

# Spotlight on community engagement: NICE resources in the context of COVID-19—NICE public health guidance update

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## ABSTRACT

This article focuses on how the National Institute for Health and Care Excellence (NICE) quality standard on ‘Community engagement: improving health and wellbeing’ (QS148) may be used to support local areas with pandemic recovery planning. This article sets the standard in the context of the coronavirus pandemic, explores some of its content and highlights additional NICE resources to support its use across the health and care system.

**Keywords** communities, guidelines, planning

## What’s new?

The National Institute for Health and Care Excellence (NICE) continues to support the health and social care system as it continues to respond to the pandemic. Since the last update, NICE has continued to develop rapid guidelines with NHS England and NHS Improvement and a cross-speciality clinical group, supported by the specialist societies and royal colleges including ‘COVID-19 rapid guideline: reducing the risk of venous thromboembolism in over 16s with COVID-19’ (NG186), ‘COVID-19 rapid guideline: vitamin D’ (NG187) and ‘COVID-19 rapid guideline: managing the long-term effects of COVID-19’ (NG188).

## Introduction

‘Community engagement: improving health and wellbeing’ (QS 148) is NICE’s (National Institute for Health and Care Excellence) quality standard on evidence-based approaches to identify, mobilise and build on the existing strengths unique to every community<sup>1</sup> (Fig. 1). As well as impacting positively on multiple health outcomes and behaviours, these approaches can have wider social benefits such as increased empowerment and social capital.<sup>2</sup> The quality standard is designed to support local service, community and voluntary sector leaders in taking action to embed community engagement approaches. It is especially relevant at a time when many are planning for pandemic recovery in a climate of unprecedented engagement activity.<sup>3</sup>

This article sets the standard in the context of the coronavirus pandemic, explores some of its content and highlights additional NICE resources to support its use across the health and care system.

## Communities and COVID-19

Local communities and neighbourhoods have been fundamental to the UK’s pandemic response. About 21% of people in England volunteered formally and 47% informally during the initial stages of the coronavirus disease 2019 (COVID-19) pandemic, and roles have varied from telephone befriender to vaccination marshal.<sup>4</sup> Many new community support hubs have emerged, facilitated by local councils and community organisations.<sup>5</sup> Measures of social capital in over 16s in England from mid-2020 are encouraging with, for example, 93% agreeing or strongly agreeing that if they needed help there are people who would be there for them.<sup>6</sup>

However, there is concern that the involvement of patients and the public in decisions that directly affect their health

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**Fig. 1** Effective community engagement approaches.

and care during the pandemic remains inadequate and that the benefits of lay expertise continue to be under-realised.<sup>7</sup> Many inequalities have been exposed and exacerbated, and these extend to social capital.<sup>5,8</sup> For example, the measure described above falls to 85% for those who identify as Black or Black British.<sup>6</sup>

## Quality standards for community engagement

NICE quality standards aim to support quality improvement in priority areas of locally commissioned health and care services in England and Wales. These are underpinned by NICE guidance and developed in consultation with stakeholders. These consist of:

- ‘quality statements’ specifying one aspect of high-quality care or service provision.
- ‘quality measures’ suggesting metrics that can be used to monitor local organisational or system progress towards achieving the quality of care or service described in the statement.
- ‘audience descriptors’ explaining relevance of the statements to different groups of users.

All four quality statements in QS 148 facilitate evidence-based action to build on the strength and capabilities of communities.<sup>1</sup> The underlying evidence is detailed in NICE’s community engagement guidance (NG 44).<sup>2</sup> Two statements are drawn out below to illustrate the current pertinence of this NICE resource.

### Identifying local priorities

NICE’s review of the evidence suggested that the more stages of an intervention that a community was involved in, the greater the health and wellbeing benefits of that involvement.<sup>9</sup> This underpins the quality statement ‘Members of the local community are involved in setting priorities for health and wellbeing initiatives’. As local councils and health and care providers start to develop ideas about new services and ways of working realised during the pandemic, there is a key opportunity to use this standard to ensure initiatives are relevant and meaningful to the community.<sup>3,10</sup>

### Identifying community assets

The NICE guideline that underpins QS 148 was based in part on an evidence review of UK policy and practice. One of its conclusions was that asset-based approaches are seen as a key contribution of UK communities to health and society.<sup>11</sup> This was distilled into quality statement 3, ‘Members of the local community are involved in identifying the skills, knowledge, networks, relationships and facilities available to health and wellbeing initiatives’. During the pandemic, multiple new UK networks and relationships have formed in over 3000 COVID-19 mutual aid groups.<sup>12</sup> Established community organisations have had to develop new skills in adapting to lockdown.<sup>13</sup> Individuals have faced multiple challenges and hold valuable specific local knowledge.<sup>14</sup> All these are potential collaborators for local health and care services in refreshing their knowledge of assets on which health and wellbeing initiatives can be based.

### Quality metrics

Quality measures for the two statements above propose a range of metrics that can be evidenced by local data collection. Selecting and collecting meaningful local data is itself an opportunity for participatory research. NICE has recommended that research is needed on the effectiveness of both local priority setting and on that of using community-identified outcomes for health and wellbeing initiatives.<sup>2</sup>

## NICE support for community engagement: shared learning, implementation and public involvement

NICE provides a range of support for using the community engagement standard and guidance, in addition to being committed to these approaches in its own work.

- NICE’s shared learning case studies make visible the lessons learnt by local health and care services working to improve practice using NICE guidance and standards.<sup>15</sup> Several of

these case studies specifically relate to the pandemic and demonstrate community engagement approaches, such as a general practice reaching out to unpaid carers and acting on their suggestions to improve services.<sup>16</sup>

- The NICE field team support local organisations to put guidance into practice.<sup>17</sup>
- NICE has published a series of practical tools to support service sustainability and transformation.<sup>18</sup>

Finally, NICE's own public involvement programme is based on principles of meaningful engagement with the communities affected by all its products and guidance.<sup>19</sup> Throughout the pandemic valuable public contributions to both COVID-19 rapid guideline topics and NICE's ongoing portfolio have been maintained and continue to be a priority.<sup>20</sup>

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