TIME CREDITS

for better health & social care outcomes

FORWARD FROM CEO IAN MERILL

Over the next few months Tempo will publish a series of short reports on how community participation through Time Credits can help with a range of specific challenges faced by our communities.

In this report, the first in a series, we focus on the role of Time Credits in supporting better outcomes across health and social care systems. Health and social care is a very broad term, with people sometimes managing multiple, complex needs. Our experience to date has included mental health, recovery from substance misuse, long term conditions and ageing populations.

If you are involved in commissioning or providing health and social care services this report can help explain how Time Credits offer a practical route to accessing the benefits that come from drawing out and connecting people and their assets in communities, thereby improving outcomes for individuals and organisations.

The Report:

- Introduces Tempo Time Credits, how they work, their reach and impact.

- Gives an overview of Tempo's work in health & social care to date, and how it contributes to better health & social care outcomes.

- Outlines the policy context for social participation improving health and social care outcomes, and how Tempo's results to date support these agendas.

- Ends with information on how to find out more about Time Credits and working with Tempo - we hope to have a conversation with you soon.

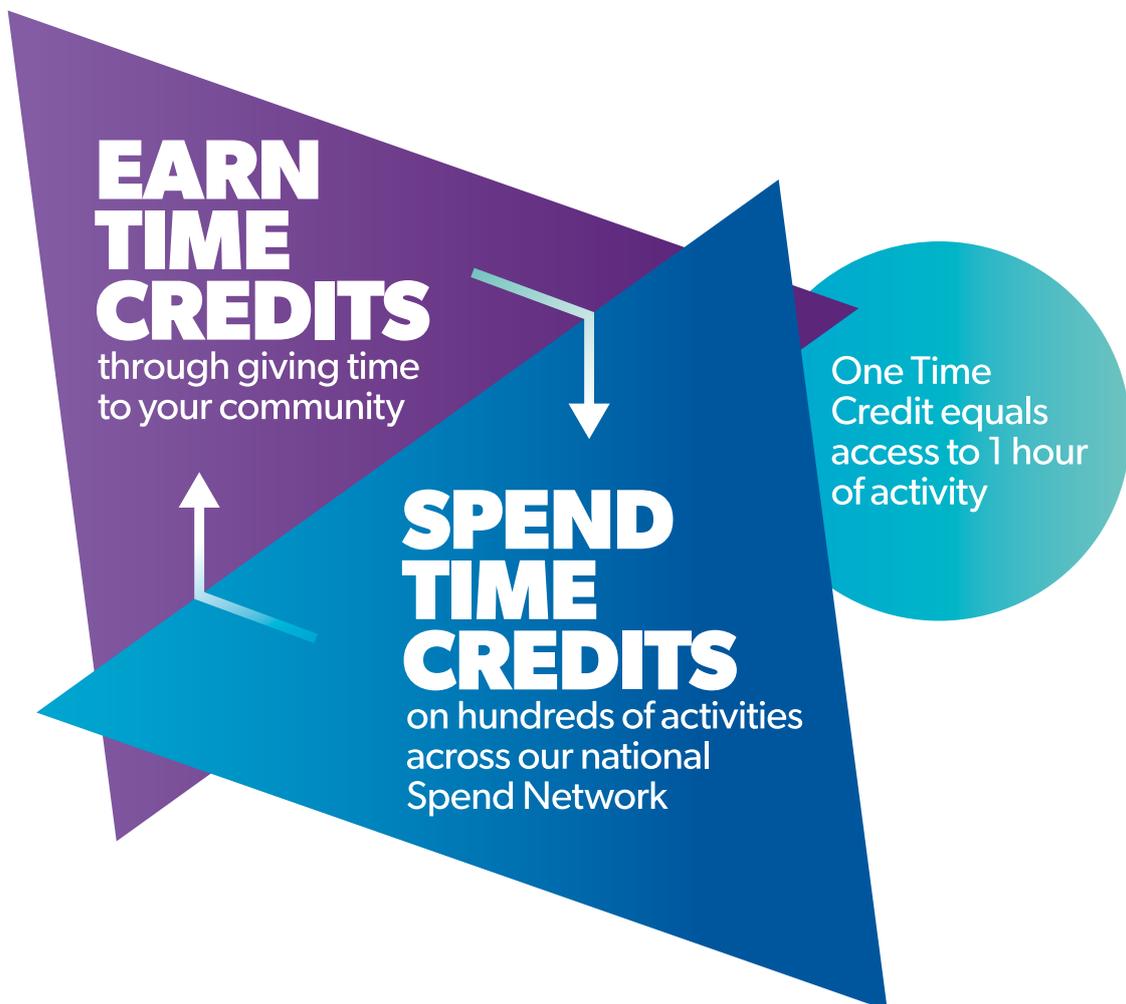# INTRODUCING TEMPO TIME CREDITS

Tempo Time Credits are a national community currency that values giving time. Time Credits harness the power and potential of people and communities to help address the challenges we face, by drawing out and connecting people and their assets in communities.

The Time Credits model works simply: people earn Time Credits for time contributed to their community or service. These Time Credits can then be spent on accessing activity across our national network, such as local attractions, training courses or leisure, or gifted to others.

Tempo works in partnership with local authorities, Clinical Commissioning Groups, Health Boards, housing providers, health and social care providers, schools, voluntary organisations, businesses and communities to co-design and deliver Time Credits programmes.

Time Credits build local connections by joining up the public, private and voluntary sectors in a community. Individuals earn Time Credits through a network of local organisations, charities and services that we engage and support to reach new people and thank existing volunteers with Time Credits. We develop spend partnerships with the public, private and voluntary sectors that enable people to access a wide range of positive activities with their Time Credits.

- Over **50,000** People have earned Time Credits to date

- Over **700,000** Time Credits earned across England and Wales

- Over **100,000** Time Credits were spent in 2017/18 [i]

EARN TIME CREDITS through giving time to your community

SPEND TIME CREDITS on hundreds of activities across our national Spend Network

One Time Credit equals access to 1 hour of activity

Participation in Time Credits programmes leads to positive outcomes for participation and a wide range of social, health and wellbeing indicators [ii] :
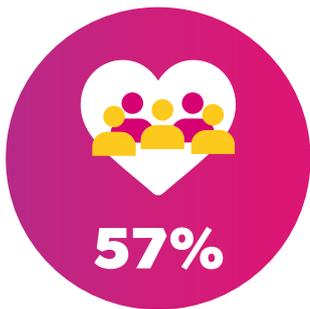
83%
report improved quality of life

59%
never or rarely gave time before earning Time Credits

59%
feel more able to contribute to the community and other people
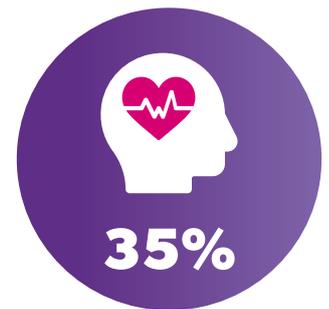
45%
can afford to do more things

57%
have developed new friends and acquaintances

60%
shared their skills with others

52%
feel less isolated and lonely

35%
report improved mental health

19%
established a new community group or project

38%
know more about community based services and support available to them

49%
feel more confident

55%
feel more positive about their future

THE POSITIVE IMPACT OF TIME CREDITS

The positive impact of Time Credits extends beyond these outcomes for individuals, and beyond benefits to individual organisations; who use Time Credits to better respond to need, by engaging with new groups or encouraging more active involvement in the design and delivery of services.

Time Credits, as a specific approach, also supports system change, through three distinct but highly interconnected series of changes: working with individuals to realise their assets, enabling organisational improvement and capacity and enabling community and sharing power. These in turn support the development of a range of outcomes for organisations, individuals and communities that sustain those changes and indicate further shifts that will happen over time.

For example, in **Cambridgeshire County Council**, finding new and innovative ways to support the voluntary sector was key to its Community Resilience Strategy. They piloted and then scaled up Time Credits as a method to increase capacity and improve financial sustainability. Cambridgeshire Time Credits have been running since 2014 and the network is composed of 53 community groups or services and 42 businesses offering spend opportunities. In 2016 …

75%
of organisations reported recruiting more volunteers.

42%
reported being able to reach more people in need. [iii]

33%
reported saving money

To find out more about how Tempo Time Credits work, the difference they make and our future plans take a look at *our strategy* or *our impact reporting.*

Or contact us via **hello@wearetempo.org** to arrange a conversation and have your questions answered.

TEMPO TIME CREDITS FOR HEALTH & SOCIAL CARE OUTCOMES

Overview of Tempo's health and social care work to date. Projects in blue are included in the 2018 Evaluation Survey results, reported in this document. Projects in purple are not included in the 2018 Evaluation Survey results, where baseline data was available in time for this year, follow up data was not. Projects in pink are not included in the 2018 Evaluation Survey, both regions are 2018 developments on top of existing programmes and limited data is available at this time.
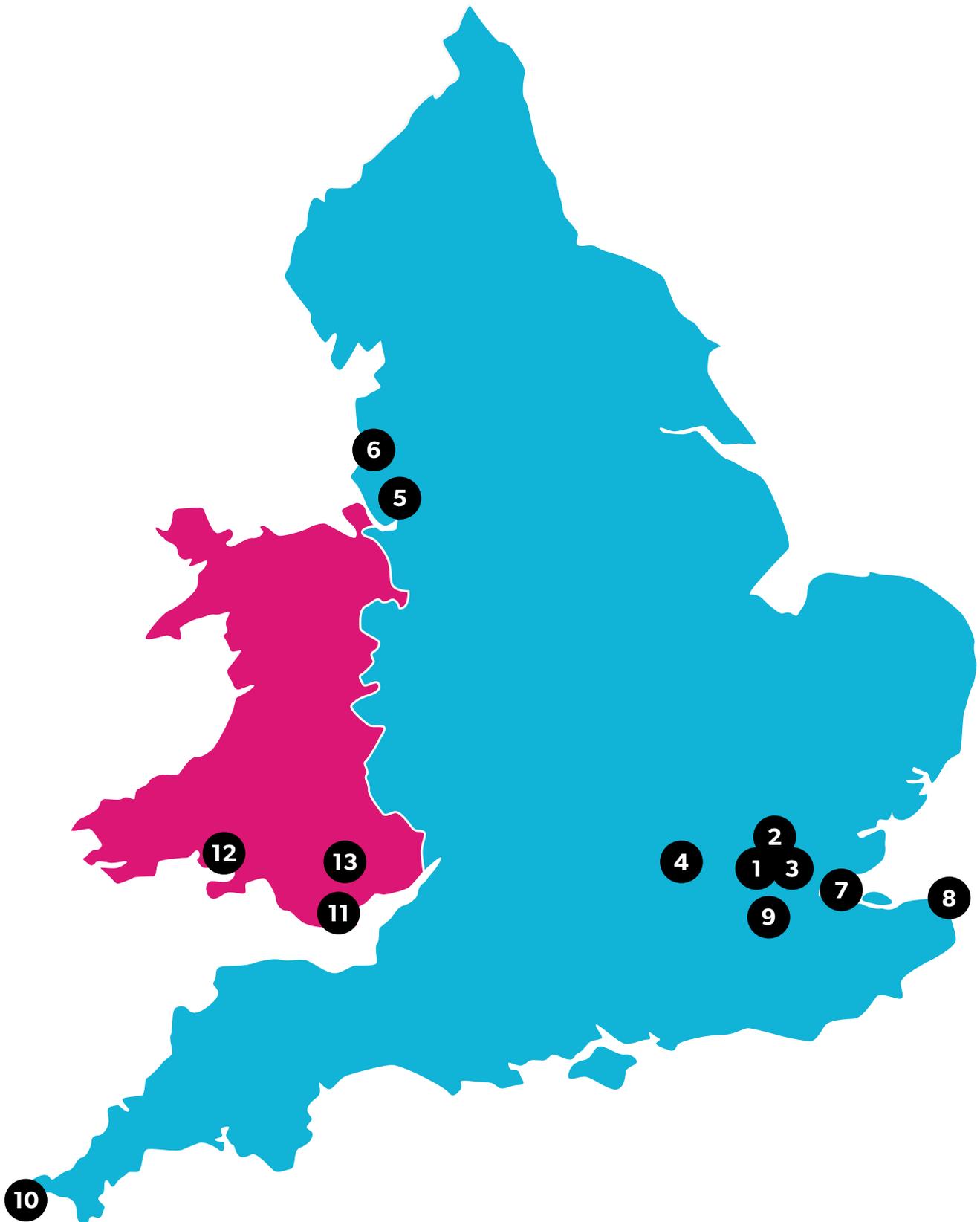
1

Project: City & Hackney Homelessness Services
Location: London Borough of Hackney
Focus: Mental Health
Dates: 2016 - 2018
No. of participants as of Oct 18: **205**

2

Project: Haringey Recovery
Location: London Borough of Haringey
Focus: Substance Use
Dates: 2014 - ongoing
No. of participants as of Oct 18: **525**

3

Project: Haringey Mental Health
Location: London Borough of Haringey
Focus: Mental Health
Dates: 2015 - ongoing
No. of participants as of Oct 18: **973**

4

Project: Buckinghamshire Positive Ageing
Location: Buckinghamshire
Focus: Older People
Dates: 2018 - ongoing

5

Project: Cheshire West & Chester Positive Ageing
Location: Cheshire West & Chester
Focus: Older People
Dates: 2018 - ongoing
No. of participants as of Oct 18: **99**

6

Project: Blackpool Active Communities & Recovery
Location: Blackpool
Focus: TBD by Tempo
Dates: 2018 - ongoing
No. of participants as of Oct 18: **68**

7

Project: Medway Active Communities
Location: Medway
Focus: Older People
Dates: 2017 - ongoing
No. of participants as of Oct 18: **327**

8

Project: Thanet Positive Ageing
Location: Thanet
Focus: Older People
Dates: 2018 - ongoing
No. of participants as of Oct 18: **217**

9

Project: Westminster Positive Ageing
Location: Westminster
Focus: Older People
Dates: 2018 - ongoing
No. of participants as of Oct 18: **419,**
though this is part of a wider programme of over 2000 participants

10

Project: Cornwall Vulnerable Adults
Location: Penzance & St Austell (& expanding)
Focus: Substance Use (year 1, then expanding)
Dates: 2018 - ongoing
No. of participants as of Oct 18: **288**

11

Project: Cardiff & Vale Recovery
Location: Cardiff & Vale
Focus: Substance Use
Dates: 2016 - ongoing
No. of participants as of Oct 18: **230**

12

Project: Llanelli Social Prescribing
Location: Llanelli GP cluster
Focus: Low level anxiety & depression
Dates: 2017 - ongoing
No. of participants as of Oct 18: **414**

13

Project: Gwent Recovery
Location: Gwent
Focus: Substance Use
Dates: 2017 - ongoing
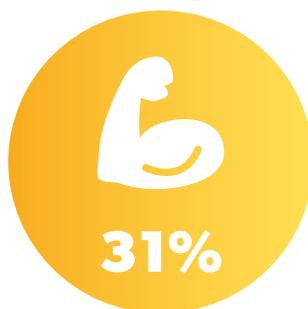No. of participants as of Oct 18: **87**

Our 2018 Evaluation Survey, filtered for our work in health and social care, reported promising results: *(includes responses 'a lot' or 'to some extent', combined, and excludes 'a little').* iv

61%

reported improved quality of life

40%

reported that Time Credits improved their mental health a lot or somewhat.
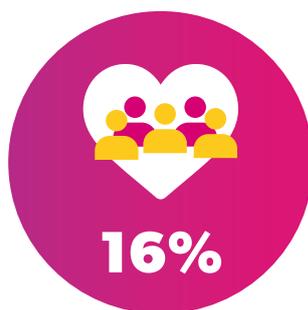
31%

reported improved physical health

37%

felt more able to manage their own health and wellbeing

44%

know more about what community based services and support are available to them

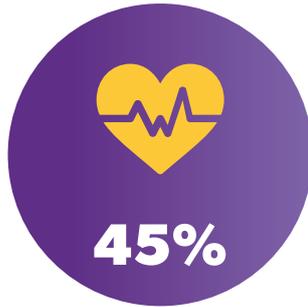**19%**

reported less need to see a GP

16%

reported less need to use social care services.

In three of the specialist health and social care programmes, with a substance misuse focus, results are even more notable: *(again, includes responses 'a lot' or 'to some extent', combined, and excludes 'a little').* v

67%
reported improved quality of life

45%
said that Time Credits had helped them to feel a lot or somewhat healthier overall

50%
felt more able to manage their health and wellbeing

56%
had used Time Credits to provide peer support for others in the service

52%
knew more about what community-based services and support were available to them

18%
reported less need to go to their GP

26%
reported less need to use social care services

SOCIAL PARTICIPATION FOR HEALTH & SOCIAL CARE OUTCOMES – WHAT ELSE DO WE KNOW?

Of course, Tempo isn't the only organisation championing community participation and asset building. The role of communities in supporting a healthier and happier society – including for those recovering from ill health – has been at the centre of policy making, commissioning, and public service provision for a number of years now.

Drivers for these approaches range from Nesta's People Powered Health programme, advocating for greater co-production and a 'more than medicine' approach, in order to 'open up opportunities for long-term recovery, less dependence on formal public services, and more effective ways of combining public resources with the assets of citizens and wider communities' [vi] to the RSA taking these ideas forward by setting out eight key principles for building effective social models of health. These include the need to 'connect and mobilise citizens to build knowledge, help each other, develop a shared purpose and then take collective action in their communities to help each other stay well.' [vii]

In their work on personalisation and asset-based commissioning, Richard Field and Clive Miller argue that new approaches are needed to bridge the gap between the growing demand for conventional practice-based and publicly funded services, and the resources available. [viii]

Typically, this involves commissioners drawing 'assets outside their control into outcome production' [ix]. Such an approach is based on a recognition that outcomes are produced by what people and communities do, 'supported or otherwise by services' [x]. Co-production – the approach whereby service users and their carers and families are valued by organisations as equals – is a central component of an asset-based approach to care and support.

There is also growing evidence that building strong, inclusive communities through asset-based community development initiatives can lead to more positive health outcomes, by improving people's sense of belonging and wellbeing [xi]. Emerging evidence suggests that these initiatives can also support better integration of services and, through a greater emphasis within local policy and planning on effective co-production, make 'services more joined-up and responsive to people when they need them.' [xii]

In the NHS Five Year Forward View [xiii], the health service is described as operating a 'factory' model of care and repair, drawing attention to the lack of representation by communities and the voluntary sector in the design of state healthcare. The report goes on to outline the strategic shifts that the NHS will undertake in order 'to become a more activist agent of health-related social change.' These include engaging with communities and citizens in 'new ways', throwing more weight behind targeted prevention, encouraging more volunteering in health services and working with local councils.

The reports clear call to action requires the health service to rethink its position in relation to the wider community, but also ask that the public and voluntary sector play their part in helping to fulfil these objectives. The NHS Five Year Forward View took the role for communities a step further and set out the need for a new relationship between the NHS, patients and communities. The idea of the NHS 'as a social movement' became a key part of health policy in England for the first time, supported by a greater emphasis on empowering patients and engaging with whole communities (and the community and voluntary sector organisations already working within those communities) in more meaningful ways.

What all health policies that follow on from the Five Year Forward View are keen to highlight is that there is no one size fits all approach to health and social care. That very same flexibility is a key factor enabling Tempo Time Credits to be such a successful tool for asset -based community development, leading to a variety of health and wellbeing benefits.
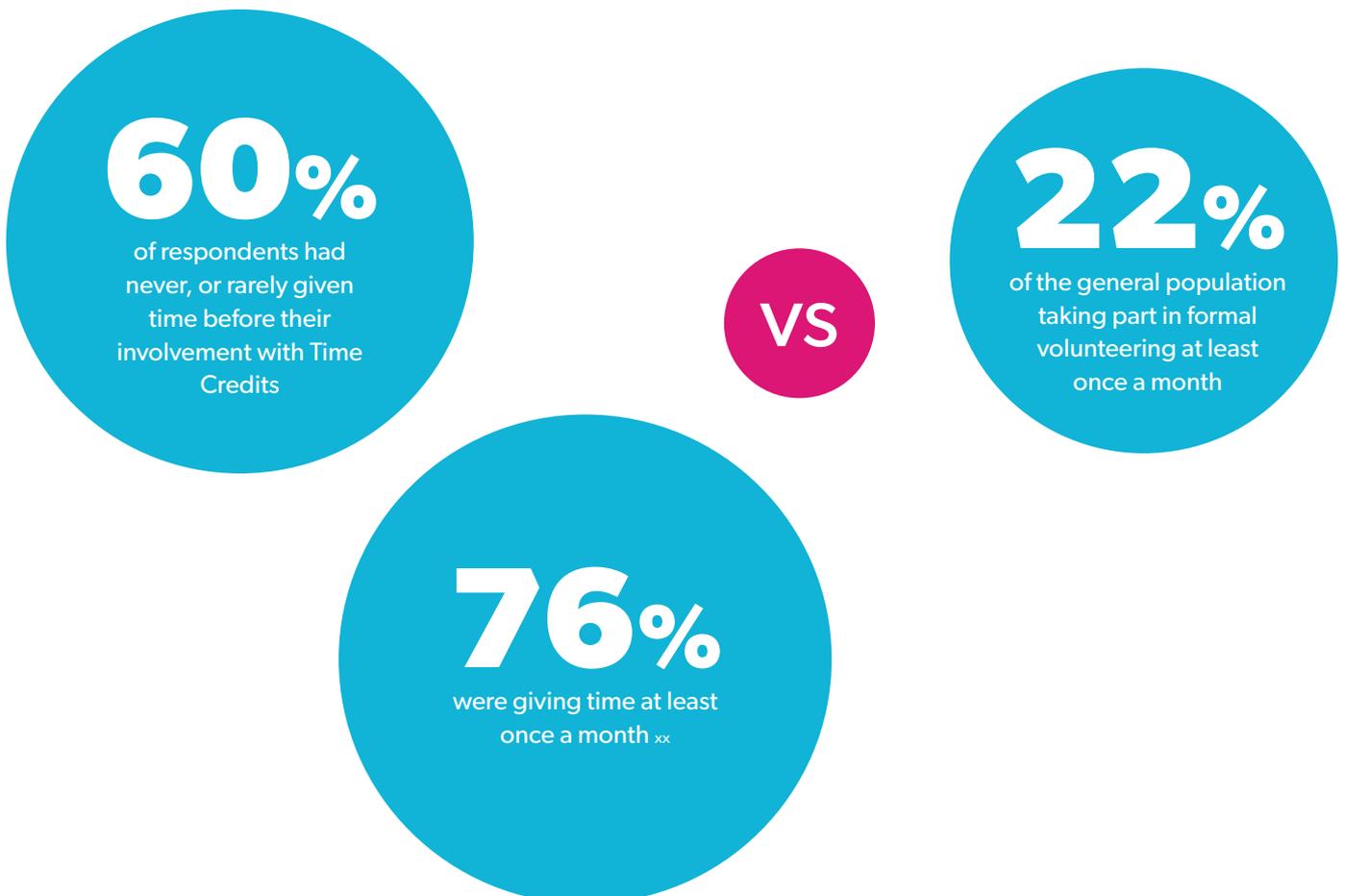
More recently the Government has recognised the impact of loneliness on, among other things, quality of life, health and social care services. xiv The strategy for tackling loneliness highlights evidence on the importance of social relationships to people's health and wellbeing. xv Lonely people are also more likely to be readmitted to hospital or have a longer stay. xvi There is also evidence that lonely people are more likely to visit a GP or A&E and more likely to enter local authority funded residential care. xvii

Time Credits create opportunities for people with additional health and care needs to build stronger social connections, and to feel part of their local community. In our survey 44% said they had developed new interests and 65% said that they now visit or see other people more often. xviii Feedback from a woman using our Llanelli Social Prescribing service illustrates this:

The social prescriber suggested linking patient B to a local craft group who met regularly in the town centre. Patient B has now been attending the group when she can and has made a number of new friends. She is also linking in to the emotional wellbeing self-management course arranged through the Social Prescribing programme. She regularly keeps in contact with the social prescribing service and feels that the service has had an *"Immeasurable impact on her life"*. *"The hour I've spent with you has really helped me and I now feel more positive, especially knowing there is a service like this in my GP surgery"*. xix

For commissioners and providers of health and social care services, encouraging active participation and asset building within the communities served has been an important and enduring shift. The benefits for health and wellbeing stretch from the individual, through organisations and across whole systems.

Time Credits can help support this shift by both getting people involved for the first time and maintaining increased participation. In our 2018 Evaluation Survey, filtered for health and social care projects…

60%
of respondents had never, or rarely given time before their involvement with Time Credits

VS

22%
of the general population taking part in formal volunteering at least once a month

76%
were giving time at least once a month xx

This seems to be translating into benefits for organisations using Tempo Time Credits - 85% said that they had started to realise the benefits of being part of a Time Credits network, with 68% seeing benefits within two to three months. Those benefits included:

60% reported that involvement in Time Credits had increased collaboration between their customers/service users and the wider population

60% reported that Time Credits had increased collaboration between local community groups

54% reported that Time Credits had enabled them to work with other local partners/ stakeholders that they wouldn't normally work with

52% reported that they had worked with other organisations that provide similar services to them xxi

Furthermore, a detailed piece of research looking at the impact of Time Credits on services, and involving around 125 staff and volunteers from 20 organisations, showed that Time Credits can play a key role in the development and strengthening of the basic building blocks of co-production. xxii They also help to embed co-production by empowering staff and service users. The research also found that Time Credits can help to sustain co-production, by supporting investment at a more strategic level and helping to provide a common language for co-production among stakeholders, especially when embedded into commissioning and delivery plans.

HOW CAN THIS REPORT HELP PEOPLE COMMISSIONING OR PROVIDING HEALTH & SOCIAL CARE SERVICES?

We hope this report clearly sets out the potential for Time Credits, asset based working and co-production to support better outcomes for health and social care services, providing a rationale to inform or support commissioning or partnership decisions and influence stakeholders who you may wish to persuade. We hope it will help you understand how Time Credits can add value to services and where they might be used to most effect.

If you commission or provide health and care services, there are a range of options for involvement with Time Credits:

- Commission place based, in-depth Time Credits networks with a focus led by the commissioning partner

- Partnerships with providers to embed Time Credits within service delivery models, including in response to tenders

- Training to support your organisation with co-production & asset based working to supplement Time Credits

- Subscription packages to access Time Credits – available in specific areas from 2019

- Inform national policy conversations by talking to us about our experience and evidence

Contact us to have a conversation about what might work best for you: **hello@wearetempo.org** or on **0208 980 2691**

Tempo has been shortlisted for three different health and social care awards in 2018:

- **Health Service Journal (HSJ) Awards - Community or Primary Care Services Redesign category**

- **Haringey Community Impact Awards – Improving the Health & Wellbeing of Haringey Residents category**

- **Markel 3rd Sector Care Awards – Collaboration category**

i From Tempo's Organisational Strategy 2018 – 2023 http://www.wearetempo.org/wp-content/uploads/2018/10/TEMPO-Strategy-deck-2.pdf

ii Tempo 2018 Evaluation Survey

iii Spice (2016) Positive Change in Challenging Times: How Spice Time Credits are creating system change http://www.wearetempo.org/wp-content/uploads/2016/06/Final-System-Change-Report_Screen-Version_single.pdf

iv Tempo 2018 Evaluation Survey, filtered for health and social care projects. These results include a subset of the total health & social care projects, including only those where baseline and follow up data was available. This is explained by the colour coding on the map on page 4

v Tempo 2018 Evaluation Survey, filtered for substance use projects (Cardiff & Vale Recovery, Gwent Recovery, Haringey Recovery).

vi https://www.nesta.org.uk/project/people-powered-health/

vii https://www.thersa.org/discover/publications-and-articles/reports/health-as-a-social-movement-theory-into-practice

viii Richard Field and Clive Miller. (2017) Asset-based commissioning: better outcomes, better value. Bournemouth: Bournemouth University. Available as free download at http://www.ncpqsw.com/publications/asset-based-commissioning/

ix Ib id, p. 1.

x Ib id, p. 2.

xi Think Local Act Personal, Developing the power of strong, inclusive communities: A framework for Health and Wellbeing Boards, October 2014

xii Ib id, p. 9.

xiii NHS Five Year Forward View (2014) https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

xiv DDCMS(2018) A connected society. A strategy for tackling loneliness – laying the foundations for change https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

xv For example, see Office for National Statistics (2017) Social capital in the UK: 2017 in DDCMS(2018) A connected society. A strategy for tackling loneliness – laying the foundations for change

xvi Valtorta, N. et al. (2018). Older Adults' Social Relationships and Health Care Utilization: A Systematic Review. American Journal of Public Health. April 2018, 108(4) in DDCMS(2018) A connected society. A strategy for tackling loneliness – laying the foundations for change

xvii Social Finance (2015) Investing to tackle loneliness - a discussion paper in DDCMS(2018) A connected society. A strategy for tackling loneliness – laying the foundations for change

xviii Tempo 2018 Evaluation Survey, filtered for health and social care projects

xix Llanelli GP Cluster Social Prescribing Pilot (2017) Interim report

xx Community Life Survey, England 2017-18 https://www.gov.uk/government/statistics/community-life-survey-2017-18

xxi Tempo 2016 Partner Survey

xxii Spice / Apteligen (2015) The Impact of Time Credits on Organisations (unpublished internal report)