

ENGAGING THE PUBLIC IN DELIVERING HEALTH IMPROVEMENT

Research briefing for practice

Key messages

- Involving members of the public in delivering health programmes offers a way to utilise the knowledge, skills and resources in communities.
- This research briefing is based on the findings of the People in Public Health study and offers guidance on what services can do to support active citizens who take on public health roles.
- Both practical support and system level change are required to maximise the benefits of lay engagement, however valuing what people offer should remain at the heart of strategic planning and development.
- Involving people in public health requires an infrastructure that is flexible, supportive and actively addresses barriers to engagement. Service models involving payment can be considered as well as volunteer-only schemes.
- Providing training and access to support not only prepares people for delivery and fosters personal development, it also helps services manage any risks.
- A broader approach to commissioning, target setting and evaluation is required; one which values the role of active citizens in bridging the gap between communities and services.

This briefing is based on evidence collected during the People in Public Health study.

The aim of the study was to improve understanding of approaches to develop and support people who take on public health roles.

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To access the full report: www.leedsmet.ac.uk/piph

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Introduction

Involving members of the public in delivering public health programmes offers a way to utilise the knowledge, skills and resources within communities. Many health promotion projects involve volunteers or lay health workers; they carry out activities such as peer support and peer education, signposting to services and running community groups. Engaging citizens in co-producing health and wellbeing can help services tackle health inequalities by improving connections with less advantaged groups and by shaping provision to better meet community needs.

This research briefing considers what active citizens can do for services and how services can best engage, support and sustain a community or volunteer workforce in order to improve health outcomes. It provides practical guidance on the steps that need to be taken to redesign services and maximise the long term benefits:

- **deciding what people can contribute to health improvement**
- **choosing a service model**
- **recruiting, training and supporting people in their roles**
- **changing systems to support citizen engagement.**

This research briefing is based on the findings of the 'People in Public Health' study, independent research conducted by Leeds Metropolitan University and funded through the National Institute for Health Research Service Delivery and Organisation Programme. The research examined approaches to support members of the public who take on public health roles, with a focus on the Choosing Health priorities.

Who is this briefing for?

This briefing has been written for strategic leads, managers and practitioners to aid commissioning, planning, implementation and audit. It will be particularly relevant for those who are:

- **Interested in addressing health inequalities and making sure public services reach seldom heard communities.**
- **Interested in improving service quality and getting better public health intelligence.**
- **Involved in commissioning or providing services involving volunteers, community workers, lay tutors, health trainer champions, or peer supporters.**
- **Involved in patient and public involvement and community engagement initiatives.**

Why is this research important?

"This paper highlights the critical ingredients necessary to develop partnership and to achieve concerted effort to involve people and promote effective joint working for the health and wellbeing of sustainable communities."

Mike Grady, Senior Research Fellow UCL, Marmot Review

"This research is important for both public health and local government. The IDeA's Healthy Communities programme was pleased to have been involved with the project. The findings fit in well with the new government's emphasis that health is everyone's business."

Liam Hughes, National Adviser Healthy Communities, Local Government Improvement and Development

"The foundation and accomplishments of the voluntary and charitable sectors are arguably rooted in self help and volunteerism - the UK would be a very different place today if we didn't have this rich vein of tradition to draw on. Involving members of the public in shaping their local communities and promoting health and wellbeing as described in this briefing paper powerfully resonates with the character and ethos of the third sector. There are echoes of mutualism here through the encouragement of positive reciprocal relationships that enhance and help to build strong communities. This paper is a useful contribution to thinking about interdependence and more effective ways of working."

John Adams, General Secretary, Voluntary Organisations Disability Group & Chair of the Department of Health's Third Sector and Social Enterprise Sounding Board

Why involve members of the public in delivering public health?

Engaging individuals and communities in public health action is necessary to achieve better health outcomes for all sections of society. It resonates with drives to give service users a greater voice in shaping public services. Lay health workers and volunteers complement statutory provision and moreover they perform a critical bridging role in reaching out to individuals who are disengaged or who face barriers to participation. Based on the research findings, there are sound reasons for services to engage members of the public in delivering health programmes.

Key objectives are to:

- fulfil a bridging function thereby reducing barriers between services and communities, particularly where groups are at risk of social exclusion.
- provide peer support to help community members participate in activities that might improve their health.
- break down communication barriers as members of the public have the potential to reach some communities that professionals can not.

- offer opportunities for members of the public to gain directly in terms of increased confidence, health literacy, social contact, skills and employability.
- increase service capacity by having a 'lay workforce' as well as a professional workforce.
- open up a conduit so that information can be cascaded through social networks and community knowledge can be fed back up to inform strategic planning and service delivery.

It was beyond the scope of the research to assess the effectiveness of specific programmes but findings suggest that when services take a strategic approach to citizen engagement, they can expect to see positive outcomes in relation to:

- **Improvements in the health of individual participants**, both those delivering services as volunteers or lay health workers and those receiving them.
- **Public services better able to engage with target groups**, leading to improved access and re-designed services.
- **Pathways for individuals**, as taking on a public health role can offer a gateway to opportunities for wider participation, new life skills, further education and employment.

Active citizens for health - examples of roles

Roles	Example of activities
Providing health information and simple advice	Talking to people in clubs and bars about the importance of sexual health screening and suggesting how they can go about getting tests
Raising awareness of health issues	Distributing information to older neighbours on keeping warm in winter
Improving skills	Running cook and eat sessions with parents and grandparents
Providing peer support	Befriending new recruits to a green gym
Promoting access to services or signposting	Using cultural and language skills to help women from minority ethnic groups get the right help in pregnancy and childbirth
Facilitating community groups	Running a breastfeeding support group
Supporting professional services	Welcoming and offering personal support to people attending a stop smoking clinic
Organising and leading community-based activities	Leading health walks and exercise sessions

Choosing a service model

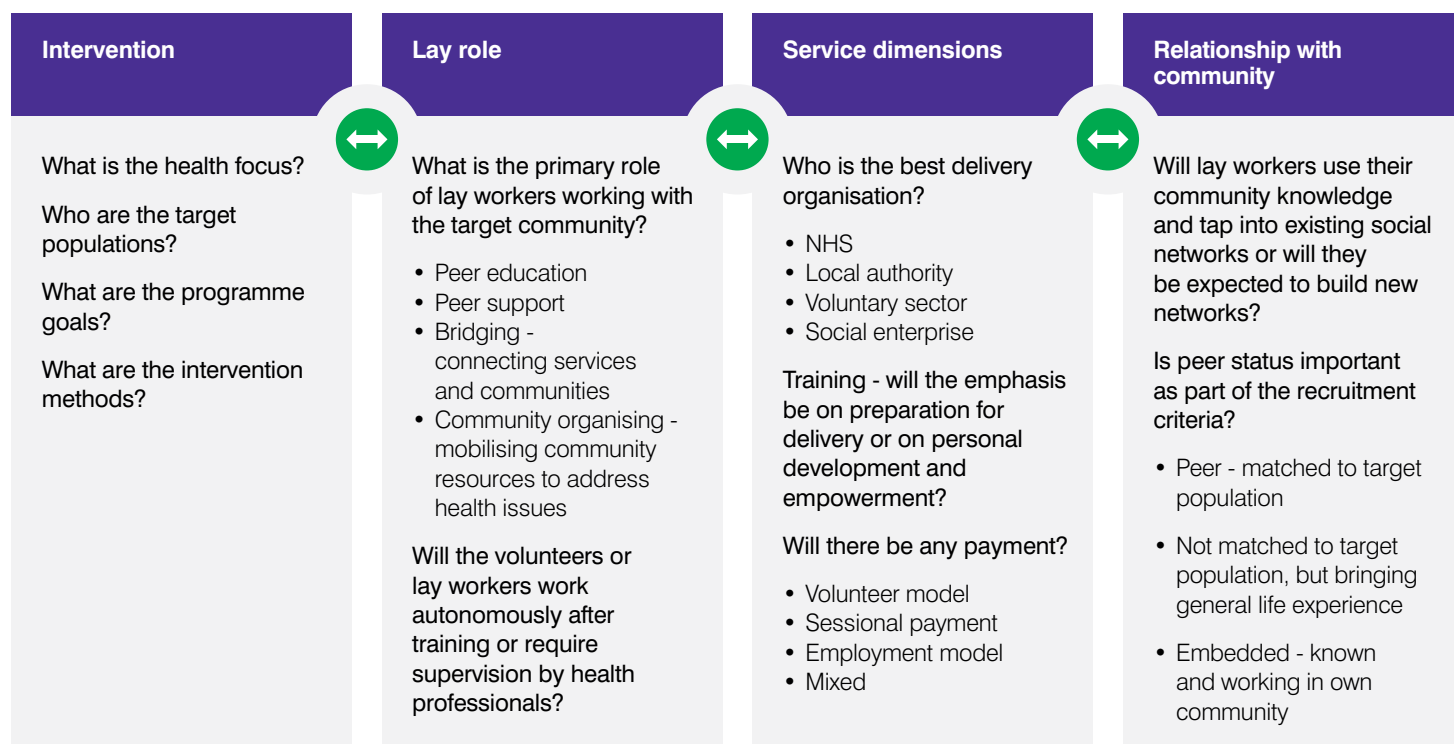
Approaches involving lay health workers and volunteers in programme delivery are versatile and can be adopted across a range of health issues, populations and settings. The research mapped out the options available for those commissioning and developing local public health programmes resulting in four main programme dimensions, with key questions that need to be considered in designing local services:

- **Intervention** - what is the programme trying to achieve?
- **Lay role** - what will members of the public do?
- **Service delivery & organisation** - how will professionals support this engagement?
- **Community** - what is the relationship with the community that the programme aims to engage?

A strategic approach to lay engagement will involve attention to all four dimensions and will not solely focus on the delivery of an intervention. The research found that active citizens often perform multiple roles that improve connections between services and communities, even when the intervention component is relatively low-key.

Commissioners and practitioners should work through these different options when drawing up service specifications. Clarity about service models will help in building an evidence base as lessons can be shared across programmes using similar approaches.

Main programme dimensions



Recruiting, training and supporting active citizens for health

Involving members of the public in programme delivery is a low cost way of increasing service capacity, but a level of investment is needed to build and sustain lay engagement. This should not be about imposing top-heavy organisational structures on grassroots activity. It should be about developing systems that are flexible and supportive, and ultimately enabling members of the public to play a role in health improvement. It should also be about having a wider infrastructure that actively addresses rather than erects barriers to lay engagement.

Recommendations for practice emerged from the research and further information on these matters can be found in the study report.

People should be at the heart of the system. Action needs to take place at all levels that values what people offer and puts this at the heart of planning and service delivery. Members of the public who are willing to make a contribution are a vital resource for bringing about changes in individuals and communities. Indeed, the commitment of active citizens was found to be a major factor in programme sustainability, even when professional support was lacking. Additionally, many of those participating as 'service users' take on smaller roles, such as peer support to other group members or advertising activities, without always becoming recognised as volunteers. Relationships between volunteers and professionals should be built on mutual respect and recognition of equal worth.

Barriers to recruitment need to be minimised, particularly when working with groups that may experience social exclusion.

Participants reported a range of barriers including lack of formal education, language and literacy barriers, extensive bureaucracy, CRB checks and fear of stigma, financial concerns and worry about the impact on welfare benefits. Informal recruitment methods, using community networks and word-of-mouth contacts, are likely to be more effective than formal recruitment processes. Critically for new recruits having a contact person who is able to give clear verbal information and support will help in navigating any barriers.

A wide range of training and development opportunities should be offered. Provider organisations need to create opportunities for people to 'dip their toes in'; for example, through running taster courses on health. At the same time, training and development opportunities should be made available that allow people to extend and deepen their involvement. These actions will help ensure growth and sustainability by investing in both new and experienced volunteers.

Training can increase confidence and enhance skills. Training courses should be designed to enhance the confidence and natural helping skills of volunteers and lay health workers, as well as preparing them for their roles in delivering specific interventions. The value of life experience and the social, communication and language skills that people bring to the roles should be acknowledged. Finally if public services want to increase the scale and depth of participation, they should ensure that people get enjoyment and can benefit personally, as well as providing good support.

It is critical to provide adequate and accessible support for people in these roles. Provider organisations have important roles in supporting active citizens and need to have the capacity and skills to work effectively with the local community, along with expertise in managing volunteers or lay workers. Support and supervision by practitioners within local programmes was found to be essential for implementation. Access to 'light touch' support helps lay health workers and volunteers feel valued and offers a way to talk through problems as they arise.

Services should decide on the best option for payment and rewards. Consideration needs to be given to the pros and cons of different options around payment. Use of sessional payment was found to support engagement, particularly where people are facing financial hardship and it can help boost retention and aid service reliability. On the other hand, payment has costs, there may be equity issues as people take on different levels of responsibility, and it can potentially undermine the ethos of volunteering. Receiving payment and expenses can be a worry for those on welfare benefits and this issue needs active management within local programmes.

Risk can be managed through training and good support systems. There are risks in handing over delivery to members of the public, just as there are risks leaving it in the hands of health professionals. It was found that risks can be successfully managed through providing induction and continuing development opportunities that equip people with the right knowledge and skills, and through having good support systems (including appropriate practice protocols) that involve both peers and practitioners.

Commissioning should include funding the infrastructure to support people. Commissioning should not be limited to funding a specific intervention but instead commissioning organisations should be prepared to fund training, development and support systems within provider organisations. This will result in members of the public who are well equipped and supported to do the tasks in hand, better retention and active management of any issues around role boundaries and quality assurance.

Changing systems to nurture citizen engagement

Sustainability involves programmes being scaled up and eventually becoming embedded in organisational practice. Many programmes involving active citizens are not mainstreamed and remain dependent on the energy of committed practitioners. The study highlighted a need for wider cultural change in the way the NHS works with communities. High level local leadership is needed to maximise the impact of this way of working.

The research findings indicated that if there is to be a shift to co-production of services being the normal way of doing business, then three levels of support need to be addressed together:

Level 1: Enabling people to make a contribution

Level 2: Support systems for delivery

Level 3: System change for sustainability

The commissioning process has the potential to be a mechanism to achieve sustainability but there are currently gaps in funding and organisational infrastructure to support and sustain community activity. Small grants can act as a stimulus but short-term funding cycles undermine community action.

The research findings suggest that taking an instrumental approach to lay engagement, focused on delivering against specific health targets within time limited policy cycles, is going to be of limited value. Business models that satisfy NHS demands for professional control create dilemmas for practitioners who are trying to empower individuals and communities for long term health gain.

It is therefore recommended that commissioning, target setting and evaluation is based on a broad understanding of the wider benefits of involving members of the public. A narrow focus on behavioural outcomes is at odds with viewing lay engagement as a means of tackling health inequalities, improving access and empowering communities. It should also be recognised that participation can have a profound and long term impact on individuals through the opportunities offered. It can provide a skills escalator that will ultimately result in increased community and workforce capacity.

Key questions for building strong links between communities and services

Based on the research findings, organisations should consider these questions when reviewing services they commission or provide:

- How do services value the contribution of members of the public who are working to improve health in their communities?
- Do services develop and support people who can provide a bridge between services and communities?
- How well do services minimise barriers to engagement, recruitment and retention?
- Do people have good access to support in their roles?
- How do services ensure that people have opportunities to develop skills and knowledge?
- Do service targets reflect the wider benefits of citizen engagement in terms of addressing health inequalities and promoting social inclusion?



Concluding remarks

This research briefing highlights the important contribution that members of the public can make to health and recommends simple but effective actions that can be done to prepare and develop people in their new roles.

Providing an infrastructure that enables and supports people who can make public health activities happen in their communities is a sound investment. The price for this does not need to be greater professional control as fundamentally this is not about developing another layer of workforce in the NHS. Instead it concerns profound changes in the way people can become involved in public life and how new and more equal relationships between citizens and services can be built which recognise the assets that people bring.

How was this briefing produced?

This briefing is based on evidence collected during the People in Public Health study. The aim of the study was to improve understanding of approaches to develop and support people who take on public health roles.

Phase 1 comprised a systematic scoping review of 224 publications relating to lay health workers, three national expert hearings, the establishment of a Register of Interest and visits to projects. In Phase 2, five case studies were undertaken which were chosen to illustrate different service models and lay roles:

- **A breastfeeding peer support service**
- **A sexual health outreach service**
- **A community health educators programme**
- **A local walking for health programme**
- **A neighbourhood health project.**

Qualitative interviews were conducted with 90 individuals including commissioners, practitioners, volunteers and lay workers. In addition, 46 interviews were conducted with service users in three of the case studies.

The study was undertaken through a partnership between Leeds Metropolitan University, NHS Bradford and Airedale and the Regional Public Health Group, Yorkshire and Humber. Extensive public involvement work was undertaken throughout the investigation.

The full report can be downloaded from www.leedsmet.ac.uk/piph

Disclaimer

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