NHS Newham

Communities of Health

Accreditation Report

May 2008

Accreditation Report and
May 2008

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Background
The Communities of Health concept was originally developed at Newham PCT in July 2005 following a visit to Newham by Harry Cayton OBE, who was then National Director for Patients and the Public at the Department of Health. Harry Cayton's visit centred on a community centre in one of Newham's most diverse areas, where Asian elders had developed their own suite of activities designed to co-create health in partnership with health professionals.

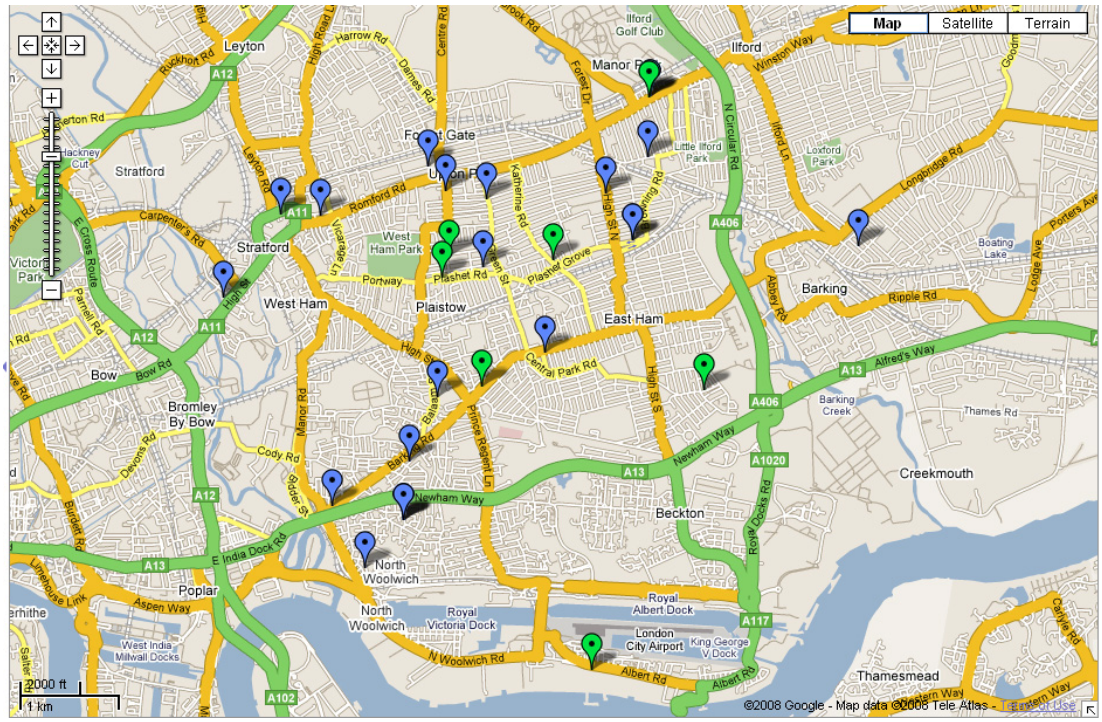
Since 2005 the PPI Team have been working with a local voluntary sector infrastructure organisation, the Black and Ethnic Minority Community Care Forum, to develop and test an Accreditation Framework for groups who wish to be named as Communities of Health. BEMCCF has expertise in promoting community health ownership, and was confirmed in 2008 as Newham's Local Involvement Network Host. The CoH concept has brought the unique qualities of Newham and of Newham's NHS to the attention of policy makers both nationally and internationally (see references). CoH has been included in the PCT's successful £1.5m bid to the British Heart Foundation for a 'Heart of Newham' CVD pilot program.

Deliverables
An agreement was reached between the PCT and BEMCCF to deliver the following:

1. To have a framework for the Community of Health Assessment Process
2. To take the information gathered during the research stage and formulate the first draft of the assessment framework, including a signposted process for organisations to use before, during and after the initial diagnostic process
3. Identify the skill sets required by the Health Trainers / Navigators
4. Define the assessment processes
5. Identify the Health Trainers / Navigators that will take place in the pilot project
6. Train the Health Trainers / Navigators to carry out the initial diagnosis against the Framework

These are in train to be achieved by 31st May as agreed with BEMCCF.

Part A: Outcomes
Geographical Spread



Map of Communities of Health
Shows the locations of 25 Communities of Health in Newham,
green pins show the seven groups which have gained accreditation
A fully browsable version of this map is available online

Table 1
Seven Accredited Organisations

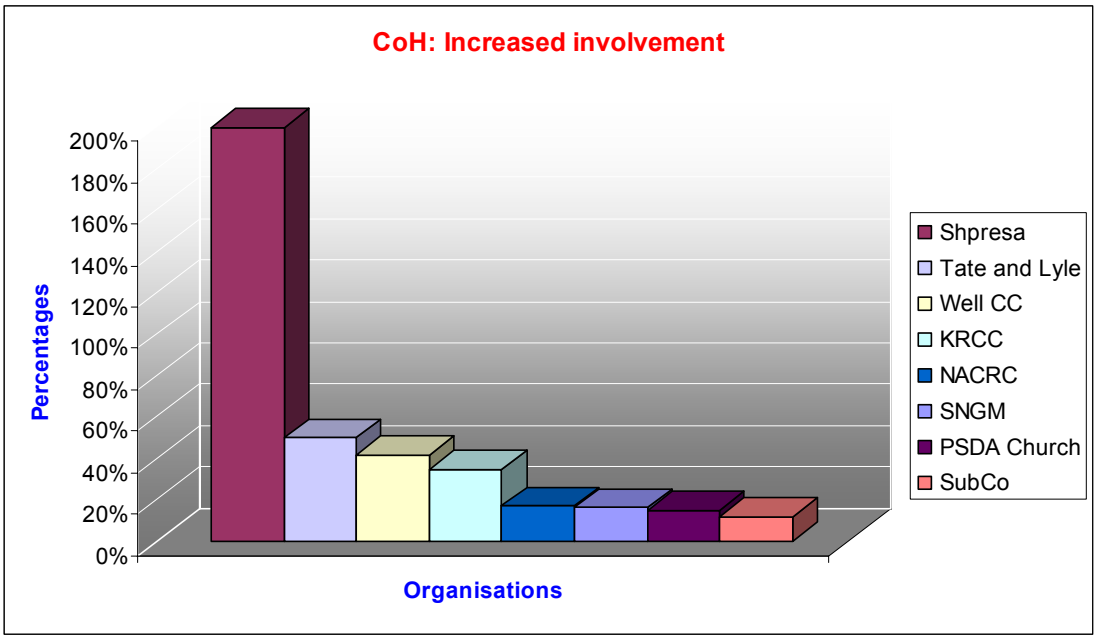
	Organisation	Status
1	Shpresa Albanian Community Programme *	Awarded
2	The Well Centre	Awarded
3	Tate & Lyle	Awarded
4	Katherine Road Community Centre	Awarded
5	Seventh Day Adventist Church Plaistow	Awarded
6	SubCo	Awarded
7	Newham African Caribbean Centre	Awarded
8	Sree Narayana Guru Mission Centre	Postponement
9	Minhaj – ul – Quran Mosque	Postponement
10	Real Life Parenting	Postponement

* Supported by the Eastern European Forum established by PPI team

"there is much more purpose in my old age since I have become a member of the Well Centre. The activities and organisation work hard to enable all retired pensioners to live healthy, physical life (sic)"

The Well Community Centre, (White Male, aged 70)

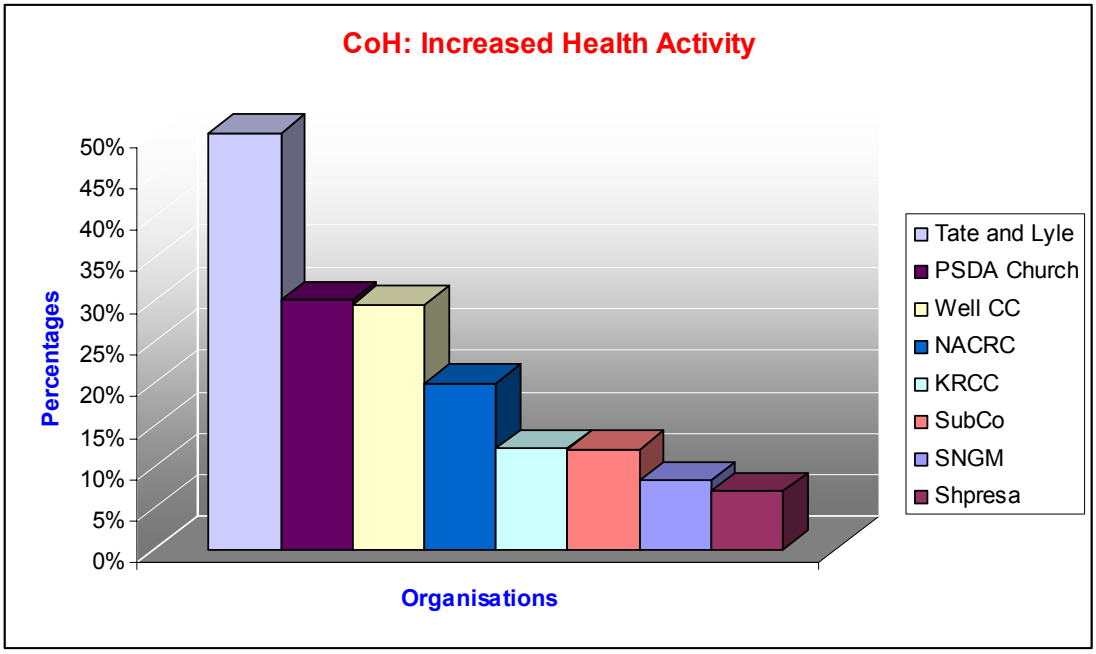
Part A Headline Outcomes: increased Involvement in Health



- Seven organisations accredited with a further four to be accredited by Autumn 2008
- A 200% increase in numbers of participants in health activity at Shpresa, the Albanian community organisation between November 2006 and April 2008
- Average increase in participation (exc. Shpresa) amongst remaining organisations of 28%
- The organisations who were assessed reached over 4545 people, up from 3111 in November 2006 with specific health improvement programs with a further 20 -30 organisations ready to enter the program over the next two years
- This represents an increase of 46% since their involvement in CoH began
- Specific, measurable health creating behaviour increased by 9%

Table 2: Source data: Increase in involvement since CoH program began

#	Community of Health	Increase in participants (%)
1	Sree Narayana Guru Mission Centre	16%
2	Shpresa programme	200%
3	Seventh Day Adventist Church Plaistow	15%
4	SubCo	12%
5	Newham African Caribbean Centre	17%
6	The Well Centre	42%
7	Tate & Lyle	50%
8	Minhaj – ul – Quran Mosque	Unable to participate
9	Katherine Road Community Centre	35%
10	Real Life Parenting	Unable to participate



- A 50% increase in health programs at Tate & Lyle since beginning involvement in Communities of Health program
- A range of increases amongst the remaining organisations of between 7 and 30%
- The seven organisations together increased health programs by an average of 18% over the period in which they were involved with Communities of Health

Table 2: Source data: Increase in health activity since CoH program began

#	Community of Health	Increased Health Activity
1	Sree Narayana Guru Mission Centre	8%
2	Shpresa programme	7%
3	Seventh Day Adventist Church Plaistow	30%
4	SubCo	12%
5	Newham African Caribbean Centre	20%
6	The Well Centre	29%
7	Tate & Lyle	50%
8	Minhaj – ul – Quran Mosque	Unable to participate
9	Katherine Road Community Centre	12%
10	Real Life Parenting	Unable to participate

Part B: Process

1: Selection Criteria

The Benchmark Group was selected according to the following criteria

1. more than 12 months involvement with the CoH program
2. representative of Newham's diverse communities
3. a stated commitment to improving the health of their members
4. able to participate in a program of visits aimed at assessing the increase in levels of involvement in health activity since the beginning of their participation in the CoH program

2: Visits

Table 3: Assessment visit schedule

Organisation	1st Visit	2nd Visit	3rd Visit	4th Visit	5th Visit
SNGM	06.02.08	11.02.08	03.03.08	11.04.08	
Shpresa	25.01.08	04.03.08	19.03.08	04.04.08	
PSDA	06.02.08	08.04.08	28.05.08		
Sub Co	11.02.08	13.03.08	25.03.08	10.04.08	03.06.08
NACRC	30.01.08	12.02.08	31.03.08	27.05.08	
The Well	11.02.08	25.03.08	04.04.08	28.04.08	
Tate & Lyle	28.05.08	-	-	-	-
MQCC	03.03.08				
KRCC	05.03.08	02.04.08	29.05.08		
RLP	07.03.08	27.05.08			

3. Interpreting the Outcomes

Because of the high quality of the benchmark sample, the Assessment Framework we developed was fairly exacting and only seven of the ten groups were able fully to satisfy the External Assessor and proceed to CoH status.

The other three groups were invited to continue the assessment process during 2008-2009 with a view to being awarded CoH status before 31st April 2009.

Amongst the ten Benchmark Groups between the start of their involvement in CoH in November 2006 and 1st April 2008 we recorded a statistically significant increase, measured in Person Hours of 'Health Creating'* Activity, an increase in Person Hours of 'Health Sustaining'* activity and also in Person Hours of Health Ownership activity, measurably advancing the PCT's strategic aim of increasing patient and public ownership of health.

Working Definitions:
* Health Creating - eg physical exercise which encourages people to abandon a sedentary lifestyle; five-a-day healthy eating groups; actual healthy eating in community settings; smoking cessation; actual weight loss activity where clinically supervised.

* Health Sustaining - eg. groups for elders which increase social networking and reduce isolation; activity such as tai chi, which lacks a clinical evidence base but again promotes social cohesion and is known to be safe

* Health Ownership Activity - lectures, talks and discussions on the subject of health or health services

4: The Evidence Base: Small Change Big Difference[6]

Between 1993 and 1997, Professor Kay-Tee Khaw's team worked with 20,000 men and women aged 45–79 living in Norfolk UK for a ground breaking study.

None of the research participants had cancer or cardiovascular disease. Each completed a health and lifestyle questionnaire, had a health examination, and had their blood vitamin C level measured as part of the EPIC-Norfolk study.

A health behaviour score of between 0 and 4 was calculated for each participant by giving one point for each of the following healthy behaviours:

- current non-smoking
- not physically inactive
- five a day
- moderate alcohol intake

Deaths among the participants were then recorded until 2006. After allowing for other factors that might have affected their likelihood of dying (for example, age), people with a health behaviour score of 0 were four times as likely to have died (in particular, from cardiovascular disease) than those with a score of 4. People with a score of 2 were twice as likely to have died.

5: Conclusion
Towards A Health Impact Assessment of CoH:
Mapping the 'Small Change Big Difference' Evidence Base onto Communities of Health

The Model
Communities of Health relies on creating health impact in a community context. CoH is most successful where it has helped to create a continuum of activity ranging from general social interaction, through to activities which are more health focused, culminating in activities like exercise classes and five-a-day healthy eating groups for which there is clear evidence of health impact in studies like 'Small Change, Big Difference'.

Taking people towards health through the medium of their social context requires sensitivity and it is important to value the whole system, including aspects of community activity which may not have a strong epidemiological evidence base, particularly where there is a continuum with more evidence-based activity and lifestyle change. For the purpose of this report we have estimated health impact for CoH informally by combining the best available data with recent research from other contexts. Only data which has been independently verified through the coaching and accreditation process has been admitted.

The Data
Even on a tentative analysis of the data, clear, positive trends are identifiable. A 9% increase in person hours of lifestyle-changing activity such as physical exercise and five-a-day healthy eating groups shows that CoH is successfully influencing groups to undertake significantly greater levels of activity for which there is a clear health improvement evidence base. This is not to undervalue the spectrum of 'softer' activities which quite properly frame it.

Return on Investment
Because activity increases have not been directly linked to PCT funding, ROI (Return on Investment) needs to be measured not only in terms of financial metrics but also in terms of CoH's ability to raise the profile of health as an issue in sensitively and in culturally appropriate ways. This would appear during the past 18 months to have created a subtle shift in groups' internal resource allocation (not just financial but in terms of time, commitment and skill) in the direction of health. It has also enabled

groups to seek funding successfully elsewhere. Two of the groups have already applied for London Health Commission Awards for their CoH activity.

World Class Commissioning
This has implications for the way in which PCTs operate as change facilitators both generally and in terms of the localisation of World Class Commissioning. What would it mean for PCTs to 'purchase' health outcomes from community groups as opposed to purchasing activities? What if groups were to consider the evidence for the health impact of lifestyle change and design their own methods for coaching, influencing and supporting their members in the direction of the four factors shown to have impact in 'Small Change, Big Difference'? How much ought this to involve coaching and support for the creation of community-designed packages of funding, activity and awareness-raising? Peer Assessors are being trained during May 2008. How effective will they be as agents of the PCT, and should their training be linked to the third competency of WCC? PPI will be seeking to influence WCC over the next six months as part of the Price Waterhouse Coopers WCC sub-group.

Health Impact
Data shows 1434 more people undertaking health-related activities in community settings as part of CoH. If even half of these people were now physically active as opposed to sedentary , or were now eating five portions of fruit and vegetables a day as a result of five-a-day healthy eating groups, the impact of this would equal between 2000 and 5000 years of extra life expectancy across the sample. The value of this to individuals and communities is, of course, incalculable, and cannot be separated from the improved self-esteem and sense of health ownership that Communities of Health members increasingly report.

A formal Health Impact Assessment for CoH based on 'Small Change, Big Difference' would require adjustments for ethnicity and economic factors reflecting population differences. Current data shows that this would be an interesting project to undertake as CoH expands in Newham and groups are coached to improve their data collection and management. On the basis of available data, Communities of Health has significantly raised the profile of health and significantly increased the amount of health-related activity amongst a diverse group of communities in one of the highest-priority populations in the country.

The first tranche of successful CoHs will be formally accredited in July 2008. There is no doubt that these groups have a sense of excitement about their potential to improve the life expectancy of their members. They are saying to the NHS 'recognise us, and we will do more'. There is evidence for the truth of this.

References

1. Newham's Communities of Health Initiative

1 Cayton, Harry The Flat-Pack Patient? Creating Health Together in Patient Education & Counselling 62 (2006) 288-290

2 Cayton, Harry Patients as Entrepreneurs in Healthy Democracy Involve nd. (2006)

3 Cayton, Harry, Mediocre no More, The Guardian, 17 January 2007

4 Cayton, Harry, Life is a Long Term Condition; self management for health and wellbeing in Nonpharmacological Interventions in Dementia, Les Cahiers de la Fondation Mederic Alzheimer No 3, Septembre 2007, Paris

5 Cayton Harry & Blomfield Michael (in press) Health Citizenship: abandoning the policies of sickness, John Smith Institute

2. Small Change Big Difference

6 Combined Impact of Health Behaviours and Mortality in Men and Women: The EPIC-Norfolk Prospective Population Study
see http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0050012

Speeches mentioning Newham's CoH initiative:

The International conference on Patient Education, Chicago, 2005
The European Health Managers Association, Berlin 2006
The International Conference on Quality in Healthcare, Vancouver 2006
The World Health Congress Europe, Barcelona 2006
The World Health Executives Forum, Montreal 2007
Hong Kong Hospital Administration Annual Conference, Hong Kong 2008
Health Service Journal Conference, London 2008