

Institution: Leeds Beckett University		
Unit of Assessment: Unit 3		
Title of case study: Improving public health outcomes through community-engagement with health and wellbeing		
Period when the underpinning research was undertaken: 2012-2017		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Jane South	Professor	2000 – present
Anne-Marie Bagnall	Professor	2005 – present
Joanne Trigwell	Research Fellow	2014 – present
Kris Southby	Research Fellow	2014 – present
Mark Gamsu	Professor	2012 – present
Period when the claimed impact occurred: 2015-2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact (indicative maximum 100 words)		
<p>Leeds Beckett research has been at the vanguard of driving significant changes in policy and practice in developing approaches to increasing and facilitating public engagement with health and wellbeing. A portfolio of research co-produced with key stakeholders in public health, including lay-workers and local communities, has produced evidence-based frameworks on the nature of community interventions and underlying mechanisms. These have underpinned policy and strategy in community-based approaches to health and wellbeing, for Public Health England and NHS England. The research directly underpins new guidelines and quality standards produced by NICE, which have subsequently been adopted and incorporated into a variety of public health initiatives by over 30 local councils across the UK, and which have had impact on an international scale also, with adoption and translation of these UK guidelines into the Spanish public healthcare system.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p><u>The problem being addressed:</u> For any public health policy to be successful the engagement of the targeted beneficiaries in the process is required. The field of community engagement and empowerment in health covers a diverse range of approaches. Longstanding barriers to the development and application of an evidence base include the absence of common terminology, the lack of recognition around community assets, and the need for local adoption. This has resulted in a fragmented evidence base. Work by the Centre for Health Promotion Research (CHPR) at Leeds Beckett University (LBU) led by Professor Jane South, has directly addressed this challenge through a portfolio of underpinning research that has (i) unpacked the nature of community interventions and underlying mechanisms, and (ii) produced evidence-based frameworks to guide policy, commissioning and practice.</p> <p><u>Research overview:</u> The first phase was a major NIHR-funded study entitled “People in Public Health”, which focussed on lay people in public health roles. This work incorporated a systematic scoping review, deliberative methods, qualitative research and multiple case study assessments. Outputs from this broad NIHR study informed and significantly contributed to the understanding of the range of health-improvement roles that members of the public could successfully take on and how problematic issues like remuneration could be managed [R1-R3].</p>		

The second phase broadened the portfolio of research and widened the scope to all community engagement approaches used to improve health and wellbeing. Our co-produced mode of working led to the establishment of an emergent issue ‘think tank’ that linked policy makers, national organisations, practitioners, communities and academics. This network identified key research questions to be addressed to improve the evidence base relating to community engagement. Subsequently, Professor South was seconded to Public Health England and led a joint knowledge translation project on community engagement since 2014 that informed the direction of the underpinning research [R4-R6].

The underpinning research consisted of mixed methods approaches to identify current policy and practice in the UK for encouraging community engagement [R4] and a systematic review to identify barriers and facilitators for increasing community engagement [R5]. This research met the challenges of a fragmented evidence base that had hindered advancement in this area by (i) developing a conceptual framework linking theory with practice, using the notion of community-centred approaches (ii) identifying and mapping international and national evidence on community-based interventions. This work resulted in a taxonomy, ‘*the family of community-centred approaches*’ and was a significant contribution in developing community-engagement strategies within public health sectors [R6].

The two extensive NICE-commissioned reports presented in the underpinning research were part of a collaboration between LBU and University of East London (UEL). While both institutions contributed to each, the work carried out in [R4] was led by UEL and work carried out in [R5] led by LBU. Both reports are cited within and significantly contribute to the development of NICE Guideline NG44 [IM7].

The key findings of the underpinning research have been summarised and condensed into the PHE/NHSE report “A guide to community-centred approaches for health and wellbeing” [IM1], which has acted as the conduit to stakeholders in translation of the underpinning research into driving changes in public health policy and practice.

3. References to the research (indicative maximum of six references)

[R1] **South, J.** Kinsella, K. Meah, A. (2012) Lay perspectives on lay health worker roles, boundaries and participation within three UK community-based health promotion projects. *Health Education Research*, 27, 4: 656–670. doi: 10.1093/her/cys006.

[R2] **South, J.**, White, J. Branney, P. and Kinsella, K (2013) Public health skills for a lay workforce: findings on skills and attributes from a qualitative study of lay health worker roles. *Public Health*, Vol 127(5) pg 419-26. doi: 10.1016/j.puhe.2013.02.014.

[R3] **South, J.**, Purcell, M. E., Branney, P., **Gamsu, M.** and White, J. (2014) Rewarding altruism: addressing the issue of payments for volunteers in public health initiatives. *Social Science & Medicine*, Vol. 104 pg 80-87. doi.org/10.1016/j.socscimed.2013.11.058.

[R4] Harden A, Sheridan K, McKeown A, Dan-Ogosi I, **Bagnall AM** (2015) Evidence Review of Barriers to, and Facilitators of, Community Engagement Approaches and Practices in the UK. London: Institute for Health and Human Development, University of East London/ Centre for Health Promotion Research, Leeds Beckett University
<https://www.nice.org.uk/guidance/ng44/documents/evidence-review-5>

[R5] **Bagnall, A.**, Kinsella, K., **Trigwell, J.**, **South, J.**, Sheridan, K. and Harden, A. (2016) Community engagement – approaches to improve health: map of current practice based on a case study approach. Centre for Health Promotion Research, Leeds Beckett University / Institute for Health and Human Development, University of East London.
<https://www.nice.org.uk/guidance/ng44/documents/evidence-review-6>

[R6] **South J, Bagnall AM, Stansfield J, Southby K, Mehta P** (2017) An evidence-based framework on community-centred approaches for health: England, UK. *Health Promotion International*, 1-11. doi: 10.1093/heapro/dax083.

Grants associated with this case study

G1: South J, Purcell M, Bickerstaff T, Gamsu M, White J, Bagnall AM, Cattan M, Sahota P. A study of approaches to develop and support people in public health roles. National Institute for Health Research, £244,142.

4. Details of the impact (indicative maximum 750 words)

The CHPR body of research has driven an evidence-led decision process that has changed policy and practice in the design and delivery of community-centred approaches to health and wellbeing. Impactful change has occurred in the UK at national governmental, local governmental, local provider and practitioner levels and internationally with the adoption of these research findings by the Spanish public healthcare system. The ultimate beneficiaries of the impact of this research are the general public, through improvement in government policy and societal practice in relation to ownership of one's health. Changes in societal practice relating to public health is far-reaching, both from the perspective of a general improvement in health and wellbeing throughout society to the subsequent financial savings to public health services such as the NHS.

a). Changing national policy and practice in community engagement with public health

In 2015 PHE and NHSE jointly published the document "A guide to community-centred approaches for health and wellbeing" [IM1]. This report was prepared by South and colleagues and condenses the key findings from the body of underpinning research [R1-6] into a usable guide for all stakeholders to follow and adapt. The Guide [IM1] is endorsed [Page 4] by Duncan Selbie [then CEO, PHE] and Simon Stevens [CEO, NHSE] who state "*As part of our joint commitment to community approaches and harnessing this renewable energy [community volunteers], NHSE and PHE have set out what works. Through this guide we outline a 'family of approaches' for evidence-based community-centred approaches to health and wellbeing*". The guide has been cited over 100 times in public health journal articles and directly underpins community-engagement policy and practice at national and international scales as evidenced below.

The research has driven policy and practice within NHSE. The Guide [IM1] was implicit in the NHSE's People and Communities Board development of the "Six principles for engaging people and communities" [IM2, IM1 referenced on p12]. The six principles [IM2] were adopted by NHSE in its New Models for Care Programme focused on empowering patients and communities [IM3, p8]. The New Models of Care programme Directory [IM3] recommends using The Guide [IM1] as a resource to help Vanguard develop new services and implement community-centred approaches [IM3, p.32]. In 2019, NHSE published a "Menu of evidence-based interventions and approaches for reducing health inequalities" to meet the ambitions of the NHS Long Term Plan [IM4], the section on community-centred approaches was underpinned significantly by and referenced The Guide [IM1].

LBU research has underpinned community-engagement strategies with health in the UK. This claim is supported by a testimonial from PHE that states, "*The research has driven PHE strategic approach to community engagement in health*" [IM5]. The adoption of The Guide [IM1] by PHE was formally announced in an official PHE blog, which highlighted its contribution to the knowledge base and encouraged its use by local leaders and commissioners. The "family of community-centred approaches" [R6] was adopted as a taxonomy for PHE to organise evidence and resources on Healthy Communities for the newly developed PHE Knowledge platform. Subsequently, "Creating healthy communities" was stated as one of six opportunities within PHE's new Strategy 2020-2025, for improving public health within the UK [IM5].

b) Changing national guidelines and quality standards in community engagement with public health

Changes in National Institute for Health Care Excellence (NICE) guidance on community engagement resulted directly from the underpinning research. NICE guideline "Community engagement: improving health and wellbeing and reducing health inequalities" (NG44) [IM6]

was published in March 2016 and replaced guideline PH9. The Guide [IM1] is referred to extensively throughout NG44 and is specifically cited on pages 8, 9 and 20. Subsequently, NG44 is the sole source document for development of NICE Quality Standard (QS) 148 “Community engagement: improving health and wellbeing” (IM7) and NG44 contributed to development of NICE QS167 “Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups”.

The Guide [IM1] and NG44 [IM6], which both directly emanate from the underpinning research, are the key documents utilised by national and international public health stakeholders in driving their strategies in engaging communities with public health.

c). Changing international policy and strategy in engaging communities with public health

NG44 has been utilised extensively to develop the national guidance strategies for community engagement in public health in Spain. The Library of Clinical Practice Guidelines of the National Health System (guiasalud.es) developed the 2018 document “Participacion Comunitaria: Mejorando la salud y el bienestar y reduciendo desigualdades en salud” [IM8] [“Community Participation: Improving health and wellbeing and reducing health inequalities”]. The document is endorsed by Ministerio de Sanidad, Consumo y Bienestar Social [Ministry of Health, Consumption and Social Welfare]. This guide states on the cover page it is adapted from NG44. This national-level document was used to create the 2019 document “Participar para ganar salud” [IM9] [“Participate to gain health”, p2 cites IM6 and IM8, as underpinning documents], with a localised focus for adoption of the guidance at municipal levels across the whole country. This document is endorsed by Federacion Espanola de Municipios y Provincias [Spanish Federation of Municipalities and Provinces and Red Espanola de Ciudad Saludables [Spanish Healthy City Network]. Thus, the strategy for engaging communities in public health adopted by the Spanish healthcare system, can be directly traced to the underpinning research from the CHPR at Leeds Beckett University.

d). Changing UK local government policy and strategies in community-engagement with public health, and increasing uptake of these innovative approaches by community organisations

NICE NG44 [IM6] and The Guide [IM1] has been utilised extensively by local councils across the UK to inform and develop their strategies to engage their local communities in public health initiatives. Currently in excess of 30 local councils across the length and breadth of Britain have completed or are developing community-health strategy documents, staff training and health audits, that utilise and cite NG44 [IM6] or The Guide [IM1] as a gold standard [IM5]. Councils, and diverse examples of utilisation include; guidance on management of long-term conditions [Cornwall County Council]; health impact assessments [York, Wirral, Cumbria, Doncaster, Glasgow & Clyde Councils]; social worker training [Brent Council]; weight management programme [Rutland Council] and the “Physical Activity Strategy 2019-22” [South Tyneside Council]. NG44 [IM6] is utilised and cited in numerous public health documentation from PH Wales. As representative evidence for local government impact we include Tower Hamlets Council, “Public Engagement Strategy 2018-2021” [IM10], which is underpinned by The Guide [IM1] and NG44 [IM6, cited on p36, reference 16]. The research has also resulted in changes in practice from community organisations in how they promote community engagement with public health. PHE publishes in excess of 50 practice examples of local projects that illustrate uptake of innovative community-centred approaches and document impact through outcomes and learning [IM5].

5. Sources to corroborate the impact (indicative maximum of 10 references)

IM1: Public Health England/NHSE (2015) [A guide to community-centred approaches for health and wellbeing](#).

Impact case study (REF3)

IM2: National Voices (2016) Six principles for engaging people and communities
<http://www.nationalvoices.org.uk/node/1481>

IM3: Jones, P. (2015). New Care Models: Empowering Patients and Communities—A Call to Action for a Directory of Support. London: NHS England. <https://www.england.nhs.uk/wp-content/uploads/2015/12/vanguards-support-directory.pdf>

IM4: NHS England (2019) Menu of evidence-based interventions and approaches for addressing and reducing health inequalities <https://www.england.nhs.uk/ltphimenu/community-based-interventions-to-reduce-health-inequalities/community-centred-approaches-service-and-community/>

IM5: Testimonial from Professor John Newton, Director of Health Improvement, Public Health England.

IM6: NICE [Guidelines on community engagement NG44](#) (2016).

IM7: NICE [Quality Standard QS148](#) (2017).

IM8: Community Engagement with Public Health in Spain. “*Community Participation: Improving health and wellbeing and reducing health inequalities*”
<https://portal.guiasalud.es/gpc/participacion-comunitaria/>

IM9: Strategies to engage local communities with public health in Spain. “*Participate to gain health*” <https://portal.guiasalud.es/participar-para-ganar-salud/>

IM10: [Tower Hamlets Community Engagement with Health Strategy](#)