TIME CREDITS
for better health & social care outcomes
FORWARD FROM CEO IAN MERRILL

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
Participation in Time Credits programmes leads to positive outcomes for participation and a wide range of social, health and wellbeing indicators: 

- 83% report improved quality of life
- 60% shared their skills with others
- 57% have developed new friends and acquaintances
- 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
- 52% feel less isolated and lonely
- 38% know more about community based services and support available to them
- 19% established a new community group or project
- 35% report improved mental health
- 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 ...

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

75% of organisations reported recruiting more volunteers.

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.
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: 2014 - 2018

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

   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’).

- 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’).

- **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
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’. x 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.’ xii

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. xii Typically, this involves commissioners drawing ‘assets outside their control into outcome production’. Such an approach is based on a recognition that outcomes are produced by what people and communities do, ‘supported or otherwise by services’. 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. x

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, 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.
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”.

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...

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. The strategy for tackling loneliness highlights evidence on the importance of social relationships to people’s health and wellbeing. Lonely people are also more likely to be readmitted to hospital or have a longer stay. 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.

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. Feedback from a woman using our Llanelli Social Prescribing service illustrates this:

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

76% were giving time at least once a month

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

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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.

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. 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

Tempo 2018 Evaluation Survey


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


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


Ibid, p. 2.

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


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


Tempo 2016 Partner Survey

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