Community engagement: improving health and wellbeing

Quality standard

Published: 3 March 2017

nice.org.uk/guidance/qs148

Contents

This standard is based on NG44.

Quality statements

Statement 1 Members of the local community are involved in setting priorities for health and wellbeing initiatives.

Statement 2 Members of the local community are involved in monitoring and evaluating health and wellbeing initiatives as soon as the priorities are agreed.

Statement 3 Members of the local community are involved in identifying the skills, knowledge, networks, relationships and facilities available to health and wellbeing initiatives.

Statement 4 Members of the local community are actively recruited to take on peer and lay roles for health and wellbeing initiatives.

A full list of NICE quality standards is available from the quality standards topic library.

Quality statement 1: Identifying local priorities

Quality statement

Members of the local community are involved in setting priorities for health and wellbeing initiatives.

Rationale

Communities that identify and articulate what is most important to them, and agree clear aims for the initiative, are more likely to develop a positive relationship with the commissioner, 'own' the initiative and get more benefit from it. Health and wellbeing initiatives that are developed in partnership between local communities and commissioners are more relevant and meaningful to the community.

Quality measures

Structure

Evidence of local arrangements for involving members of the local community in setting priorities for health and wellbeing initiatives.

Data source: Local data collection.

Outcome

a) Priorities for health and wellbeing initiatives reflect what is important to members of the local communities.

Data source: Local data collection.

b) Community ownership of health and wellbeing initiatives, such as levels of participation, and breadth of local community representation on committees, boards and other groups.

*Data source:*Local data collection.

What the quality statement means for different audiences

Health, public health and social care practitioners involved in health and wellbeing initiatives ensure that from the start of the process, they involve members of local communities as equal partners in all discussions so that the initiative reflects the priorities identified by those members.

Commissioners (community and voluntary sector organisations and statutory services) ensure that they commission health and wellbeing initiatives that involve local communities. Commissioners can do this by ensuring members of the local community are part of committees, boards and other groups so that the priorities of the health and wellbeing initiatives are jointly agreed with local communities.

Members of the local community have a key role from the start in expressing the needs of their community and their priorities for what should be done to improve their health and wellbeing. They have confidence that their opinions are valued as highly as the views of the professionals involved in the process.

Source guidance

Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44, recommendation 1.1.3

Definitions of terms used in this quality statement

Community

A community is a group of people who have common characteristics or interests. Communities can be defined by: geographical location, race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds, such as health need or disadvantage. People who are socially isolated are also considered to be a community group.
[NICE's guideline on community engagement]

Health and wellbeing initiatives

Health and wellbeing initiatives cover all strategies, programmes, services, activities, projects or research that aim to improve health (physical and mental) and wellbeing and reduce health inequalities.
[NICE's guideline on community engagement]

Equality and diversity considerations

People in local communities may experience a range of barriers such as language, literacy, numeracy, low income, access to transport, childcare, digital exclusion and many others that prevent them from taking part in setting priorities for health and wellbeing initiatives. These barriers need to be addressed to support people to engage in the initiative and to increase equity.

Quality statement 2: Evaluation

Quality statement

Members of the local community are involved in monitoring and evaluating health and wellbeing initiatives as soon as the priorities are agreed.

Rationale

It is important for communities and commissioners to work together to agree the measures of success. Planning regular evaluation and feedback will encourage partnership work between communities and commissioners. Different evaluation approaches will be needed for different initiatives, but building monitoring and evaluation into the process from the start will help to ensure the agreed outcomes are achieved.

Quality measures

Structure

a) Evidence of local arrangements for involving members of the local community in monitoring and evaluating local health and wellbeing initiatives as soon as the priorities are agreed.

Data source: Local data collection.

b) Evidence of local arrangements for involving members of the local community in agreeing what to measure to illustrate the impact of the initiative once the priorities are agreed.

Data source: Local data collection.

Process

a) Proportion of local health and wellbeing initiatives monitored against measures agreed within the evaluation plan.

Numerator – number in the denominator monitored against measures agreed within the plan.

Denominator – number of local health and wellbeing initiatives with an evaluation plan.

Data source: Local data collection.

b) Proportion of local health and wellbeing initiatives with an evaluation plan that provide feedback to the engaged members of the local communities.

Numerator – number in the denominator that provide feedback to the engaged members of the local communities.

Denominator – number of local health and wellbeing initiatives with an evaluation plan.

*Data source:*Local data collection.

Outcome

a) Evaluation providing information as identified within the evaluation plan.

*Data source:*Local data collection.

b) Increased social engagement within local communities.

*Data source:*Local data collection.

c) Empowered members of local communities that understand the impact of the initiatives they are involved in.

*Data source:*Local data collection.

What the quality statement means for different audiences

Health, public health and social care practitioners ensure that they support the monitoring and evaluation of health and wellbeing initiatives by collecting and supplying the information needed to assess their impact and to measure outcomes.

Commissioners (community and voluntary sector organisations and statutory services) ensure that monitoring and evaluation of health and wellbeing initiatives is built in from the start and that they involve members of local communities to decide how to measure their success. They ensure that members of the local community are involved in monitoring and evaluating initiatives and that they feed back the results to members of the wider local community.

Members of local communities decide what a successful health and wellbeing initiative would look like and what they want it to achieve. As soon as the priorities are agreed, they work jointly with the commissioners to agree how to measure its success and are involved in doing this. Being part of this process helps people understand the effect of the work they are involved in and how it benefits their community.

Source guidance

Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44, recommendation 1.1.2

Definitions of terms used in this quality statement

Community

A community is a group of people who have common characteristics or interests. Communities can be defined by: geographical location, race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds, such as health need or disadvantage. People who are socially isolated are also considered to be a community group.
[NICE's guideline on community engagement]

Evaluation

Different evaluation approaches are needed for different initiatives. Some existing evaluation tools are available, for example the School for Public Health Research's Public Health Practice Evaluation Scheme and HM Treasury's Magenta Book – guidance on evaluation. A range of indicators can be used to evaluate not only what works but in what context, as well as the costs and the experiences of those involved. For example, indicators might include measures of social capital, health and wellbeing, in addition to those identified by local communities.
[Adapted from NICE's guideline on community engagement]

Health and wellbeing initiatives

Health and wellbeing initiatives cover all strategies, programmes, services, activities, projects or research that aim to improve health (physical and mental) and wellbeing and reduce health inequalities.
[NICE's guideline on community engagement]

Equality and diversity considerations

People in local communities who could be engaged in evaluating health and wellbeing initiatives may experience a range of barriers such as language, literacy, numeracy, low income, access to transport, childcare, digital exclusion and many others. These barriers need to be addressed to support people to engage in evaluating the initiative effectively.

Quality statement 3: Identifying community assets

Quality statement

Members of the local community are involved in identifying the skills, knowledge, networks, relationships and facilities available to health and wellbeing initiatives.

Rationale

All communities have strengths, or 'assets', that they can contribute to developing local health and wellbeing initiatives. Community assets include not only buildings and facilities but also people, with their skills, knowledge, social networks and relationships. Local communities and commissioners can work together to recognise these assets, building an initiative from a positive basis rather than solely focusing on the problems and needs of communities, which may risk limiting the possibilities for change.

Quality measures

Structure

a) Evidence of local arrangements to ensure that members of the local community are involved in identifying skills within the community as part of health and wellbeing initiatives.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that members of the local community are involved in identifying knowledge within the community as part of health and wellbeing initiatives.

Data source: Local data collection.

c) Evidence of local arrangements to ensure that members of the local community are involved in identifying networks within the community as part of health and wellbeing initiatives.

Data source: Local data collection.

d) Evidence of local arrangements to ensure that members of the local community are involved in identifying relationships within the community as part of health and wellbeing initiatives.

Data source: Local data collection.

e) Evidence of local arrangements to ensure that members of the local community are involved in identifying facilities within the community as part of health and wellbeing initiatives.

Data source: Local data collection.

f) Evidence of local arrangements to ensure that the joint strategic needs assessment includes the identification of community assets.

Data source: Local data collection.

Outcome

a) Community members are recognised as assets and feel valued by the commissioners.

*Data source:*Local data collection.

b) Local communities and commissioners work together to recognise existing assets that health and wellbeing initiatives can be built on.

*Data source:*Local data collection.

What the quality statement means for different audiences

Health, public health and social care practitioners ensure that they use their own knowledge, social networks and relationships with members of the local community to help identify assets and facilities available within that community.

Commissioners (community and voluntary sector organisations and statutory services) ensure that they commission health and wellbeing initiatives that involve members of the local community in identifying assets and facilities. They ensure that they actively seek out existing assets and use these as a basis for developing health and wellbeing initiatives in partnership with local communities. Identification of community assets can be used to inform the local joint strategic needs assessment.

Members of local communities work with community and voluntary sector organisations and statutory services to identify local skills, knowledge, networks, relationships and facilities that

could support health and wellbeing initiatives. They are supported to understand and use the strengths that they already have in their community.

Source guidance

Community engagement: improving health and wellbeing and reducing health inequalities (2016) NICE guideline NG44, recommendation 1.4.2

Definitions of terms used in this quality statement

Community

A community is a group of people who have common characteristics or interests. Communities can be defined by: geographical location, race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds, such as health need or disadvantage. People who are socially isolated are also considered to be a community group.

[NICE's guideline on community engagement]

Community assets

All communities have local health assets as well as health needs. Assets that can support health and wellbeing include:

- the skills, knowledge, social competence and commitment of individual community members

- friendships, intergenerational solidarity, community cohesion and neighbourliness within a community

- local groups and community and voluntary associations, ranging from formal organisations to informal, mutual aid networks such as babysitting circles

- physical, environmental and economic resources within a community

- assets brought by external agencies – public, private and third sector.

[Health and wellbeing: a guide to community-centred approaches (2015) Public Health England]

Health and wellbeing initiatives

Health and wellbeing initiatives cover all strategies, programmes, services, activities, projects or
research that aim to improve health (physical and mental) and wellbeing and reduce health
inequalities.
[NICE's guideline on community engagement]

Equality and diversity considerations

People in local communities may experience a range of barriers such as language, literacy,
numeracy, low income, access to transport, childcare, digital exclusion and many others that
prevent them from identifying local assets and facilities to support health and wellbeing initiatives.
These barriers need to be addressed to support people to engage in the initiative and to increase
equity.

Tackling health inequalities can be more effective if people from marginalised and deprived
communities and those who are socially isolated are seen as valuable contributors to local assets.

Quality statement 4: Peer and lay roles

Quality statement

Members of the local community are actively recruited to take on peer and lay roles for health and wellbeing initiatives.

Rationale

Community members who take on 'peer and lay' roles give people in their community support and advice, and assist with or organise activities to promote health and wellbeing. People in community peer and lay roles also play an important part as 'connectors', relaying community opinion to providers as well as reaching people who are not in touch with services or are socially isolated. They can be supported to use their skills, knowledge, life experience, cultural awareness and social connections to communicate with other members of their community in a way that people understand.

Quality measures

Structure

a) Evidence of local arrangements to actively recruit members of the community to take on peer and lay roles for local health and wellbeing initiatives.

Data source: Local data collection.

b) Evidence of local specification of the roles and responsibilities of members of the community taking on peer and lay roles.

Data source: Local data collection.

c) Evidence of local arrangements to support members of the community taking on peer and lay roles to fulfil these roles.

Data source: Local data collection.

Outcome

a) Community members are provided with information and support to improve their health and wellbeing by members of the same community or from people with similar backgrounds.

*Data source:*Local data collection.

b) Effective communication between statutory, community and voluntary organisations and members of the local community.

*Data source:*Local data collection.

c) Community members in peer and lay roles are actively involved in organising and delivering health and wellbeing initiatives.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary care services, community care services and services in the wider public, private, community and voluntary sectors) ensure that they recruit members of the local community who can take on peer and lay roles. Once people have been recruited, service providers give them the ongoing training and support they need to fulfil their responsibilities and reach their full potential.

Commissioners (community and voluntary sector organisations and statutory services) ensure that they dedicate resources to recruiting members of the local community to peer and lay roles and to providing the ongoing training and support they need to fulfil their responsibilities and reach their full potential.

Members of local communities are given support and information by other members of their own community who are working closely with organisations that provide health and wellbeing initiatives. These local people can also represent the interests and concerns of the community to these organisations.

Source guidance

Community engagement: improving health and wellbeing and reducing health inequalities (2016)
NICE guideline NG44, recommendation 1.3.1

Definitions of terms used in this quality statement

Community

A community is a group of people who have common characteristics or interests. Communities can be defined by: geographical location, race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds, such as health need or disadvantage. People who are socially isolated are also considered to be a community group.
[NICE's guideline on community engagement]

Health and wellbeing initiatives

Health and wellbeing initiatives cover all strategies, programmes, services, activities, projects or research that aim to improve health (physical and mental) and wellbeing and reduce health inequalities.
[NICE's guideline on community engagement]

Peer and lay roles

'Peer and lay roles' are carried out by community members working in a non-professional capacity to support health and wellbeing initiatives. 'Lay' is the general term for a community member. 'Peer' describes a community member who shares similar life experiences to the community they are working with. Peer and lay roles may be paid or unpaid (that is, voluntary).

Effective peer and lay approaches are:

- Bridging roles to establish effective links between statutory, community and voluntary organisations and the local community and to determine which types of communication would most effectively help get people involved.

- Carrying out 'peer interventions'. That is, training and supporting people to offer information and support to others, either from the same community or from similar backgrounds.

- Community health champions who aim to reach marginalised or vulnerable groups and help them get involved.

- Volunteer health roles whereby community members get involved in organising and delivering activities.

[NICE's guideline on community engagement]

Equality and diversity considerations

People in local communities may experience a range of barriers such as language, literacy, numeracy, low income, access to transport, childcare, digital exclusion and many others. Members of the community who take on peer and lay roles could support people to overcome these barriers and get involved with health and wellbeing initiatives.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Information about how NICE quality standards are developed is available from the NICE website.

See quality standard advisory committees on the website for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the quality standard's webpage.

This quality standard has been incorporated into the NICE pathway on community engagement

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

The quality standard is expected to contribute to improvements in the following outcomes:

- health and wellbeing of the community

- reducing health inequalities locally

- community involvement in planning, designing, developing, delivering and evaluating local initiatives to improve health and wellbeing and reduce health inequalities

- improved self-confidence, self-esteem, social networks and social support among involved communities.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- NHS outcomes framework 2016–17

- Public health outcomes framework for England 2016–19

- Adult social care outcomes framework 2015–16.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact products for the source guidance to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and equality assessments are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-2232-1

Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Public Health England
- Royal College of Paediatrics and Child Health