RSA

21st century enlightenment

HEALTH AS A SOCIAL MOVEMENT

SEMINAR SERIES WRITE-UP

MAY 2017

"The NHS is a social movement and not just a health care service [..] it is part of what it means to be British."

Simon Stevens, Chief Executive, NHS England

"Carers are part of a social movement"

Kyra, Carer, Coalition for Collaborative Care

1. INTRODUCTION

The challenges to the health care sector are well documented when it comes to funding, but what is less well recognised is the need to change the model of delivery to one that is better suited to enabling people to take their health into their own hands.

From the hospice movement arising from a chronic lack of support for palliative care, to viral campaigns being launched to facilitate a public response to the lack of investment for research into rare diseases such as Amyotrophic lateral sclerosis (ALS), social movements have consistently been the most effective pressure on systems, and the health system is no different.

Chapter two of the Five Year Forward View (FYFV) refers to empowering communities, getting serious about prevention and describes the NHS as a 'social movement'. The NHS is looking at updating the FYFV and being more specific about how these plans scale up in practice, and how health movements can spread and deliver results.

The FYFV addresses 'social action' as a key enabler for the New Care Models. But do volunteering, social prescribing and peer-to-peer support equate to 'social action'? They do in part, but we have found that a messier and more political element of enabling social action is now emerging.

The fact that social movements in health are on the agenda is remarkable. However, meaningful change in practice requires meaningful and sincere change in dialogue with citizens. The RSA has been working with NHS England over the last year to better understand how health systems can meet their constituents' health needs. We have been looking at building community capacity and engaging with local social movements to identify key moments that leaders can leverage to improve the public health of their populations.

Learning how these movements spread and behave will help us understand how social models of health can be scaled up and how to better embed community-centred approaches across the health landscape.

We have learned that facilitating this is complicated, takes time and requires a huge culture shift towards asset-based approaches. Working towards a more enabling environment for empowered communities is the ultimate aim of the programme.

This summary outlines the key findings from our seminars across the country, which got us up close to how this change is happening on the ground.

"TALKING ABOUT CANCER PREVENTION WITH CITIZENS AND GROUPS, YOU OFTEN FIND THAT PEOPLE DON'T THINK THEY ARE INVOLVED IN PREVENTION, BUT THEIR ACTIONS SUGGEST OTHERWISE"
BEN GILCHRIST, GREATER MANCHESTER CANCER VANGUARD

NATIONAL SEMINAR SERIES, FEBRUARY - MARCH 2017

Birmingham workshop, Impact Hub Birmingham, 7th March 2017

Participants were asked a series of questions about what they understand by the term social movements, what their key characteristics are and if they could identify existing movements in health:

Q: What do you understand by the term social movement?

- User-led
- Community owned
- Grass roots
- Focused on improving the well-being of the community
- Promotes social and environmental justice

Q: What are the characteristics of a social movement?

- Momentum and energy
- Sincere and passionate
- Action oriented
- Contagious
- Member-led
- Solidarity and peer support

Birmingham workshop, Impact Hub Birmingham, 7th March 2017

BOX 1: HEALTH AS A SOCIAL MOVEMENT – EXPLAINER

Health as a Social Movement is an NHS England funded research and development programme launched to support the development, spread and scaling up of activities in sites across England that are trialling emergent social models of health.

Working initially with six new care model vanguards across England, NHS England and partners will develop, test and spread effective ways of mobilising people in social movements that improve health and care outcomes and show a positive return on investment.

This programme will also work with the wider vanguard network and beyond to support development and spread of social movements in health and care.

Health as a Social Movement will explore how the health service can move beyond a purely biomedical understanding of health, with prevention at its core. The NHS Five Year Forward View takes this on as a central component of its plan for England's health system, which says in order to better realise the 'renewable energy of communities' we must harness the power of social movements in order to rapidly improve health outcomes.

2. INTRODUCING THE 6 SITES

The six Vanguard leaders were asked to reflect on their aims, successes and some of the main barriers they have faced so far.

1. BETTER CARE TOGETHER (MORECOMBE BAY AND BARROW-IN-FURNESS)

Lead: Sophy Stewart
About:The Vanguard covers 365,000 people and 1,000 sq miles. It was chosen partly because of the similar characteristics between Barrow-in-Furness and Morecambe. It has three main projects:

1. **Animator project (Barrow-in-Furness)**: Looking for people who are not the 'usual suspects' to be community connectors, and engaging with people with substance misuse issues, or those experiencing homlessness, or at risk of homelessness.
2. **Whatney Island:**
   The community designed wellbeing activities such as mindfulness, nitter-natter groups and bowling groups. Local volunteers are responsible for ensuring that activities are sustainable and other nearby areas now want to be involved.
3. **Morecombe:**
   This project has been working in partnership with the third sector, and fire and police services. Important lessons that have been learned about the project are:
   - Remember from the start that it needs to be organic.
   - Do not make too many demands of local GPs.
   - Promote the project to colleagues.

Barriers:

1. **Trust:**
   Prior to the Vanguard there were poor working relationships with the local third sector which felt it was expected to pick up the pieces. This 'engagement exhaustion' was summed up by some participants' frustration that "the last time I came to a group or filled in a form nothing changed."
2. **Culture:**
   There is a culture of expectation that results in people looking for 'quick wins', but this is not a 'quick win' project.

Top tip:
Do not underestimate the importance of food in bringing the right participants together. When engaging with people, thanking them for their time with a proper meal is simple, sincere and effective.

2. WELLBEING EREWASH

Lead: Sara Bains
About: Erewash is a small, rural Vanguard with 12 GP services and 90,000 people. It has some very deprived and some very affluent areas.

The Vanguard is structured around three priorities in order to make the work manageable:

1. **Personal resilience**
2. **Community resilience**
3. **Integrated primary and community service**

It collaborates with the citizens of Erewash by bringing together different people through the community and voluntary sector (CVS), and asking them about the assets they need to tackle social isolation. During the first engagement activities people wanted to talk about what was 'wrong not strong', which highlighted the prevalence of the deficit model in health.

Using an Asset Based Community Development (ABCD) model, Wellbeing Erewash is now becoming a service that connects people with assets in their local communities which they have not been aware of or using.

Sara emphasises that the Vanguard must not assume it knows what is best for people, and that building trust and community skills is the model for future growth.

Success criteria for Wellbeing Erewash:

1. **Space:**
   Having a space where people can listen (eg. in schools) and develop trusting relationships, so that they can implement resilience programmes which generate community champions (eg. young people taking control)
2. **Community connectors:**
   People such as local hairdressers are often already doing peer support work, but this is augmented by engaged citizens and support from the CVS.
3. **Genuine co-production**
   This requires a lot of time spent winning the argument. The next step is building a network to support change and ensure sustainability. Duplication among different organisations, such as the overlap between the Vanguard approach and the local public health team, is a key issue. Tackling this is a priority moving forwards.

3. AIREDALE AND PARTNERS

Lead: Joanne Volpe
About: This Vanguard aims to improve the wellbeing and quality of life of people in care homes and to achieve a cultural shift by reframing care homes and their residents as assets to the wider community. It is working across five care homes and setting up opportunities for schools and public service providers.

Community conversations have allowed the Vanguard, along with care managers, to listen and respond to residents of care homes and find out what their skills and interests are. This method of engagement has lead to:

1. An allotment society helping residents with an interest in gardening.
2. School children teaching residents how to get online and use iPads.
3. A heritage photography group working with residents to help them piece together local history.

4. STOCKPORT TOGETHER

Leads: Carey Bamber and Steve Goslyn
About: This Vanguard is based in Stockport and links across the Greater Manchester boroughs of Tameside and Stockport (with strategic leadership support) focusing on tackling loneliness and isolation in Stockport.

They are working to achieve this is by:

- Exploring and stimulating arts and food movement activity by tapping into existing local activities. The Small Sparks fund is a £60k pot that is currently funding 47 groups to encourage groups and communities to tackle social isolation in interesting ways, particularly through arts and food based interventions.
- Managing Small Sparks grants facilitated through Action Together
- Supporting food sharing/growing with Altogether Better's health champions work, GP surgeries, community cafe/hub, and the Kindling Trust growing initiatives

5. GREATER MANCHESTER CANCER VANGUARD

Lead: Ben Gilchrist
About: This Vanguard aims to catalyse and connect a grassroots, citizen-led social movement for cancer prevention by working with the voluntary sector.

There is extensive energy and expertise among Greater Manchester citizens and voluntary organisations in relation to cancer research, treatment and survivorship. The focus of this project is on supporting, harnessing and connecting this to cancer prevention.

To achieve this, the two main objectives for the Vanguard are:

1. To develop a network of 20,000 cancer champions over three years.
2. To explore the use of digital technologies, including social media, to support mass involvement and the development of a

self-sustaining social movement across the entire cancer prevention spectrum in Greater Manchester.

The Vanguard plans to do this in the following ways:

- Understanding what motivates people to make lifestyle choices.
- Drawing on the knowledge and experiences of communities that face health inequality.
- Identifying ways to enable change and to scale up collective action and campaigns.
- Developing a fully engaged population that takes ownership and responsibility for their health and wellbeing.
- Fostering the new relationships between citizens, state and society that are at the heart of devolution.

6. THE ROYAL FREE

Lead: Nicola Bullen

About: This Vanguard is unique in its specific focus on workplace health. It aims to bring staff together through activities and at events, build motivation and encourage peer support. It is intended that all Royal Free Hospital NHS FoundationTrust staff will improve their health through these events and activities as well as through wide ranging communications and health messaging.

Specific focus: To reach unengaged lower paid staff members. The group is made up of around 300 staff across four teams (domestics, porters, security, facilities administration and clerical teams). This group has not typically participated in any previous health and wellbeing initiatives at the Trust. They have lower levels of engagement and higher than average rates of sickness, muscular-skeletal problems. They have also expressed feelings of being ignored and overlooked as a staff group and treated badly by other members of staff.

Project Priorities:

- **Insight:** Better understanding staff ideas and priorities around their personal health and wellbeing needs, utilising evaluation and establishing metrics to learn what works
- **Building staff resources and capabilities:** To ensure sustainability of staff health and wellbeing initiatives within the workplace
- **Embed/Activate:** Developing and delivering bespoke initiatives alongside staff that empower them to make long standing sustainable improvements to their wellbeing
- **Reach:** Develop staff ambassadors/ champions, identifying opportunities for supporting health and wellbeing for trust staff and developing new ways of linking with wider communities across NHS.

Progress and Impact

- 20 social movement champions identified to lead work on growing a social movement.
- 20 workshops held with GM voluntary sector cancer groups to co-design the social movement.
- Over 150 people from over 75 organisations have been involved with the project. This includes grassroots groups, charities, voluntary sector leaders and system leaders.
- Three expert reference group meetings have been held with cancer charities and cancer champion leaders.
- The project aims to recruit 5000 cancer champions by August 2017.

3. WHAT IS A SOCIAL MOVEMENT? - JACQUELINE DEL CASTILLO, NESTA

"If you think the adverse child experiences movement is anything less than a human rights movement, think again... the smoking fight took 60 years."
panelist at the adverse childhood experience conference 'awareness to action' in san francisco, october 2016

Jacqueline del Castillo covered a number of topics in her presentation and reflected on how there is not one unified definition of a social movement. She suggested it is more fruitful to focus on how they behave and spread, and identified the HIV/AIDS and breast cancer health movements as some of the most successful in modern history.

She argued that social movements are one of the most effective forms of pressure on institutions, and that for an institution like the NHS, this is especially so. She then went on to suggest that the way they behave can be analogous to the way innovations spread and get adopted. Adapted from models referring to how innnovations get adopted, the figure below demonstrates how social movements need to cross a'cultural chasm' in order to achieve widespread impact. They begin with leaders and early champions, then require a concerted effort using a variety of tactics to bridge the cultural chasm and enter into a mainstream population of people, patients, or health care professionals.

Figure 1: Crossing the 'cultural chasm': How social movements spread

4. EMERGING MOVEMENTS IN HEALTH

Jacqueline reflected on two examples of emergent movements in health. One has a focus on health data and technology, the genesis of which was placed outside health systems ("which partners with existing health institutions to experiment with a new way of doing things and bring about culture change"). The other is firmly based in prevention, which challenges long-established medical orthodoxies.

The Open Data Movement

In 2007 Steve Keating volunteered to participate in a scientific research study which revealed a brain abnormality. Doctors advised he wait to act, and later a massive tumour was discussed. Since his experience seeking treatment and care he has become a strong advocate for open health data, encouraging participation in care and medical research.

He asked "Why can't we have a share button for our medical record?" This would enable people to share their data with the world.

The OpenNotes movement, one sub-movement of the Open Data Movement, started in 2010 with a vision of patients becoming partners in their own care through transparent medical records. The ultimate goal is better decision-making, better care and patients feeling more in control of their health. An initial experiment of OpenNotes involved 3 Boston hospitals, 100 doctors and 20,000 patients. At the end of 12 months, no doctor wanted to give up the program and 70% of patients reported feeling more in control of their health. Once it was adopted they highlighted clinically relevant benefits and the potential for cost savings.

This overlaps with the increasingly impactful 'quantified self' movement. This movement aims to incorporate technology into data acquisition on aspects of a person's daily life in terms of inputs, states, and performance, whether mental or physical.

Jacqueline then moved onto examine an emergent health movement, based largely in the the USA, but with a growing profile in countries around the world.

'The Open Patient' video available at: https://www.youtube.com/watch?v=c-NtFRj74Qk

Adverse Childhood Experiences (ACEs)

The ACEs movement is a clear example of how prevention can tackle the wider determinants of health. The ACEs movement is based on a study published in 1998 conducted by Centers for Disease Control and Prevention and Kaiser Permanente.

The doctor who ran it, Dr. Vincent Felliti, was running an obesity clinic. He noticed people were losing massive amounts of weight - 50 kilos, 100 kilos - and then, immediately gaining it back. When he asked one woman why she gained it back, she said, "For me, being overweight is safe." She had been abused as a child. He wondered if this affected anyone else.

In his research Dr Felitti identified a strong relationship between ten adverse experiences and the adult onset of chronic disease (diabetes, heart disease, etc) and negative health and social behaviours (smoking, alcoholism, violence etc). 64% of people in in US and 55% in UK have had at least one adverse childhood experience.

ACEs is ripe for a movement as childhood trauma is still a highly stigmatised issue, research uptake has been low and new solutions are emerging. For 10 years, Washington State has trained teachers and students about ACEs and toxic stress, leading to a 66% decrease in youth arrests for violent crime, and saving more than $1.4 billion.

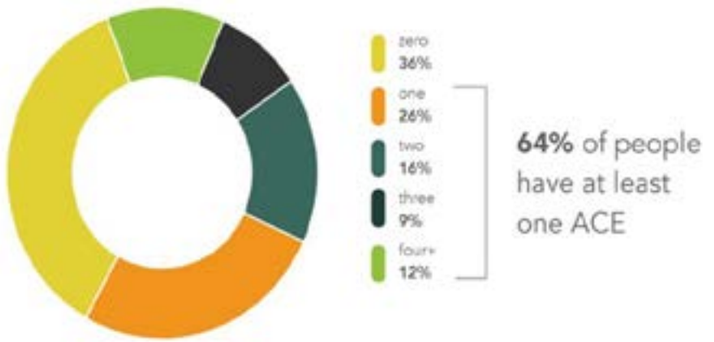

Figure 2. The prevalence of Adverse Childhood Experiences (ACEs) in the US

Figure 3: The Ten Adverse Childhood Experiences (ACEs)

5. THEORY OF CHANGE: THE SIX VANGUARD SITES – LUCIE STEPHENS, NEF

Lucie Stephens presented an introduction to the New Economics Foundation (Nef) at the Birmingham seminar. She emphasised Nef's role in learning, practical support and evaluation within the programme. Nef are helping sites by challenging their thinking and reflecting on their practice. Often this comes in the form of one-to-one support. The aim is to help sites with current reporting pressures but also with new evaluation metrics. The importance being that different reporting measures are necessary for different audiences (commissioners, communities, politicians).

An asset focus means that external evaluation of the Vanguards' work is difficult. However, the theory of change attempts to tie the efforts together in a coherent framework. An asset focus is about people who do "stuff". People find they feel like they have more control, and they get others involved in other activity.

Lucie stressed that the term "stuff" is used purposefully. Often the sites are tackling wider determinants of health, and this requires a broader understanding of health and wellbeing. This "stuff" is the social action that is necessary to facilitate a health system based on prevention and sustainability.

A critical point is that the NHS is sometimes blind (wilfully or unwilfully) to what is already going on in the community. Experience of control and power in communities impacts on well-being through citizens feeling like they have their hands on levers of change. Things and 'stuff' that is not badged as health (e.g. a skatepark in the community) can have these wider well-being impacts. One way that Nef characterises this is as 'community resourcefulness'.

Resourcefulness is about taking control and demonstrating a sense of self-efficacy. This is manifest in identifying that there are routes to manoeuvre out of situations, as opposed to resilience which is more about 'just about managing'.

"Staff are the community often, so separating the two is often a damaging process"
participant, Birmingham seminar

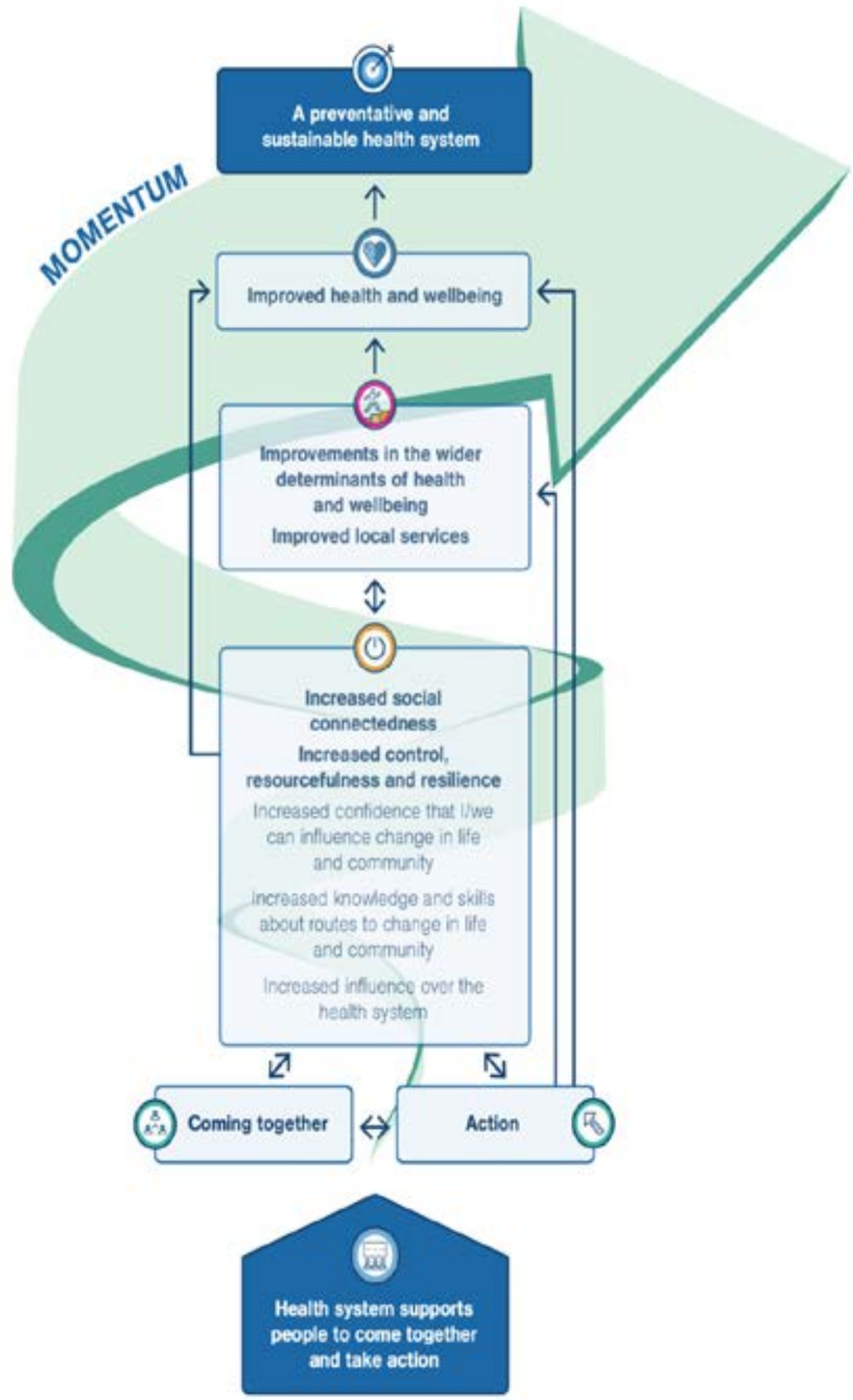

Figure 4. New Economics Foudation 'overarching Theory of change' across the six sties

7. HARNESSING OPPORTUNITIES – IAN BURBIDGE, RSA

When looking for opportunities to facilitate system change, it is useful to understand how individuals, communities, and hierarchies interact. Ian Burbidge from the RSA, highlighted that social systems are about understanding how people behave.

1. People act with their own individual agency.
2. People organise into groups (communities/clusters)
3. People are affected and influenced by systems that are the amalgamation of these groups
4. Ian suggested there are four lenses of harnessing power (see Figure 6):
   - Individual agency
   - Communities (including shared values and togetherness)
   - Systems and hierarchy
   - Fatalism

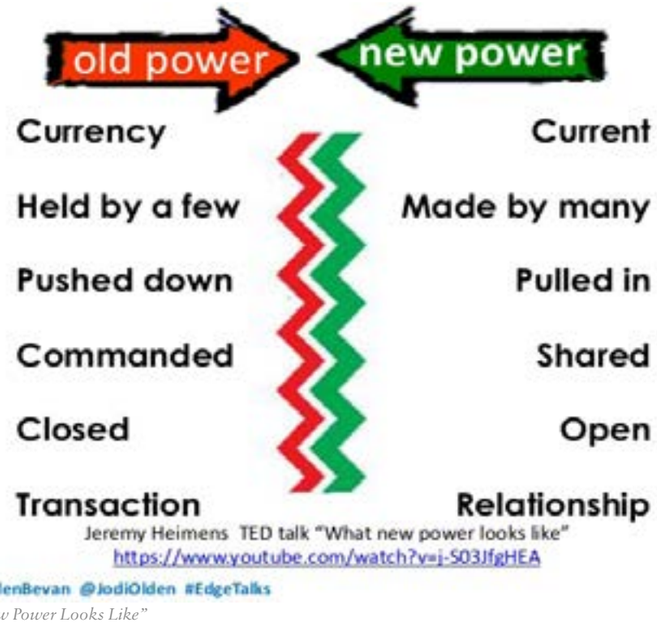

Figure 5"What New Power Looks Like"

BOX 2: OLD POWER, NEW POWER

How do you harness power to be constructive rather than destructive?

A new power approach is about 'not doing to' and merely throwing resource at an issue, but standing alongside and designing solutions with people. An example of this could be a patient group in some of the worst performing GP practices in terms of wait times. The 'social moment' is a Healthwatch league table that highlights the issues.

How the system responds is reflective of where old power or new power models are being operationalised.

6. 'MAKING TRANSFORMATIONAL CHANGE A WIN WIN'– ROWAN CONWAY, RSA

Rowan Conway emphasised the difference between NHS England and the health system using the 'New Power/Old Power model'. Systemically we play a role, not just as individuals, communities or groups.

There are a range of actors upholding the system as is. Rowan argued that this needs to be addressed so that we can move on past the early growth stage of movements and find ways of navigating the barriers that are thrown up by the system to work together, rather than in opposition to one another. It is important that "one norm does not collapse the other". To challenge the system we can't treat it as an 'other', we need to reflect how we are a part of systems and how we create space for all elements of the equation to win.

When trying to make change it is important to

1. Identify 'the pebbles' that are easy to skim
2. The boulders that require collective action to move
3. The 'the cliff' that really is immovable

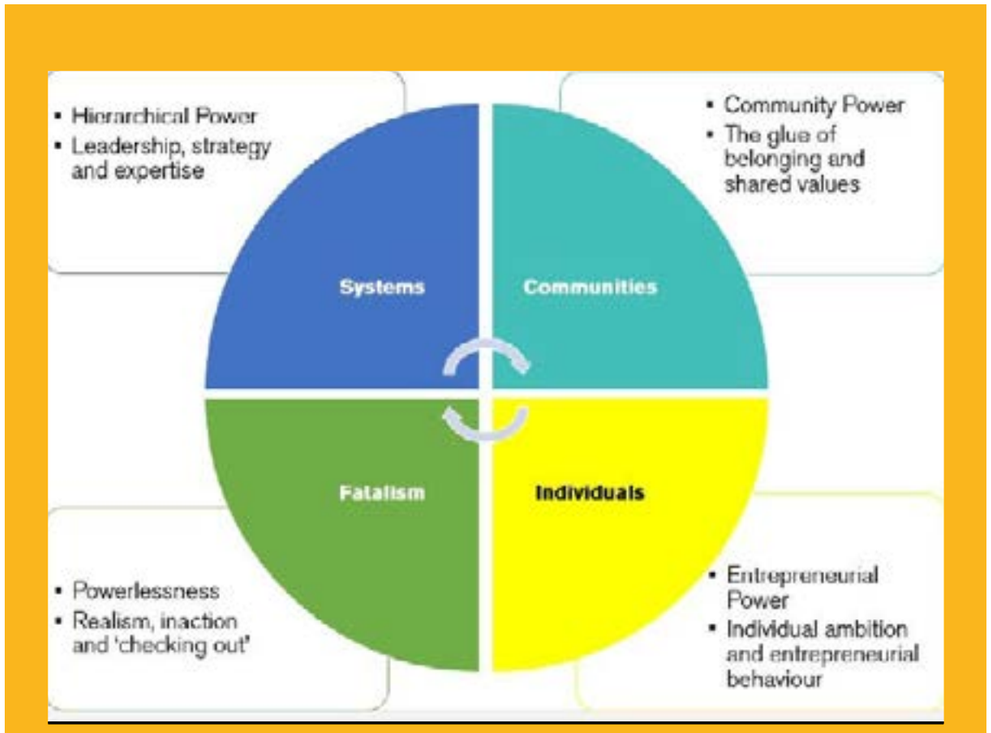

Figure 6. RSA system map for enacting change

8: SOCIAL MOMENTS – IAN BURBIDGE, RSA

'Social moments' are a way to identify points where a person/community or system is more susceptible to change. While systems are difficult to change, there are moments that present a period of reflection and an opportunity to change how things are done, hopefully for the better. Social moments are something that we can recognise and mobilise around, and by identifying them we can begin to understand how we can harness their energy for change and ensure impact. Vanguard leaders reflected that "you've got to work with the willing". Understanding that adoption won't be taken up universally is an important precondition to pursuing change.

However, to gain trust amongst individuals it is important to understand the levers you can pull to influence their decision-making. By attempting to map what the social moments could be in a community, we can maximise the number of 'the willing' that we are able to work with to achieve change.

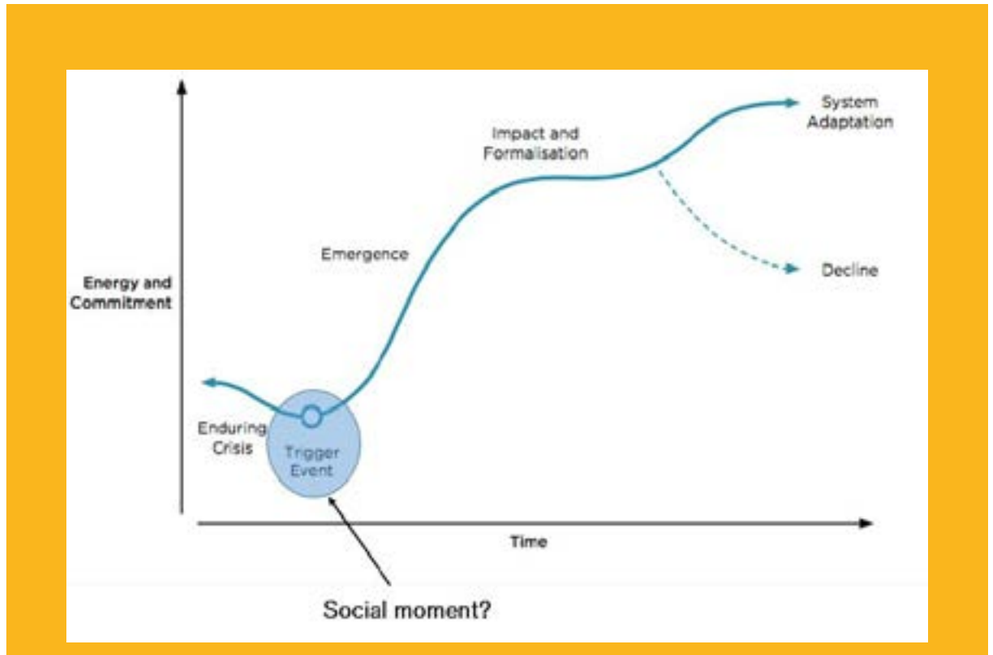

Figure 7: Identifying a 'social moment' across the social movement lifecycle

9: PARTICIPANT EXERCISE

"We need to look at large-scale transformation from a grass-roots perspective"
ROWAN CONWAY, DIRECTOR OF DEVELOPMENT AND INNOVATION, RSA

Participants were asked to identify how their local health challenges could be tackled using some of the techniques identified in the session. Participants were asked to identify a health goal, and to consider what barriers existed in achieving this goal and which stakeholders could help them achieve it and the 'social moment' that they could take advantage of

Goals	Barriers to change	Stakeholders	Opportunities (social moments)
Reducing childhood obesity	• Availability of affordable healthy food • Advertising	• Schools • Parents forums • Young people • Sports clubs	Sports days Community sports activities
Reducing social isolation	• Social norms related to ageing or discriminations • Time pressures on carers and care homes staff • Limited finance for social activities	• Care homes & sheltered accommodation • Carers • Carer companies	Targeted support for the recently bereaved
Increase volunteer involvement in health system	• Lack of awareness • Caution related to risk • Time commitment (volunteer management) • Regulation	• Local CVS • CCGs • Health practitioners	Step Up To Serve campaign Volunteering capacity among aging population
Reduce admission to acute services	• Pressure on GP services • Pressure on pharmacies • Medical model of health	• Primary care staff • Local gov. • CCG • NHS Trusts • Pharmacy staff	Press campaign 'Over bed-blocking'

Figure 8. Worked example of seminar exercise - spotting 'social moments' as catalysts for system change

10: VANGUARD Q&As

Vanguard leaders were asked to answer questions from seminar participants.

Manchester: GM Cancer Vanguard and Stockport Together

What are the opportunities that have arisen from work so far?

Stockport Together: "Asset based work is inspiring and to have it as a firm focus that isn't top down is something that is a pleasure to be part of."

Greater Manchester Cancer Vanguard:"Being part of something that is grassroots/asset-based means that as an organisation they can try and create action from the themes that are prevalent in the current devolution and health conversations."

What are the challenges?

"Maintaining momentum is difficult. Identifying who those are that 'get it' and want to drive the agenda forward is key, in terms of not letting things get in the way. Finding champions and keeping people onside so we can move forward when the doors are open is a challenge."

"Language and the message is a challenge. Talking about cancer prevention with citizens and groups, you often find that people don't think they are involved in prevention, but their actions suggest otherwise."

"HASM is a brave programme, but the structures in NHS, particularly inspection and monitoring, are so powerful that it is challenging to start turning around the focus on outpatients and the tsunami of demand, to focus on the upstreaming of services."

How are the sites progressing?

"With 13 months of funding to create a social movement for change, if you wanted the movement to have taken hold already you would be looking at an impossible task. Year three is about growing and proving the emergent model. "What can feed in is the disconnection between what's expected by CQC and what institutions expect of CQC. Getting these expectations to be grounded in a shared vision is something that will contribute to the HASM agenda."

"In the GM cancer programme, there is a diversity of system leaders (outside of cancer) within it. Relationship building has been a long slow journey to signing the Memorandum Of Understanding with Greater Manchester Combined Authority. To support resources to get into the system it has been important to work on engagement in the voluntary sector. Ending inequality within a generation is the ultimate goal but navigating the system to achieve that is the challenge."

To GM Cancer Vanguard: What is the trigger?

"Devolution in GM is a definite trigger – already engaging over 100 organisations. Healthwatch and other voluntary sector activity is deeply rooted in the GM Cancer."

Birmingham: Wellbeing Erewash and Morecombe Bay

Sara Bains from Wellbeing Erewash talked about strengthening the third sector – how does that work?

"CCG commissioned quality for health, an accreditation for the CVS sector, hosted by Calderdale online. There is a foundation level being brought in now to help health champions."

How can you mobilise projects/ideas that move towards the STP goals?

"Necessary to be outside the NHS to incite a social model approach, NHS is a 'sickness service'. Hands off approach

is key, being able to handle the tension between community and the system."

"By raising our profile within the CCG by carrying out thorough evaluation."

"We need a systems leadership laboratory in order to influence commissioners. They need to blur the line between service and communities, and it's important to influence the place based commissioning agenda."

"Managing between scales; someone might be motivated to improve their local area, but not work at a STP scale. Needs to be highlighted to STP leads."

Where have you been particularly successful in allowing people to share and allow them to take control?

"Relationships with health champions

are key. They are the facilitators of change locally and have really helped support community groups to organise themselves."

How do we identify a trigger point, and then put something in place before it happens?

"You have to have relationships with people on the ground and the NHS Trust and GP surgeries need to champion their work in order to get the right attention and commitment."

Newcastle: Airedale and Partners

How will Airedale sustain itself post-vanguard money?

"Strategy is to identify leaders (people on the parish council/that run the village hall) that can take on this role, in larger communities this might be different. Many care home managers want to implement these approaches."

BOX 3: LEARNING FROM SEMINAR PARTICIPANTS:

Case Study 1: Millom protest movement

Sophy Stewart spoke about a mobilisation in the community of Millom, which was dealt with differently to the 'command and control' usually associated with the NHS. The town of Millom had four GPs which then moved down to one due to retirement. As a result, the NHS Trust had to shut the community hospital and 2,000 people protested and marched through the streets to "save our community". The NHS management subsequently agreed to listen to the concerns of the community over multiple meetings. This approach built trust and highlighted that the root cause of the problem was the inability to recruit GPs to Millom, which is relatively rural. The transparency of process allowed the community to take control and produce a film that meant they recruited enough GPs to help run the community hospital within three months. This required the NHS letting go of power, central to the success of this initiative.

Case Study 2: Death cafes

One participant at the Birmingham seminar went to watch 'My Feral Heart' after someone in the community campaigned for it to be put on at the community cinema. As a response the staff in her NHS Trust set up a death café to discuss the next steps following bereavement.

Case Study 3: NE1 Can

NE1 is the business improvement district for Newcastle City. They have created an enterprise called 'NE1 Can', a business funded youth employment project. This was a business response to the unemployment issues in the area. The cost per position - £300 per young person - is much lower when compared to £15,000 through more established quangos. Motivation for the programme is the self-interest of the businesses, however the health sector doesn't acknowledge the health benefits of this programme.

Has this approach broken down barriers between friends, families, communities and institutions?

"Vanguard beginning to deepen learning. Care homes can be cliquey, there is something interesting in exploring the friendship groups within the care homes."

Any links with time banks that can feed into the care home being seen as a community asset?

"Certainly something to explore."

How do we reduce social isolation?

"The Vanguard response focused on changing staff attitudes and encouraging patients to be confident in leaving their rooms."

"Work with the locality to define its purpose and what success looks like when it's not going to deliver immediate results. When the organisational demands are for quick results it's often helpful to open out the question of what success looks like to the groups you are working with."

"Create a charter for local authorities to sign up to in order to make the system more approachable and accessible."

"Giving power back to families and involve them in co-production of strategies and solutions means they have responsibility. Personal budgets for those with dementia are a way of encouraging patients and their families to think differently about their self-efficacy."

What are the ways we can use 'social proofing'?

"For Mental Health there has been little attention paid to the familiarity of experience to reduce stigma, being able to relate to other people and their stories."

London: The Royal Free

What is the patient benefit to focusing on staff wellbeing at the Royal Free?

"The theory of change includes impacts on sickness, absence and staff retention. Staff mood transformed, much more positive behaviours are being demonstrated and silos have been broken, which feeds into the patient experience. Macmillan have carried out research that has shown staff experience and patient experience are closely linked."

How do you justify to the commissioners the use of alternative therapies?

"There is a tension between these things that are being rejected by commissioners for patients so how do you make the case that it is important for staff in that context?"

"Staff are paying for it – so it is a personal/team choice rather than an organisational choice."

Is data collected on confidence levels?

"The data collection has been through the staff survey which has fairly good response rate – but this is sent via email and many of the staff don't access email, so finding other ways of collecting data is necessary."

"Not targeted – but could now have a video diary where interim feedback can be given. Vanguard are conscious of overburdening the staff."

How long did it take for staff to feel able to take ownership?

"We had some early adopters (after a month). After 6 months they now have started to see a blurring of boundaries between groups through the early adopters."

"Often being visible and building relationships with people day in and day out are the key elements to build recognition that you are present. From there they can start to recognise the value of the work and interest has grown."

"There is a constant nudging of staff towards action on issues that they feel strongly about."

What is the governance structure of the organisation and what support do they receive to allow change to happen? How can this happen in community localities?

"Report to deputy director of the public health in the trust, within a role with a high degree of autonomy."

"Dedicated resource is key – identifying energy at the beginning is key to get started."

"Time to allow new approaches to take hold."

How will the project end? What does that look like?

"That is the aim of the next year – sustainability is key focus, working with facilities to take ownership."

11. WHAT'S NEXT?

We are now moving into the third and final year of the programme. Our main focus over the coming months is to ensure that the projects' local communities have the sufficient skills, resources and confidence to continue to develop and strengthen their social movements for health once the programme itself has come to an end.

To support this, we are putting out a call for stories and examples of how social movements focused on health are growing and achieving positive change across the UK. These could be from one of the areas in which this programme is currently active, or from other parts of the country. The intention is to gather practical examples of best practice which can be shared among existing projects, and with individuals and communities who are interested in adopting similar approaches in their own local areas.

If you, or someone you know, has a success story to share, please contact Tom Harrison (tom.harrison@rsa.org.uk).

ABOUT THE PROGRAMME

The project brings together three national partners together with NHS England to help support New Care Model sites that are testing new ways to deliver services and developing approaches to preventing poor health.

To find out more about the programme, please contact Tom Harrison (tom.harrison@rsa.org.uk) or visit: www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/health-as-a-social-movement

Contact details for the regional projects are as follows:

Better Together (Morecombe Bay and Barrow-in-Furness)
Sophy Stewart: sophy.stewart@mbht.nhs.uk

Wellbeing Erewash
Sara Bains: wellbeing.erewash@erewashccg.nhs.uk

Stockport Together
Carey Bamber and Steve Goslyn: careybamber@live.com and stevegoslyn@outlook.com

Airedale and partners
Joanne Volpe: joanne.volpe@alzheimers.org.uk

Greater Manchester Cancer Vanguard
Ben Gilchrist: ben.gilchrist@actiontogether.org.uk

The Royal Free
Nicola Bullen: nicola@forallourwellbeing.co.uk

RSA
8 John Adam Street,
London, WC2N 6EZ
0207 451 6848