

THE YOUNG FOUNDATION AND HEALTH

The NHS and civil society

March 2013

About The Young Foundation

We are The Young Foundation and we are determined to make positive social change happen. We pioneered the field of social innovation with The Open University, Language Line and Care4Care. We work closely with individuals, communities and partners building relationships to ensure that our thinking does something, our actions matter and the changes we make together will continue to grow.

youngfoundation.org

Health at The Young Foundation

We believe the challenges facing the health and care systems require imaginative and radical action.

At the Young Foundation we work with and across the NHS and social care to help create, promote and implement new ideas. We have worked with hundreds of innovation projects and enterprises within and around the NHS. We support them not only to succeed in their immediate goals, but to spread and diffuse their insights widely through the system, supporting the spread of innovation at pace and scale.

We broker new partnerships and relationships, believing the power of communities and broader civil society has huge potential to improve outcomes. Innovators are an undervalued resource within the NHS but, with proper support, we know they can make real change happen.

With a long history of supporting successful and pioneering innovation, the Young Foundation also shapes the future through publishing research and policy papers that prompt new thinking and action on issues such as loneliness, resilience, patient empowerment and the role of communities.

With a network of expert staff and associates across the UK, we can help you with any aspect of innovation in health and social care – from developing a particular idea, to building an innovation culture with your own organisation, to connecting you with people, expertise and innovations that can transform the way you work.



Introduction

We believe that the NHS needs to access the strengths of civil society to do its job in the 21st century. To cope with the changing disease burden and growing financial pressures, the NHS needs to take advantage of the broad range of capabilities of this sector. It needs to listen to and understand patients' lives; it needs to enable patients, families and communities to support their own health; and it needs to coordinate care with the powerful informal networks that surround individuals. Without the support, cooperation and engagement of civil society, this will not happen. Housing associations, charities, social enterprises, and community groups all have an important role to play.

We work with organisations across all these categories, as well as with NHS organisations keen to reach out to them. This document highlights some of key lessons in making these relationships work for both sides.

What is “civil society”?

Civil society is made up of charities, voluntary sector organisations, community groups, social enterprises, and more informal structures such as families, friends and communities. It is useful to divide civil society into three categories, each of which brings different capabilities.

Large organisations

This includes larger charities such as Mind and Age Concern, as well as housing associations. The kind of services they offer might include dementia-specific accommodation and reablement provided by a housing association, or support groups for those with a mental illness provided by a charity, or strengthening the patient's voice by engagement across a range of services. Organisations of this type are often keen to work with the NHS, but have found it a challenge to engage, although some have been successful.

Small organisations and groups

There are a host of innovative small organisations that have a lot to offer the NHS, including charities, community groups and social enterprises. Often the most innovative ideas are to be found among these small organisations, as well as some of the deepest reserves of local knowledge. Services offered cover a diverse range, such as:

- Dementia Adventure - Adventurous excursions for those with dementiaⁱ
- Moodscope - Mood management through self-monitoringⁱⁱ
- MyClinicalOutcomes - Tracking of post-surgical outcomes for targeted follow upⁱⁱⁱ
- Saheli - Women only gyms and health promotion for the Islamic community^{iv}

Informal care

Most people are surrounded by powerful informal networks that deliver much of the day to day care that they need, including shopping, cooking, household maintenance and transport. They also provide the social connection that makes life enjoyable, and has a larger impact on

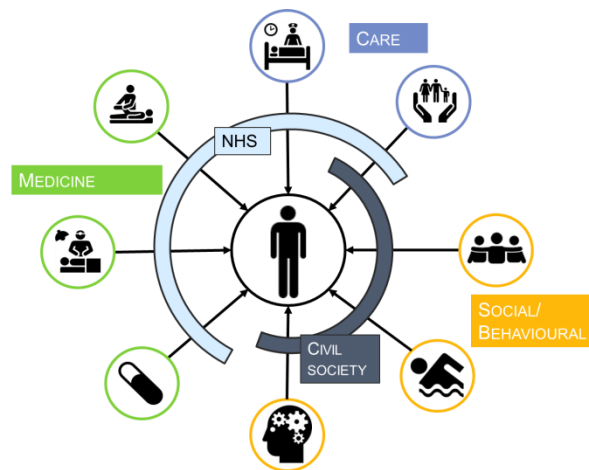
life expectancy than stopping drinking or obesity^v. There are a variety of organisations that support and enable this, for example:

- Trading Times - Working with employers to find flexible employment for carers^{vi}
- Care4Care - Timebanking to facilitate local communities caring for the elderly^{vii}
- Patients Know Best - Up to date patient data to allow carers and patients to manage the care journey^{viii}
- Tyze - Private social networks built around an individual to help coordinate and manage care^{ix}

The potential of civil society

Given the opportunity, civil society can deliver:

- A broad understanding of need. Civil society organisations have local knowledge, and the ability to give voice to patients and communities.
- Skills and capabilities that the NHS does not have – built environment, personal finance, legal advice, community building, local knowledge, cultural specifics etc.
- Innovative new approaches.
- Capacity to coordinate and mobilise care and support – families and communities are an unseen health service already delivering huge amounts of critical care.
- Up to date information. Organisations and individuals who are in contact with individuals on a daily basis are in the best position to spot issues early and call in support before a crisis develops.
- Trust and credibility in communities that can be hard to reach.



And indeed civil society is already playing a critical role. There are more than 3 million volunteers working in the health and social care system, and over 6 million informal carers; far more than the number employed by the NHS^x. Our health has always depended as much on society as on institutions. The larger health charities such as Age UK and MIND already work closely with the NHS. However other organisations, who may have exceptional local knowledge and be very innovative, can find the NHS complex and challenging to work with. Even large organisations, such as housing associations, find engaging with the NHS to be a challenge.

Common barriers to engaging

Firstly, we have found it can be a struggle for civil society organisations to understand exactly what the NHS wants. Local strategic goals and operating plans are not always simple to translate into objectives for civil society organisations. This is partly a matter of translation – context and terminology - but also because the capabilities and structures that the authors of these plans had in mind did not include civil society institutions.

Secondly, even when an organisation has a useful and effective solution to a real problem, it can be difficult to know who to talk to, and how to take an idea forward. The NHS can be hard to navigate, especially as organisational change is a constant feature. Moreover some services may not neatly fit into existing plans or budgets.

Thirdly processes of engagement are lengthy and complex, and smaller organisations can struggle to find the time and resource to manage the process. Sadly one of the most common remarks we hear is “*if I’d known coming to an agreement with the NHS was going to take this long, I would never have got into it to start with*”. Decision making can be protracted, procurement onerous, and contracting legalistic and bureaucratic. Reporting, data management, and a host of other factors can make dealing with the NHS a challenge. While there are statutory requirements underlying much of this, few would argue that processes are as simple or streamlined as they could be.

Finally, civil society organisations offer different levels of delivery capability and risk. Clearly they need to understand the NHS properly, and be able to demonstrate that they have the capability to deliver to the required standard, against the right objectives, and with the correct safeguards. Some organisations will need time and development to get to this stage, which need not be expensive or protracted, but can make a significant difference. Local NHS bodies can realise a good return from taking a longer-term view and investing in their community’s capacity and resilience in this way.

Even with the best evidence of high quality performance, engaging with some civil society organisations will be still feel a novel experiment for the NHS, and there will always be the perception of risk, legitimate or otherwise. However they offer a natural route to innovation and new delivery models. New partnerships require a reasonable appetite for risk and innovation on the part of the NHS, rather than sticking with the “safe” option.

Prompts for action

So how can the NHS take advantage of the potential of civil society?

- **If there was an amazing civil society organisation in your area, or which would fit your needs, would you definitely know about it? Whose job is it to know?** Often the health and social care system is not fully aware of the capabilities available to them locally – our experience is that a small amount of local mapping and horizon scanning often turns up some surprises.
- **Is there a dialogue going on?** Are you taking advantage of the knowledge that is out there in planning services? Do civil society organisations understand clearly what the NHS needs and how they can be useful to you?
- **Could you make it easier for them to navigate the NHS?** Would they know who to call if they had the solution to your problems? Is there someone who can help them understanding the language, requirements and ways of working of the NHS. Reaching out to organisations of this kind needs to be a deliberate effort on the part of the NHS, and usually only happens effectively if it is someone’s dedicated role.
- **What are you doing to develop the sector?** Smaller organisations may need some support and development to reach the level of delivery necessary and develop the products that are tailored to the specific needs of the NHS.
- **What initiatives are in place to support and integrate informal networks?** This is a crucial, often first-stage component of care and outcomes that needs some support from the NHS.

Further information:

- Follow @the_young_fdn or @YF_Health on twitter
- Contact John Loder – john.loder@youngfoundation.org

ⁱ <http://www.dementiaadventure.co.uk>

ⁱⁱ <https://www.moodscope.com>

ⁱⁱⁱ <https://www.myclinicaloutcomes.co.uk>

^{iv} <http://saheli.org.uk>

^v Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316

^{vi} <http://www.tradingtimes.org.uk>

^{vii} <http://care4care.org>

^{viii} <http://www.patientsknowbest.com>

^{ix} <http://www.tyze.com>

^x http://www.kingsfund.org.uk/sites/files/kf/field/field_document/changing-professional-roles-infographics.pdf