16%	16%	36%	21%	10%	0%
75+ years	4%	0%	4%	2%	12%	5%	4%	0%
<b>Working status:</b>								
A full/part time student	27%	35%	16%	13%	2%	5%	11%	97%
Retired	25%	6%	26%	19%	57%	40%	17%	0%
Not in paid work	22%	26%	25%	38%	14%	15%	43%	2%
In part time work	15%	20%	19%	19%	15%	17%	17%	0%
In full time work	10%	9%	10%	9%	10%	19%	8%	2%
Other	0%	0%	0%	0%	0%	0%	0%	0%

### Demographic data (3): Ethnicity

	Total	Barnsley	Bradford	Calderdale	East Riding	North East	Sheffield	Shropshire
<i>Base</i>	1039	93	166	120	145	200	135	180
<b>Ethnic background</b>								
<b>White</b>	<b>78%</b>	<b>98%</b>	<b>51%</b>	<b>63%</b>	<b>98%</b>	<b>90%</b>	<b>52%</b>	<b>95%</b>
White British	75%	96%	46%	56%	94%	88%	49%	94%
White Irish	1%	1%	1%	3%	1%	1%	0%	0%
White gypsy or Irish Traveller	0%	0%	0%	0%	0%	0%	0%	0%
Any other white background	2%	1%	3%	4%	2%	1%	3%	1%
<b>Asian</b>	<b>14%</b>	<b>0%</b>	<b>40%</b>	<b>30%</b>	<b>1%</b>	<b>0%</b>	<b>27%</b>	<b>1%</b>
Asian / Asian UK	4%	0%	19%	3%	0%	0%	2%	0%
Indian	1%	0%	4%	2%	0%	0%	1%	0%
Pakistani	8%	0%	16%	23%	0%	0%	18%	0%
Bangladeshi	1%	0%	0%	1%	1%	0%	3%	0%
Chinese	0%	0%	0%	0%	0%	0%	0%	0%
Any other Asian background	1%	0%	0%	1%	0%	0%	3%	1%
<b>Black</b>	<b>4%</b>	<b>2%</b>	<b>4%</b>	<b>5%</b>	<b>0%</b>	<b>6%</b>	<b>8%</b>	<b>1%</b>
African	3%	1%	2%	4%	0%	5%	5%	0%
Caribbean	0%	0%	2%	0%	0%	0%	1%	0%
Any other Black / African / Caribbean	1%	1%	0%	1%	0%	0%	2%	1%
<b>Other</b>	<b>4%</b>	<b>0%</b>	<b>5%</b>	<b>3%</b>	<b>1%</b>	<b>3%</b>	<b>13%</b>	<b>4%</b>
Mixed ethnic background	2%	0%	1%	1%	1%	1%	3%	3%
Arab	1%	0%	2%	0%	0%	0%	6%	0%
Other	0%	0%	1%	0%	0%	0%	2%	0%
Not answered	1%	0%	1%	2%	1%	1%	1%	1%

## Annex 8b – Revisiting and validating the Five Ways to Wellbeing individual model

The data from the champions' feedback survey is a robust data set on which we can perform multivariate statistical analysis to validate aspects of the Five Ways of Wellbeing model of individual change (Sam Thompson et al 2008) and the way in which the Health Champions programme 'works' at an individual level.

We can use the statements asked in the feedback survey as surrogates to three of the Five Ways (Connect, Give, Learn):

### The Wellbeing 2 Dataset

- A robust dataset
- 561 champions completed the survey at end of significant involvement as a Health Champion
- A mixture of outcomes and opinions were asked in agree scales
- Statistical analysis has been performed using linear multiple regression (drivers analysis) with different outcome (dependent) variables

### Personal outcome/opinion statements available for analysis

*We have a number of opinion and outcome measures (agree/disagree) in our dataset...*

#### Personal outcomes statements :

##### Social / Connecting

Made more friends  
More contact with pp in neighbourhood/community  
Met pp from different backgrounds to my own  
Started going to more social activities and groups  
Worked with my GP practice patient group

##### Wellbeing & Self

I am more self-confident  
People listen to me more  
I feel generally happier  
I feel more valued

##### Learning

Learnt: How to keep myself healthy  
Learnt: How to eat more healthily  
Learnt: Ways to stay physically active  
Learnt: ways to improve mental WB and happiness  
Learnt: ways to use my local health services

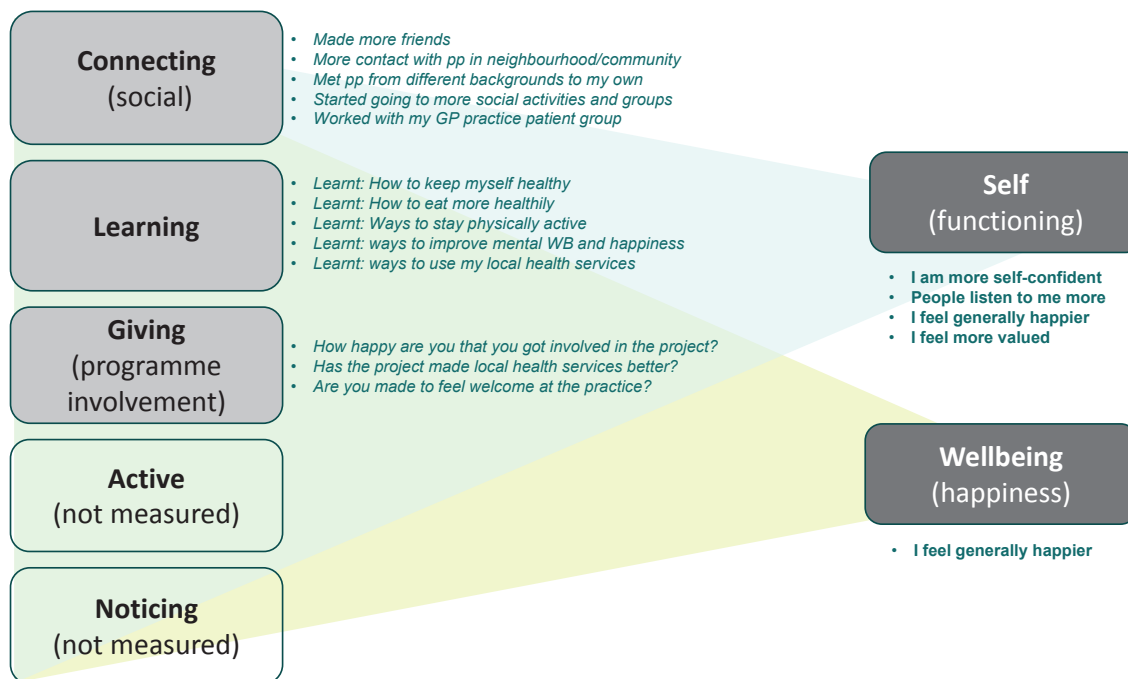
#### Programme questions:

**How happy are you overall that you got involved in the project?**

Has the project reached its aim of **making local health services better?**

Are you made to **feel welcome** at the practice?

With this data set we can test if these influences are visible:



We observe statistically significant links from measures of Learning, Giving and Connecting measures into improved self-confidence and to overall well-being (feeling happier). This is a very satisfactory outcome.

### Outcome drivers analysis does indeed clearly confirm the influences on both Wellbeing (Happiness) and Self-confidence

Influence on Happiness*			Influence on Self-Confidence**		
Influence	Influence	Normalised coefficient	Influence	Influence	Normalised coefficient
Self: I feel more valued	HIGH	19%	Wellbeing: I feel happier	HIGH	19%
Self: I am more self-confident	HIGH	18%	Give: Satisfaction with programme involvement	HIGH	15%
Social: Made more friends	HIGH	14%	Self: I feel more valued	HIGH	13%
Satisfaction w/ programme	HIGH	11%	Learnt: ways to improve mental WB and happiness	HIGH	12%
Learnt: Ways to stay physically active	MODERATE	8%	Learnt: How to eat more healthily	HIGH	10%
Self: People listen to me more	MODERATE	8%	Self: People listen to me more	MODERATE	8%
Social: Started going to more activities and groups	MODERATE	7%	Social: Made more friends	MODERATE	7%
Social More contact with pp in community	MODERATE	5%	Social: Met pp from different backgrounds to my own	MODERATE	6%
Learnt: ways to improve mental WB and happiness	MODERATE	5%	Give: Feel welcomed at practice	MODERATE	5%
Give: Connected LHS to community	MODERATE	5%	Social: Started going to more social activities and groups	MODERATE	5%
Learnt: ways to use my local health services	Not directly signif		Learnt: Ways to stay physically active	Not directly signif	
Learnt: How to eat more healthily	Not directly signif		Social: More contact with pp in neighbourhood/community	Not directly signif	
Worked with my GP practice patient group	Not directly signif		Learnt: ways to use my local health services	Not directly signif	
Social: Met pp from diff. backgrounds to my own	Not directly signif		Worked with my GP practice patient group	Not directly signif	
Learnt: How to keep myself healthy	Not directly signif		Learnt: How to keep myself healthy	Not directly signif	
Feel Welcome at Practice	Not directly signif		Have connectd LHS to community	Not directly signif	

**Interesting differences:**

- Self-confidence rather than happiness directly is enhanced by meeting people from different backgrounds
- Self-confidence but not happiness directly is enhanced when they feel welcomed by the practice

\* Agree with statement "I feel generally happier"  
 \*\* Agree with statement "I am more self-confident"

## Annex 8c: The Appointment Guide

Whilst many medical appointments go well, there are times when conversations between doctors, nurses, and patients can feel unsatisfactory. There is a limited amount of time to discuss all the relevant information and conversations can be affected by a number of different concerns. For patients, they may worry about whether there is something seriously wrong, or whether they are wasting the doctor's time. They may worry about being heard, and getting the outcome they want. For doctors and nurses, there are concerns about getting all the right information, agreeing the best treatment for patients, and working to targets and pressures to ensure the service runs smoothly.

Doctors and nurses are trained in consultation skills and are very familiar with following a particular structure during appointments. Patients often aren't familiar with this structure and can sometimes find conversations confusing, taking a direction that they weren't expecting.

The Right Conversation at the Right Time project drew on Conversation Analysis of recorded consultations and the Calgary-Cambridge model of the consultation, and developing an appointment guide ([www.rightconversation.org/appointmentguide](http://www.rightconversation.org/appointmentguide)) which helps patients understand the unspoken 'etiquette' of the consultation. This encourages patients to play an active role and to tell the doctor or nurse what they want from their appointment. It helps patients better understand what happens during an appointment, to help them feel more prepared and more confident during their appointment. This can lead to a more focused, open and effective conversation.

The Appointment Guide encourages patients to share their thoughts and ideas about what they want and what's causing their problem, and agree what needs to happen next.

These guides are being used in a number of different ways in the practices, and have been found to be helpful to patients:

*"It helped remind me of what I wanted to discuss with the doctor".*

They are also influencing doctor's behaviour:

*"It's made me think more about my consultation style."*

### How to get the most from your appointment

If you think about what you want to say, it can help you get more from your appointment. It can also help your doctor or nurse. Making notes before you go in may also help.


**Say why you have come.** What led you to make an appointment with the doctor or nurse today?

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**Say what you expect or want from your appointment.** For example do you want a diagnosis, a prescription, reassurance, to see a specialist, or something else?

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**Say what you think is going on.** Do you have any ideas about what is causing or is part of your problem? It helps the conversation if you share these with your doctor or nurse.

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**You may find it helpful to write notes during your appointment.** It can help you remember any suggestions that your doctor or nurse makes. Your doctor or nurse will think it's a good idea and will not think it's rude. They may also make some notes for you to take with you.

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**Agree a plan of action and what to do if things don't go as expected.** Before you leave, make sure you are clear on what will happen next. For example, do you know what to do if your symptoms get worse, you don't hear from the hospital, or you have problems with your medication?

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Developed as part of the 'Right Conversation at the Right Time' project  
[www.rightconversation.org](http://www.rightconversation.org)



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