Health & Wellbeing Board			
Report Title	An Evaluation of the North Lewisham Health Improvement Programme and the Transfer of Learning		
Key Decision	Yes	Item No.	7
Ward	Mainly Evelyn, New Cross, Bellingham but applicable across Lewisham.		
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Class	Part 1	Date:	19 September 2013

1. Summary

1.1 This report highlights an evaluation undertaken of the North Lewisham Health Improvement Programme (NLHIP). It describes the approach, and the methodology used to evaluate it, and the evaluation findings (with examples from individual projects). It concludes that the programme has been successful in raising awareness, changing behaviour and improving health outcomes for a proportion of the target population living in Evelyn and New Cross wards in a cost effective way. It has also provided valuable learning, which can inform future activity, particularly in relation to the integrated prevention agenda.

1.2 The evaluation report is on the Lewisham Joint Strategic Needs Assessment website, www.lewishamjsna.org.uk and hard copies are available from Public Health Lewisham.

2. Purpose

2.1 This report provides evidence on the impact of the North Lewisham Health Improvement Programme – an area based health initiative in Evelyn Ward and New Cross Ward.

1.2 The report seeks the Health and Wellbeing Board's support for this approach to health improvement, based on partnership working with communities and key agencies in defined geographical areas that have poor health outcomes.

3. Recommendations

3.1 It is recommended that the Board:

- Notes the health impact of the North Lewisham Health Improvement Programme and progress made in transferring the learning to Bellingham.

- Endorses the approach as a way of contributing to the implementation of the Lewisham health and wellbeing priorities at a local level and as part of the integration of health and social care activity at a local level.

4. Policy context

4.1 The Health and Social Care Act became law in March 2012 and provided the legal basis for the transfer of public health functions from the NHS to local authorities as part of the wider NHS Transformation Programme

4.2. Under the Act, the majority of Public Health responsibilities and functions transferred to the Council on 1 April 2013. These functions range from the more specific programmes e.g. NHS Health Checks to broader ones e.g. Public Health aspects of local initiatives to tackle social isolation.

4.3 Public health interventions contribute to the overall health and wellbeing of populations. In Lewisham the interventions support the delivery of the Sustainable Community Strategy's priorities, specifically *Healthy, active and enjoyable – where people can actively participate in maintaining and improving their own health and wellbeing* and the corporate priority, *Active, healthy citizens*. The North Lewisham Programme, whose evaluation findings are presented here, is an example of a public health programme contributing to this priority.

4.4 NICE Guidance on Community Engagement to Improve Health (Feb 2008) states that 'Area-based Initiatives (ABI) focus on geographic areas of social or economic disadvantage'. The recommendations identified that more evidence is still required on the impact of ABI on individuals, but acknowledged the usefulness of community engagement approaches and recommended that these could be used to address a range of issues with different communities.

5. Background

5.1 In 2007, in response to recommendations by the Lewisham Strategic Partnership and what was at the time the Healthier Lewisham Partnership Board, and the Lewisham Primary Care Trust Board, Public Health developed an outline of a 5-year North Lewisham Health Improvement Programme (NLHIP) as part of the implementation of the health inequalities strategy.

5.2 North Lewisham was defined as New Cross and Evelyn wards in the north of the borough. The rationale for choosing these wards was that they were two of the four in the borough with the lowest life expectancy for both men and women; two of the five with the highest death rates for people under 75; and had the highest death rates for people under 75 from cardiovascular disease (CVD).

5.3 The objectives for the NLHIP were:

- To undertake a detailed health needs assessment of New Cross and Evelyn wards and comparing these with Lewisham as a whole and England
- To increase partnership working with key stakeholders to identify ways to reduce health inequalities in North Lewisham.
- To establish effective initiatives which promote health and reduce health inequalities in North Lewisham.
- To increase community engagement to raise awareness of health and promote the uptake of services.
- To increase uptake of primary care services and screening, including the identification of risk factors in patient populations, and the diagnosis of illness.
- To increase resource allocation and opportunities to target additional investment towards Evelyn and New Cross wards.
- To identify mechanisms for partners working in a different way.
- To develop local targets and indicators, and evaluate the health impact of the plan.

A further intention was that the NLHIP would also provide learning that could be applied to future community based programmes.

5.4 The evaluation reported here has been undertaken by Public Health officers in order to assess the impact of the NLHIP as it neared the end of its 5 year implementation period.

6. Evaluation methodology and framework

6.1. The NLHIP is a complex intervention involving community-based activities. Complex interventions are widely used in public health practice, but are difficult to evaluate because of their complexity, size, and the multiple problems they try to address. Overall, the diverse nature of NLHIP interventions requires a range of qualitative and quantitative methods to evaluate them.

6.2. An embedded evaluation was undertaken. This entailed assessing how far the constituent parts of a programme met their individual objectives, and then assessing their contribution to the process and outcomes of the whole programme. This design is particularly suitable here, as five years is not a long enough period of time to achieve aims such as reducing cardiovascular morbidity and mortality, but changes that contribute to these may still been observed.

6.3. Taken as a whole, the embedded evaluation was designed to answer four main questions:
- What projects or initiatives were established?
- What objective[s] of the programme did they meet?
- What was learned about the process of the projects or initiatives?
- What were the outputs and outcomes of the projects or initiatives, and how did they contribute to improvements in the four overarching

areas of the plan: knowledge, behaviour, disease prevalence and premature death?

6.4 The impact of this complex public health intervention on health and wellbeing in North Lewisham was further assessed by a panel of four public health specialists. The panel reviewed independently the findings and results for each of the NLHIP projects reported in the evaluation and gave an overall assessment.

6.5 Each panel member assigned a rating to each project against each relevant outcome, on a whole number scale from 0 to +3, where a score from >0 to 1 indicates a small effect, a score from >1 to 2 indicates a moderate effect, and a score from >2 to 3 indicates a large effect.

7.0 Summary of Evaluation findings of the Programme

7.1 Using a community development approach within a strategic framework to reduce health inequalities was an important feature of the NLHIP. The DH National Support Team on Health Inequalities described the programme as unique and innovative. Furthermore, Lewisham has been recognized nationally by the Department of Health (DH) for the ground-breaking approach of one of the initiatives of the programme; the Cardiovascular Disease (CVD) Healthy Communities Collaborative; especially for involving local communities and also for its participatory budgeting grant scheme in which local people made decisions on funding for community health activities. The NLHIP was the first example in this country where a participatory budgeting approach was taken to allocating funds to community groups to promote healthy lifestyle.

7.2 The approach used in the NLHIP enabled sharing of knowledge about the evidence base on the health of the population and the effectiveness of interventions as well as the key strategic priorities. These were shared with local communities, front line staff and statutory and voluntary organisations so that that they could use that knowledge to inform their practice. Likewise the knowledge about local communities was harnessed and has informed how the programme was delivered.

7.3 Most projects explicitly used a community development approach to health improvement. The programme was effective at building social networks and social capital. At least 10,000 people benefitted directly from the programme and many more benefitted from the programme indirectly through families and friends.

7.4 The programme successfully targeted people from black and minority ethnic populations living in north Lewisham. All the projects were successful at reaching women. Some projects were more successful than others at reaching men and disadvantaged communities with poorer health. The numbers of people with disabilities accessing projects were low initially, but action was taken to address this and higher numbers of people with disabilities accessed projects in later years. A broad spectrum of ages

benefitted from the programme although the predominant age of people participating in projects were adults aged between 30 and 75.

7.5 A return on investment of a ratio of 1.8:1 to 3.0:1 suggests good value for money. This is particularly true as the only value included is value to the client/patient. Potential 'longer term cost' savings to the NHS and others are not included. A lack of longitudinal data also means that benefits are often only counted for the short term, and in some cases there may be longer term value that is not incorporated into this evaluation.

7.6 The programme has developed a rich knowledge base about how to reach communities, raise awareness, change behaviour and improve health outcomes. The innovative nature of the programme allowed projects to try new and different ways of working and there are many practical examples of what works and what does not work that can inform similar health improvement programmes and projects. Below are the findings from some of the initiatives established under the NLHIP. The projects and initiatives range from needs assessments and stakeholder participation, to those aimed at promoting lifestyle change and uptake of health checks.

7. 6.1 North Lewisham Health Needs Assessment

a. The health needs assessment confirmed the estimated pattern and level of deprivation and poor health of north Lewisham, with a high proportion of under 75 year olds reporting a long term illness, comparatively low levels of life expectancy, high rates of premature death and lower than expected diagnosis of chronic diseases.

b. The needs assessment report was added to the Lewisham Joint Strategic Needs Assessment (JSNA) website and presentations were made to the North Lewisham Health Improvement Stakeholder Group, the GP Neighbourhood 1 Clinical Commissioning Group and the Lewisham Adult Joint Commissioning Group.

c. The needs assessment informed the North Lewisham programme and its priorities and most of its recommendations have been addressed.

7.6.2 Vietnamese Focus Groups

a. The focus groups and subsequent report provided comprehensive information about the Vietnamese community, including key concerns and issues as well as providing insight into barriers to behaviour change, which informed the programme.

b. Most of the issues raised related to the wider determinants of health, such as income, social status, education, physical environment, social support networks, housing, unemployment and gender. Other issues included difficulty in learning and communicating in English; family

relationships; safety; addictions; mental health, health services; the influence of culture and background and access to services.

c. A number of changes were made in terms of public health commissioning. The uptake of NHS Health Checks and the Stop Smoking Services increased among the Vietnamese community, which could lead to some reduction in smoking prevalence and more people at cardiovascular risk being identified. However, not all of the recommendations from the report were taken forward because the working group did not meet after a couple of meetings.

7.6.3 The Mental Health and Well Being Impact Assessment (MWIA)

a. The MWIA served three key purposes:

- identified indicators to use to measure mental wellbeing;
- raised awareness of how the programme was contributing to mental well being, the gaps in the programme, and how these gaps were to be addressed;
- strengthened the mental well-being element of the programme through making the promotion of well-being more explicit in the criteria for small grants funding, as well as in the referral pathways between the Improving Access to Psychological Therapies service and community groups funded through the programme.

b. The methodology used was an inclusive way of enabling stakeholders to assess the actual and potential impact of the programme, leading to concrete ways to improve the mental well being focus of the programme.

7.6.4 Evelyn Stop Smoking Social Marketing Project

a. The use of social marketing techniques to obtain an insight into smokers' views enabled the Stop Smoking Service to improve the way the service was provided and led to an increase in the number of smokers accessing the service, setting quit dates and stopping smoking.

b. There was a notable increase in the number of Evelyn and New Cross residents (53% and 103%, respectively) entering the Lewisham Stop Smoking Service throughout 2008 and 2009, and this was far greater than the 23% increase across Lewisham as a whole. The number of successful quitters also increased during that time period (by 30% in Evelyn and by 62% in New Cross), compared with a 7% increase in the numbers quitting in the rest of Lewisham.

7.6. 5 Cardiovascular Disease Healthy Communities Collaborative (CVD HCC)

a. Social capital was built through the recruitment and training of local volunteers. Volunteers reported that the project raised their own awareness of CVD, its prevention and risk factors, and influenced their willingness to change their behaviour.

b. Overall, 2,247 health checks were undertaken by the project, with 1,389 people aged 40 to 75 years old, exceeding the target of 1,300. The project was successful in reaching women (70%), people from black and minority communities (70%) and those not registered with GPs (4%), but less successful in reaching residents living in the catchment area (40%) and men (30%). Lessons were learnt about how to successfully reach and engage communities with poor health outcomes.

c. In addition, prescribing of most medicines for hypertension increased more rapidly in North Lewisham than in the rest of Lewisham, and rates of increase were lower in the rest of Lewisham after the programme began, but higher in North Lewisham. The prescribing data are consistent with improved diagnosis and management of CVD, but the changes are not statistically significant at the usually accepted level. This is probably because of the small number of data points available for the period before the programme began.

d. It is reasonable to conclude that the step change improvement in recording the blood pressure of those with hypertension and increased prescribing in the management of hypertension, compared with the rest of Lewisham, were linked to the establishment of the CVD Healthy Communities Collaborative and the increased focus on CVD and the engagement of GPs in the North Lewisham Health Improvement Programme, its stakeholder group and events.

7.6.6 Cancer Healthy Communities Collaborative (Cancer HCC)

a. The outcomes of this collaborative were very similar to the CVD collaborative in that it built social capital through recruiting and training more than 20 volunteers from local communities, and raised awareness of the importance of cancer prevention and the early diagnosis of cancer, with a fourfold increase in those presenting with symptoms.

b. It also led to a change in practice within primary care leading to a trebling of the number of cancer referrals per month and a dramatic improvement in the numbers referred within two weeks for breast, bowel and lung cancer.

7.6.7 Stakeholder Involvement (Bi-Monthly Stakeholder Group, Stakeholder Events, New Cross & Evelyn Ward Assemblies)

a. Chaired by the voluntary sector, the stakeholder group introduced a different way of working on health inequalities, by bringing together a wide range of partners to take responsibility for the programme under a

strategic framework to address health inequalities, but informed at a local level.

b. The inclusive nature of the stakeholder group and the community development approach used to develop and to implement the programme allowed many projects to flourish. There are many examples of an increase in social capital, whether through volunteering, training opportunities or community group activities.

c. Grassroots involvement through stakeholder events, meetings and ward assemblies has ensured that the priorities and direction of the programme have been informed by local communities and are therefore delivered in a way that is effective and relevant to people's lives.

7.6.8 Small Grants programmes (Evelyn Chooses Health Fund, Supporting Communities Fund, Deptford and New Cross Choose Health)

a. Allocating funding to community organisations has been demonstrated as an ideal way to reach and respond to the needs of different communities. Small grants programmes have been effective at raising awareness about health, and in changing the lifestyle behaviour of not only their participants, but also their friends and families.

b. The various small grants schemes have been amended and improved by incorporating the learning from the previous schemes. Community groups are more effective at delivering health promotion interventions when they receive advice and training and development from public health specialists and when they have opportunities to network with each other.

7.6.9 Community Development for Health – Nutrition Worker (170 Community Project)

a. The project worker provided community development support to 92 community groups and organisations in New Cross and Deptford to develop themselves into social enterprises and obtain funding for growth. A total of 21 workshops were completed and nine health events held between 2009 and 2010.

b. Individuals who completed the external evaluation questionnaires stated that the greatest influence of the project was a positive change in their attitudes to nutrition and healthy eating. They also said they benefited from the project through: mapping information on the range of services; addressing health related issues; information on funding opportunities; networking and support; capacity building and health related training; and networking to enable better collaboration. Most groups rated the information, support, accessibility and effectiveness that they received from the project as either good or very good.

8.0 A Public Health Specialists' Panel Overall Assessment of the Impact of the North Lewisham Plan

Large health impacts were observed for all outcomes except reducing premature deaths in at least one individual project within the North Lewisham Plan. Large improvements were observed in: knowledge in 3 projects; behaviour in 5 projects; disease prevalence in 1 project; health needs assessment in 4 projects; increased partnership working in 7 projects; increased health promotion initiatives in 5 projects; increased community engagement in 10 projects; increased primary care uptake in 3 projects; increased resource allocation in 8 projects; improved working in a different way in 10 projects; and increased identification of targets in 3 projects.

9.0 Transfer of Learning

9.1 Learning has been transferred to other parts of the Borough. A particular example in the south of the borough (similar to the NLHIP) , is the locally focussed Bellingham Well London(a partnership initiative with the Greater London Authority and the Big Lottery) It uses an integrated, community action approach that aims to improve community health and well-being in ways that are effective and sustainable. It works through co-production by engaging and empowering people to build and strengthen the foundations of good health and wellbeing in their communities using community action, capacity building and development.

9.2 Phase 1 of the Bellingham Well London Programme
This ran from 2008 to 2011 in South Bellingham. Out of a sample of 501 participants:

- 393 people reported an increase in healthier eating.
- 365 people reported increased access to affordable healthy food.
- 367 people reported an increase in levels of physical activity.
- 419 people reported that they felt more or much more positive.

9.3. Phase 2 of the Bellingham Well London Programme began in September 2012 and will run initially up to March 2015. So far, the programme has involved the creation of a Delivery Team made up of local volunteers and youth apprentices. The volunteers have been trained to deliver key messages around public health e.g. healthy eating, sensible drinking and benefits of physical activity to residents. The Youth Apprentices work specifically with young people and an example is that Bellingham won the Lewisham Cut Films Award on tobacco and young people from Bellingham attended the national award ceremony. Furthermore, 12 small community groups, through a participatory budgeting process borrowed from the NLHIP, have been awarded up to £5k to run activities that contribute to these the public health messages.

9.4 This programme is currently being evaluated by University of East London in conjunction with Well London and Public Health Lewisham.

9.5 The intention is for similar programmes to be supported in Downham and in Lewisham Central, in addition to North Lewisham and Bellingham, which will form part of the integration of health and social care, specifically the joint work with GPs and neighbourhoods, where the aim is to make better use of existing community resources, improve the range of services available within communities and increase access to services to support people to maintain independent living and a high quality of life.

9.6 The learning from the evaluation of these programmes could also inform the implementation of 'Fulfilling Lives, Better Start', funded by the Big Lottery, (led by the Children's Society and the London Borough of Lewisham). This is particularly pertinent as this new programme has a commitment to partnership working and engaging and involving communities in taking the work forward.

10. Financial implications

During the first three years (2008/11) the NLHIP cost a total of £570,000 public health/PCT funding, supplemented with additional resources of £310,000 from DH. A return on investment of a ratio of 1.8:1 to 3.0:1 for the North Lewisham Health Improvement programme suggests good value for money.

The Phase 1 of the Well London Programme was commissioned and managed directly by Well London and the Big Lottery and it cost £100k per annum. The current Phase of the Bellingham Well programme is commissioned through Public Health Lewisham. The cost is also approximately £100k per annum. However, for the year 2012-13 matched funding of 50% was provided by Public Health Lewisham and the other 50% was funded by Well London and the Big Lottery.

Any future financial implications from taking the learning forward will be met through the Public Health Allocation to the London Borough of Lewisham, in addition to any potentially available external funding.

11. Crime and disorder implications

There are crime and disorder implications within some of the public health priorities being addressed at a local level, such as tackling underage sales of tobacco and alcohol; the supply of illicit tobacco and the reduction in crime and anti social behaviour arising from reduced alcohol consumption.

12. Equalities implications

12.1 A key element of public health activity consists of the identification of health inequalities, notably the extent to which people with different protected characteristics can experience variations in health outcomes. Interventions, such as the NLHIP, which take a community

development approach are designed to deliver health improvement initiatives in ways that are appropriate to population groups that are often not reached in other ways.

13. Environmental implications

13.1 Creating healthier environments are often central to encouraging healthier lifestyles and promoting health and well being and can also result from behaviour change .e.g. reduction in cigarette litter, safe open spaces which encourage physical activity.

14. Conclusion

14.1 This programme has been successful in raising awareness, changing behaviour and improving health outcomes for a proportion of the target population living in Evelyn and New Cross wards in a cost effective way. Overall this large, ambitious and challenging programme has made good progress in achieving its objectives. It has also provided valuable learning about how this can be achieved and applied to other similar programmes.

If there are any queries on this report please contact: Jane Miller, Deputy Director of Public Health, 0208 314 9058