

HEALTH CHAMPION PROJECT

Health Champions



EVALUATION REPORT

MARCH 2011

FOREWARD

The recent past has seen an increased call at the national level to keep local residents at the driving seat in tackling issues that affect their health and wellbeing. This culminated in the launch of the Big Society policy initiative in July 2010, and the publication of the Public Health White Paper *“Healthy Lives, Healthy People: Our Strategy for Public Health in England”* in November 2010. Big Society Policy aims to create an environment that gives communities more powers and encourages people to take an active role in their communities. The Public Health White Paper on the other hand says individuals should feel that they are in the driving seat for all aspects of their and their family’s health, wellbeing and care, with an expectation that “most action” will happen at the local level: helping people improve their mental and physical health, wellbeing and resilience, and tailoring support to the different needs of individuals and families at different stages in their lives. The NHS Hammersmith and Fulham’s Community Engagement Team has been doing exactly that. Based on the assumption that professionals do not always have the solutions, the Team facilitates the process of empowering communities and patients to articulate the problems that currently exist within their communities and come up with their own solutions. The principle aim has been that of building the capacity of the local communities and individuals to design and develop local services that are able to respond effectively to the increasing demands of local health and social care needs.

Sitting within the Public Health Directorate, the Community Engagement Team delivers a portfolio of services which link together patient engagement; equalities work in reducing health inequalities and ensuring compliance with legal requirements, and self management programmes. The impact of all these programmes is enhanced by the integration/engagement of patients in service redesign and delivery; that is strengthened by development work through the expert patient and Health Champion programmes. Targets to improve uptake of screening and immunisation are supported through community outreach programmes which target communities with greater health inequalities. Neighbourhood development work through the signposting of Health Champions links together community information, local voluntary and statutory services and behaviour change programmes. Capacity development occurs at the individual, neighbourhood and community levels through an integration of the programmes with small targeted Third Sector Organisations. It is within this context that the Team

welcomed the invite to match-fund and support the Well London Programme in White City Estate, which it has been undertaking since 2008.

Echoing the approach proposed by the Public Health White Paper, the Well London Programme uses a high level of community engagement ranging from using existing networks, local knowledge and expertise to activating community members and providing them with the skills training needed to help deliver the projects that contribute to the real needs of the area. Well London works at the very local level, to tackle three of the most important determinants of health inequalities: poor diet, lack of physical activity and poor mental well-being, through a portfolio of community development projects themed around healthy eating, physical activity, mental well-being, open spaces and culture and tradition. Local residents at greater risk of ill-health are trained to build their knowledge, confidence and social networks, residents are able to become peer influencers within their community. This report outlines how this community led health intervention has worked in improving community health, as well as increasing individual social capital and wider civic participation with movements into education and paid employment.

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Saumu Lwembe
Author and Lead Researcher

EXECUTIVE SUMMARY

The 2010 Public Health White Paper *Healthy Lives, Healthy People* recognises Health Champions project as a favourable approach in ‘improving health as well as increasing individual and community social capital, voluntary activities and wider civic participation’ (page 43). Hammersmith and Fulham, has, since 2008 been implementing a Health Champions project in White City Estate under a London-wide Well London Programme, funded by the Big Lottery Fund. Since then, a total of 40 residents have been recruited and engaged as Health Champions with a remit to signpost residents to health and wellbeing initiatives implemented on White City Estate. They also played a crucial role in giving feedback to service providers on effective service delivery.

The NHS H&F Community Engagement Team has been in the frontline in ensuring the effective delivery of the Health Champion project through resource provision, linking to public health objectives, skills training and capacity building and ensuring the stepwise development of health champions to work and education opportunities.

The evaluation was undertaken to assess if the Health Champion project has been effective in supporting the NHS Hammersmith and Fulham public health objectives and if at all it has in any way made any significant inroads in contributing to the general health and wellbeing improvement to residents on White City Estate. A multidisciplinary team was formed to guide the evaluation. Qualitative data was collected through primary and secondary methods. A total of 70 people were reached as key respondents.

The evaluation established that the Health Champion project has been very successful. It delivered on all objectives set out in the project plan that supported NHS Public Health agenda as follows:

- **Tackling health inequalities:** the project “reached out”, “reached across”¹ and engaged residents from the most deprived areas on the estate. The Health Champions themselves are residents in this area, with multiple linguistic abilities and from diverse cultural backgrounds hence were able to engage people with

¹ 2010 Public Health White Paper: Healthy Lives, Healthy People: A strategy for public health in England.

complex needs like language barriers. The project tackled some wider determinants of health: Health Champions were trained, and their skills enhanced in promoting health and encouraging take-up of NHS services. For example, 18 trained to RSPH NVQ level 2, 12 trained in mentoring, etc. 14 Health Champions gained paid employment. 1 gained work placement with NHS HF Public Health Directorate where she is leading on various health improvement projects. The project recipients have now formed a social enterprise: Community Transformation Partnership, one that currently has a membership of over 30 residents.

- **Reducing Numbers of People who Smoke:** The Health Champions made over 400 referrals to Smoking Cessation Services. 4 Health Champions were trained and employed as Smoking Cessation Advisors. Within a 6 months period, one Health Champion helped 12 people quit smoking.
- **Tackling Obesity: Health Checks, Healthy Eating and Physical Exercises:** Health Champions delivered 30 healthy cooking and eating sessions, referred many others to cook and eat classes. They organised 6 community engagement events where Health Trainers undertook Health checks to over 200 residents. Health Champions conducted several physical activities sessions. 4 Health Champions graduated as Physical Activators², where they started projects like walking groups, chair dancing, aerobic classes, football tournaments. In all, over 1000 residents took part in these activities. *“...I listen to my body more, check my weight, eat plenty of vegetables and less processed foods...I started eating healthy these days... more water. I love eating well after classes...”*
- **Cancer Screening:** 6 Health Champions have been trained and engaged as cancer ambassadors, involved in the Breast Screening Call-recall system, and encouraging uptake of bowel, breast and cervical screening.
- **Improving Mental Health:** Health Champions have enrolled 20 residents into a Do-It-Yourself Happiness project, one that uses positive psychology to provide practical advice and information to increase people’s ability to bounce back from adversity, in reducing stress, increasing resilience and building durable personal resources. Through door knocking, Health Champions have managed to get over 1200 residents to turn up to fun-filled community events. Residents reported an

² Trained by Central YMCA

increased 'feel good' factor amongst residents which has inarguably contributed to improved mental wellbeing.

Several elements contributed to this success

- The community engagement process was transparent, inclusive and allowed residents to set the agenda, develop priorities and a plan from which the projects emerge. Residents were involved as co-designers and co-producers in community health projects hence fostering community ownership and commitment to see the project succeed.
- Effective Community Development approach was adopted where residents were recruited, trained and supported as frontline workers to undertake effective signposting. Dedicated support resourcing, skill development and stepwise development of Health Champion workforce was provided by NHS HF Community Engagement Team, who also ensured a link to Public Health and other partners.
- A skilled volunteer coordinator, with great passion for community development and in-depth knowledge of local issues was employed.
- An exemplary relationship and emerging strong symbiotic partnership between NHS HF, NFND, WCRA, UEL and other Well London Partners played an integral role which enabled the successful implementation of the project. Health Champions, in the absence of the strategic investment, catalytic action, joined up delivery of community health projects, and "connecting" coordination of the partners, would not have been as successful.
- Financing and management of activities by Well London Partners across Physical activities, healthy eating, mental wellbeing, open spaces and culture, provided pools where Health Champions could signpost residents to.

Furthermore, the success of this project is enhanced by the level of strategic interest it has gathered from existing and new partners, namely council departments and NHS providers.

- The project steering group merged with others to form a White City Health and Wellbeing Board, that oversees the strategic development of White City health and wellbeing needs

- LBHF departments like Children and Adult Services and the NHS HF have pooled financial resources to expand the project to Edward Woods and Fulham Estates and rebrand the project to Community Champion. To date £55,000 has been leveraged, and a community engagement event was undertaken to identify needs, set priorities and explore ways of delivering these services on White City Estate. These efforts are in line with a Connected Care Audit Report (2010) recommendation that the role of Health Champions be expanded to include signposting to housing and other social care services.
- The passion by residents to see improvements in health and wellbeing was quoted in a letter to government ministers which resulted to the signing of PFI agreement pivotal to the development of the White City Collaborative Care Centre.
- Children Oral Health Scrutiny Committee interest to invest in health Champions to address children oral health in the borough.

With the foregoing therefore, it is safer to conclude that by recruiting, training and supporting local communities at greater risk of ill-health to build their knowledge, confidence and social networks, residents are able to become peer influencers within their community, and the approach works in improving health. It is noteworthy to emphasise that two ingredients are integral and must be embedded if this project is to be sustained and successfully rolled out to other areas. There is need for transparent and inclusive community engagement process, one that will enable residents to set explicit and realistic expectations and aspirations (priorities that residents both want and need), that service providers could work together to achieve, and a supportive (rather than directive) service provider environment that will enable residents to access services. A sustainable community development approach is needed, where projects will be adequately resourced, residents' capacity enhanced, and volunteers fully supported in achieving both personal and corporate objectives. Only when this is done can we truly say that we are living the 'Big Society'.

INTRODUCTION

“Health improvement is what Public Health professionals strive to achieve. To reach this goal, we must devote our skill -- and our will -- to evaluating the effects of Public Health actions”

Milstein, et al, 2008

Evaluation is a necessary tool in Public Health if only to provide baseline for Public Health action and information to optimise program effectiveness and inform commissioning processes. It is a proven driving force for planning effective Public Health strategies, improving existing programs, and/or demonstrating the results of resource investments.

This report outlines the findings of an evaluation of the White City Health Champions project conducted from September to December 2010.

How the report is structured

Chapter one describes the evaluation framework adopted giving details of aims, process and methods used to gather and analyse data and infer recommendations.

Chapter two gives the background context of the Health Champion project. It outlines the

- Socio-economic context including the wider determinants and lifestyle factors on White City estate,
- Genesis of the project including structure and organisation of the Well London Programme.
- Roles of the Health Champions

Chapter three presents the findings gathered from primary and secondary information sources. This is then followed by chapter four that attempts to give a succinct interpretation of the data collated.

The last chapter, chapter 5, makes recommendation on the future of the project, in light of the key findings and the local and national changes within the NHS.

1. EVALUATION FRAMEWORK

1.1 Purpose of Evaluation

Anecdotal evidence indicates that the Well London White City Health Champion project is one of the popular means of engaging communities in general awareness raising and improving health and wellbeing. A community research report (Connected Care by Turning Point) highlighted the need to roll out this peer-led health and social care model to other areas of the London Borough of Hammersmith and Fulham, as well as expand the role of the Health Champions.

The main aim of the evaluation was to assess the contribution of the Health Champions on some PH objectives as well as inform the extent to which this lay led approach was effective in general health improvement to some residents in White City Estate. The information gained could give an insight on the practicality of this new approach to be replicated in other areas.

1.2 Scope of Evaluation

This evaluation only looked at the Health Champion aspect of the Well London White City Programme. The Well London White City programme is multi-faceted, with different partners involved in commissioning and delivering different health improvement projects. All these aspects undoubtedly contributed in some ways to the changing face of health and wellbeing on White City Estate.

The evaluation therefore covered the contribution of the Health Champions to the whole of White City Estate. The Well London Programme funding focussed on the residents of the Lower Super Output Area on the Estate (yellow area shown on the map below). Match funding from NHS Hammersmith and Fulham enabled residents in other blocks on the Estate to benefit from the project.



SOA E01001958

As a baseline, the evaluation looked at some of the priorities residents identified in 2008, which they expected to be addressed under the Well London Programme. The evaluation also looked at some objectives linked to NHS HF public health agenda that the project hoped to address.

1.3 Governance

An evaluation team composed of individuals from varied professional background and degree of involvement in the project was formed to oversee, guide and inform the evaluation. This comprised individuals from:

- NHS Hammersmith and Fulham – Public Health and Community Engagement
- London Borough of Hammersmith and Fulham - New Deal for Communities
- White City Residents Association
- Health Champions
- University of East London

The team agreed the overall objectives, the key questions and methods to be used. NHS HF led on the evaluation; coordinating team involvement and communications whilst maintaining continuity throughout the process. 12 residents (with local knowledge of the area, from diverse ethnic and language background and with prior involvement in other community research projects) were appointed to undertake the primary data collection, either as interviewers or workshop scribes. A research team leader was appointed to co-ordinate the work of these individuals.

Respondents were divided into the following categories

- **End users:** residents on White City Estate who had either participated or had never been involved in the project.
- **Health Champions**, project volunteers, also active end-users and residents of White City Estate.
- **Well London Delivery Partners:** community groups or agencies that are funded to implement some health and wellbeing projects.
- **Local partners:** organisations or agencies that supported the Health Champions activities either through publicity, match-funding, co-delivery, training or accepting referrals.
- **Commissioners and lead agencies** (who commissioned, coordinated or supported project delivery)
- **Hosts** (who hosted or co-hosted the Health Champions project)

Efforts were put in place to ensure information gathered was valid and reliable. Wherever possible, interviewees were given copies of the interview notes to confirm that information recorded was accurate. Ethical considerations were put in place, in getting consent from participants before commencing interviews and anonymising responses.

1.4 Key Evaluation Questions

The evaluation questions aimed to establish the significance and contribution to any general health and wellbeing chances to individuals and communities, and the overall cost-effectiveness of using volunteers in promoting health and tackling health inequalities. The key questions of the evaluation were:

- Motivations for getting involved in the project.

- The difference the project has made to individuals health and wellbeing. Some of the variables explored were knowledge/awareness of mainstream services, uptake of project activities, and self reported improvements in general health and wellbeing.
- The difference the project has made to the community as a whole. This theme explored feedback respondents had received from residents about any changes they reported as a direct result of the project, as well as any observations they (respondents) made regarding fellow residents uptake of health and wellbeing activities.
- The contribution the project has made to service delivery in White City. This theme was mainly pursued with key informants that had commissioned services on White City Estate to establish whether there was any synergy in service provision.
- Any lessons learnt and recommendations for good practice.

1.5 Methods

Four main methods were used in collecting data as outlined below. A purposeful 'saturation' approach was adopted: many respondents were identified and interviewed; the process was only stopped when it seemed that nothing new was emerging from the responses. A total of 70 people participated in primary data collection, either as workshop participants or interviewees.

▪ Desktop research

Published and non-published literature was gathered from different sources including but not limited to the internet, project activity reports, email exchange, evaluation reports, newsletters, and NHS HF Public Health Report. The information gathered was used to form the baseline for the evaluation, identify key issues, inform research questions and methods, as well as support the evaluation findings.

▪ Interviews

40 face to face and telephone interviews were conducted with key informants in categories highlighted in 4.3 above. Efforts were made to reach those end-users who had been involved in the project activities and those who had not. Interview scripts were

typed into word format, and in some cases sent back to the respondents to confirm accuracy.

- **Community Café Workshop**

One workshop was held in a community café style, which attracted 30 participants. The workshop adopted an appreciative enquiry³ approach, where participants were encouraged to focus mainly on what the project had achieved rather than what it had not. Participants were sat around 6 tables, each with a scribe who captured table discussions. On every table were the original project achievements⁴, some of the achievements and key questions to be covered. There were two facilitators for the event. Participants were encouraged to speak freely. They were reminded of the objectives and priorities that had been identified at the beginning of the project (2008), and were then prompted to comment on the extent to which these had been achieved, and whether there were any notable changes to individuals or community. Participants then brainstormed on the way forward.

- **Participant Observation**

The lead researcher attended some of the project activities, where she either took part or observed the community uptake of health and well-being projects organised by the NHS or Health Champions.

1.6 Limitations

- The evaluation was conceptualised at a time where there was massive changes in the NHS. With the publication of the NHS White Paper, (July 2010), it was recommended that Primary Care Trust be phased out by 2013. Locally, there was rapid response to merge the local Primary Care Trust with two neighbouring Primary Care Trusts by April 2011. With the need to prepare for change and manage a smooth transition, the timescale was reduced from 6 to 3 months (September – December 2010).

³ Appreciative Inquiry builds a vision for the future using questions to focus people's attention on past and future success. Issues addressed often revolve around what people enjoy about an area, their hopes for the future, and their feelings about their communities Griffin, T. (Ed.) (2003), *The Appreciative Inquiry Summit: A Practitioners Guide for Leading Large Group Change*, Berrett-Koehler, San Francisco. Whitney, D. and Trosten-Bloom, A. (2002), *The Power of Appreciative Inquiry: A Practical Guide to Positive Change*, Berret-Koehler, San Francisco.

⁴ See appendix

- Due to the short time-scale, comprehensive quantitative data could not be collected.
- Organisations delivering projects on White City Estate and other referral agencies did not capture information from participants on how they (participants) heard of their services. Therefore, there was no data to substantiate information provided by Health Champions on numbers referred to their services.

The next chapter sets out the context within which the Health Champion Project operates, including details of the rationale behind the development of the project and its objectives, as well as the role of the Health champions in promoting Public Health on White City Estate.

2. Well London White City Programme

2.1. White City Estate Profile

The White City Estate is situated in the North Hammersmith area covering the eastern part of the Wormholt & White City ward. It is the second most deprived neighbourhood in the borough with high scores on most socio-economic indicators.

Demographics

In 2006, the population of the White City Estate was measured at 6,300 residents with 2,450 households, twice the average borough density. According to 2001 Census data, the population is ethnically diverse. According to the 2001 Census, over half the population is non-white (67%), with (22%) Black African and (14%) Black Caribbean, with a high proportion of people under the age of 15 (23%). It is likely that these proportions have increased since then.

Socio-economic Indicators

Mosaic segmentation⁵ shows that the largest groups are deprived families in public housing (53% vs 18% of the borough as a whole) and poorer minority families (17% vs 4%). Public housing is said to be of poor stock with high level of overcrowding (37%).

31% of residents (one in three adults aged between 16 and 74) have no formal educational qualifications. This is worst than the overall rate for both the borough of 18% and London as a whole of 24%. Unemployment is high (8%) ranking it in the top 7% for London. 10% of the working age population are claiming Incapacity Benefit compared to the borough average of 6%. The residents top 32% for disability allowance, 25% for incapacity benefit, and 10% for income support. Overall 54% of all Incapacity Benefit claimants are aged 25 to 49. The majority of claimants (40%) have reported Mental Health condition as their reason for claiming Incapacity Benefit. Nevertheless, the prevalence of Mental Health related hospital admissions lies in the top 11% nationally⁶.

GP disease registers reveal that the prevalence of long-term conditions in White City is significantly higher than in the south of the borough. Cases of limiting long-term illness

⁵ Council customer segmentation exercise, 2005/06)

⁶ Office for national statistics

within the community as a whole occur at a rate of 15% (top 53% for London Super Output Areas) but among those of working age this figure raises to 16% (top 19% of London Super Output Areas). Strokes in the area account for a higher than average number of hospital admissions, ranking it in the top 2% of London Super Output Areas.

The prevalence of risk factors such as smoking and obesity are significantly higher in White City. It is estimated that 33% of the population smoke, with a higher than average being heavy smokers (43% above the national average). Prevalence of drug dealing and usage is comparatively high (61% over the national average).

Green spaces and play areas are few⁷. Indicators of physical activity suggest that there are fewer uptake of physical activities than within the general borough population. There is less frequency of cycling and walking than the general Hammersmith and Fulham population (39%). 25% of community's inhabitants are obese exceeding the London average of 19%. Healthy eating in adults is below the national average but above average in children suggesting fairly effective service provision for this age group.

The Health Champion project aimed to contribute to a reversion of some of these trends. The Health Champions were recruited under the umbrella of Well London Programme.

2.2 Structure and Organisation of the Well London White City Programme

Well London is a 3-year community-led local well-being intervention programme that seeks new ways to deliver improvement of physical and mental wellbeing to Londoners living in some of the most disadvantaged areas. It is being implemented across 20 boroughs, including Hammersmith and Fulham (H&F). Funded by the Big Lottery Fund, the programme is a partnership initiative between London Health Commission, Groundwork London, London Sustainability Exchange, Central YMCA, University of East London, South London and Maudsley NHS Foundation Trust and Arts Council England. Money sifts to the 20 London boroughs through these Well London Partners in the form of grants to local community groups (also referred to as Well London Delivery Partners) to undertake community development projects that tackle poor diet, lack of

⁷ JSNA

physical activity and poor mental well-being. The Health Champions (also known as Well London Delivery Team) promote and encourage uptake of these activities.

The programme leverages significant amounts of funding and support from local partners in the different boroughs. In Hammersmith and Fulham, the Primary Care Trust has contributed over £120,000 to fund the Health Champion Coordinators' post as well as running costs of the project, for the 2009-2011 period. Other local partners include the White City Residents Association who hosts the project, the North Fulham New Deal for Communities, who co-hosted the project at the beginning, and other agencies including Safer Neighbourhood Team and Voluntary Sector Organisations. These local partners formed a Local Advisory Group to provide advice and inform strategic direction of the Well London White City programme. Since then, this group has now merged with other steering groups to form a White City Health and Wellbeing Board.

The NHS Hammersmith and Fulham Community Engagement Team supports the Health Champion Coordinator in the stepwise development of the Health Champions by providing skills training to Health Champions, linking the project to Public Health objectives, and in the overall delivery of the project.

2.3 Genesis of the White City Health Champion Project

The Well London Programme in Hammersmith and Fulham is implemented on White City Estate. It targets one of the Lower Super Output Area on the White City and Wormholt Ward. In 2008, the University of East London approached NHS Hammersmith and Fulham's Public Health Directorate to introduce the project in the borough. Together, they contacted London Borough of Hammersmith and Fulham's North-Fulham's New Deal for Communities and the White City Residents Association who agreed to host the project.

Having agreed on a local partnership approach, University of East London led on a community engagement process in 2008 which enabled residents to identify and prioritise their health and wellbeing needs to be addressed under the programme. Three key themes emerged: need for increased community cohesion and capacity building, youth engagement and healthy eating, including the need for creative ways to

raise diet awareness. Residents felt that there was need for better coordination of service delivery and for projects to promote better use of existing services.

The local residents and community groups then designed and implemented some projects to address the identified needs through grant funding from the Well London Partners mentioned in 5.1 above. In 2009, a team of local residents (Health Champions/Well London Delivery Team) were recruited as volunteers to ensure greater community involvement and participation in these projects. By putting the local residents in the driving seat, it was hoped that evidence will be accrued that would influence policy makers and practitioners to change ways of working with local communities.

2.4 White City Health Champions

The Health Champions are a group of 40 volunteers who reside on White City Estate. Health Champions are nationally recognised as potentially effective peer outreach/development workers⁸, who being from the local community are able to influence their communities to make positive contribution to improving their health and wellbeing.

The Health Champions operate from the White City Community Centre. They are supported by a co-ordinator, who is also a local resident with vast knowledge of community dynamics and community development work. The Health Champion Coordinator is in turn supported by NHS HF Community Engagement Team in achieving stepwise role development of the Health Champions.

The Health Champions undertook training before taking up their role. They were trained to Royal Society of Public Health's NVQ level 2 Award in Understanding Health Improvement. They have also undertaken courses in Mentoring, Smoking Cessation, Public Speaking and Presentation, Cancer Screening, and many others.

Role of the Health Champions

The Health Champions have the following roles and responsibilities:

⁸ Public Health White Paper 2010

- Make contact with people living in Hammersmith and Fulham, especially White City Estate. This is done through social networks (friends and family), door knocking, attending meetings of groups and associations and inviting people along to events.
- Listen to people to find out their health needs, especially in relation to healthy eating, physical activity and mental health.
- Signpost residents to services or activities on White City Estate. Examples of these services are Canberra Centre for Health, Canberra Dental Practice, exercise classes, cook and eat clubs, local markets or counselling services.
- Promote Well London activities that are taking place in the White City area to local residents. They also support, promote and encourage uptake of NHS Public Health campaigns like stop smoking, cancer screening and falls awareness.
- Give feedback to local service providers on how they can improve their services, based on their experience of volunteering. This is done through sitting in strategic forums like the White City Health and Wellbeing board, Local Involvement Network, or organising Community Information Days where they invite service providers to showcase their services on one hand, and reach out to residents to come to meet service providers to give their feedback on those services.
- Organise and deliver their own community engagement events like family fun days, walking tours and football tournaments.

In addition to the above, the Health Champions contribute to NHS HF Public Health objectives as follows:

- Increasing links between Canberra Centre for Health and contributing to integrated services. They do this by increasing the numbers of patients registered at the Centre, increase the number of clients accessing a range of health and social services and increasing the voice of White City residents in shaping service delivery.
- Supporting the following Public Health objectives: Health Checks (VRA), Cervical and Breast Screening, Healthy Eating, Smoking, Physical Activity/Obesity, Alcohol and increasing GP registration (Canberra). The Health Champions support this by raising awareness of, and signposting people to community pharmacies and events organised by the NHS.

It is from this backdrop of the Health Champions efforts in promoting health improvement to residents on White City Estate that the evaluation was undertaken; to assess the effectiveness of the work of Health Champions on improving the health of the White City residents. The following chapter presents the findings from this exercise.

3. FINDINGS

As stated earlier, the evaluation aimed to assess the contribution of the Health Champions aspect of the Well London Programme in the general health improvement to some residents in White City Estate. The Well London White City programme was multi-faceted, with different partners involved in commissioning and delivering different health improvement projects. The Health Champions were the workforce that connected local residents to the health projects on the Estate.

This section outlines the results from interviews, workshops and secondary sources. The participants were divided into five categories: end users, commissioners, hosts, Well London Delivery Partners, local partners and Health Champions. A total of 70 participants were reached: 40 through face to face or telephone interviews, and 30 through community café workshops.

Part A: Interview Results

3.1 Views about the Project⁹

All participants across the five categories (40) were asked to give their overall impression about the project (the use of Health Champions in delivering the Well London Programme), whether negative or positive. Most respondents (90%) felt the project was a welcome venture in the community. They felt the project had been hugely beneficial in improving community relations and reducing social isolation.

“...A huge benefit is the project has ensured that local residents work together and feel they have a voice to change things. In the past, people worked in isolation; we no longer see separate groups. It has promoted integration widely...”

“...A great technique of empowering community members to work with their own people... to help deliver services.”

⁹ (This section sought participants' views on using Health Champions (local residents) in delivering health improvements to residents on White City Estate. It must be noted however, that the Health Champion aspect was quite difficult to isolate from the overall Well London Programme, hence, it might be the case that some responses were generally around the programme as a whole as opposed to the Health Champion's part in the programme).

Many respondents (80%) felt the project was very successful in giving Health Champions practical experience and “real-time” results. Others (15%) felt the project was inspiring, having witnessed commitment from residents to ‘do it well’.

“...there continues to be a very favourable feedback heard everywhere...a ‘feel good’ feedback heard along the management hierarchy...”

60% of the respondents felt that the model of empowering communities was very popular. They suggested that it be upheld.

“...People feel empowered and feel their needs are being met and understood. Training local residents to get them into employment and gaining work experience by working as a volunteer have been excellent in getting people involved...”

“...Well London project in general helped others to achieve their own wellbeing improvement and self empowerment...”

About 70% respondents mentioned that the amount of money invested was rather small to expect radical changes in health and wellbeing. They were quick to add, however that, recruiting and enabling local residents ‘...tended to respond well to this soft approach...’

All respondents from the ‘commissioners’ and ‘hosts’ categories felt the project had given their respective organisations an opportunity to be part of a successful programme, by acting as agents of change as well as demonstrating the effectiveness of a locality based approach to health improvement.

About 70% of the respondents from the end-users and Health Champion’s category were quite apprehensive about the project coming to an end fearing that some residents will feel let down.

“...residents don’t want short term. The continuation of the project is vital so that residents get full benefit and are not disappointed. They do not want to feel let down by health initiatives that are short term and short lived...”

3.2 Motivation for getting involved in the project

All respondents were asked to find the reasons that led them to get involved in the project. Questions attempted to establish answers to why and how they had got involved, including how they heard about the project and how easy it was to get involved. Those that had not been involved in the project were asked to explain why they had not.

Some of the key messages that came from end-users and Health Champions were as follows:

- Information was readily available from different sources, ranging from adverts in local newspapers and word of mouth from neighbours and social networks including residents meetings.
- Positive nature of response received at the point of enquiry.
“...I felt all my questions were adequately answered when I enquired about the project and my involvement. This gave me confidence that the project would be great...”
- Project seen as an opportunity to integrate and to ‘give back’ to the community.
“...my knowledge and skills were both useful and wanted by residents of white city...”

“...Since we live in a multicultural society I thought it was an easy way to get integrated with the different ethnic minorities through the project...”

“...to give the best support to the residents of white city, to help those who needed help and support by giving information that would improve their life...”
- Locality focus of the project which meant people did not have to travel out of their estate to take part.
“...since it was based on the Estate, I would not have to bother about changing buses or going far to take part...”
- The design of the project was seen to be attractive
“...I felt it was different...people were seen as part of the solution, not the problem...in addressing inequalities...”

Participants were also prompted to give their views on how easy it was to get involved. The responses varied. Many (50%) had been involved in other community volunteering projects so knew what was expected beforehand. In the project initiation phase, an open day event was held to introduce the project to the community. Respondents felt this event made it easy for them to enrol as their questions were answered on the spot.

“...In my case it was very easy and I guess it would be the same to any member of the community to become a volunteer with this project without any difficulty...”

“...very easy, we had access course (introduction) before we were accepted – three days training...”

For others (30%), the process of getting Criminal Records clearance was felt to be too daunting and taking too long, making them feel perplexed and a wee bit excluded. Others still (10%), hoped they would be paid for their time, or at least gain full-time paid employment within the first six months, so when it turned out that there was no pay package or employment wasn't easily forthcoming, they felt frustrated.

“...They just wanted people to work for free...!”

Those that had not been involved in the project (3%) stated that they had been previously been disappointed by similar projects and didn't see how different this project was going to be for them. Others (3%) stated they had just recently moved into the estate so were not aware of the project.

3.3 Difference Project has made to individuals.

All respondents who took part in some aspects of the project (94%) were asked to highlight any personal achievement as a direct result of getting involved in the project. Common responses recorded centred around increased self-confidence, health literacy, feeling of happiness, participation in community activities and general healthy living.

“...We all feel better, we feel wanted and more outgoing, to get involved in well London projects...”

“...Exercise released me from tension, giving me more energy to belong. My overall health and mental wellness has improved since being on well London projects...I understand the purpose of wellbeing, I am happy within myself...”

“... I conduct a door to door outreach to get in touch with people who don't want to mix to inform them on what we have available in the area, like the Canberra Centre for health...”

“...I have developed many skills...I have broadened my knowledge and awareness working with a very diverse people ... has upgraded and advanced my personal development and much value to my CV...”

Others felt the project had enabled them to be agents of change to see to the general health improvement on the estate

“...I am now able to educate people how to eat well, live healthily and manage their long term illnesses... I empower community to engage in exercise/physical activities...to stop smoking through health education...”

“...It has made me aware of my enthusiasm to help to promote better services...”

“...I have learnt more about my environment, met more people. I have had the opportunity to influence people's health behaviour positively and I have the satisfaction that I am actively a part of my community...”

Some respondents (3%) who expected paid employment in the project did not find it very useful since their original objectives were not met. Others (1%) said they had always been active in the community, and well literate in relation to health and wellbeing, so the project did not add much to their personal development.

3.4 Difference the project has made to the community

Questions were asked to establish if at all the project has made any differences to the community. Respondents were asked to mention any changes they have observed in the community since the project was first introduced. Answers ranged from reduction in crime, increase in community relations, more awareness of mainstream services, increased leverage of community projects, increased health literacy, increased motivation in individuals to take small but significant steps to improve their health and wellbeing, and increased awareness of community resources.

“...I’d say people are more galvanized into giving up smoking...increased uptake of physical activities...observed better mental wellbeing of my mates...”

“...Women feel very happy, self confidence improved and they go on to further education, e.g. GCSE, food hygiene, ICT, etc. and some have gone to find jobs...”

“...There are many problems such as loneliness and disillusionment, but the project brought a lot of people out, who have got involved...”

“...Have seen trust built up between police and residents...people feel safer on the estate”

“...Residents have taken advantage of various projects, i.e. health eating, stop smoking and have realized that they can make small changes to their lives...”

“...increased partnership working...”

“...residents more aware of services available to them, with the reality dawning on them that the majority of these provisions are free....”

Many respondents (80%) felt that the project has increased community confidence in public services, leaving the residents feeling more valued:

“...community has been seen as a collection of assets and resources rather than a set of problems, needs and deficits... local residents feel they have a voice to change things...”

“...There has been an impact around Canberra Centre for health. Residents voices informed local preferences and priorities like opening days and languages classes...”

Respondents from the commissioners and local partners’ category felt that the project *“...has developed a meaningful engagement that empowers the locals in a sustainable way, and established a two way communication with the community...”* They were quick to add that the challenge remains to get GPs and other clinicians to buy into this community-led health intervention approach.

In relation to uptake to project activities, respondents (from the following categories: Health Champions, Well London Delivery Partners and Commissioners) reported that there was increased appetite for involvement in Public Health community engagement initiatives. They felt that people are beginning to have better understanding of making healthy choices of taking regular physical exercise, and that there was increased awareness of, and activities for local residents. Information gathered from project evaluation and feedback forms showed the following quantitative data:

“...Over 1000 locals uptake activities as women’s aerobics, mend and bend, as well as consisting family fun day projects, football tournaments, summer play schemes. The entire cook and eat classes very well attended ~ 150 children. 200 families offered 3 course meals...”

“...over 650 residents participated in our projects (smoking, activate London, eat well and buy well)...”

“...We had over 250 turning up to information days...”

“...over 260 young people took part in physical activities...”

“...over 177 referrals made into smoking cessation activities in 12 months...”

“...over 80 kids involved in White City Family Fun Day 2010...about 3000 13-15yr olds were involved in the football tournament...”

“...we received over 6,000 completed evaluation forms, which represent about 1,800 to 1,900 individuals. This means that some individuals have attended more than one service. The completed forms only represent those who bothered to complete the forms as not all people attending tend to complete the evaluation forms...Around 90% of the people filling in the evaluation forms say the project has had a positive effect on:

- *both their understanding of mental health as well as improvement in their mental well being*
- *both their understanding of physical activities as well as increase in their physical activities*
- *both their understanding of healthy eating as well as improvement in their healthy eating*

Some respondents from the Commissioners and Well London Delivery Partners' category mentioned that they had received positive feedback from residents:

"..Whilst most evidence we have is anecdotal it has been very positive...participants expressed views that their wellbeing had improved...that they are more confident, more experienced and more skilled..."

"...people feel they have better self management of health conditions and improved health awareness..."

Some respondents, particularly the end-users and Health Champions, noted that there has been a great amount of community engagement, interaction and integration of various cultures. There now seems to be stronger community connections.

"...It has brought communities from different cultures and backgrounds, sharing ideas and experiences... we no longer see separate groups... it has promoted integration widely..."

"...People who don't even know me always ask about what's going on and they will come to any event, because they are good..."

In relation to general health improvement, respondents, particularly the end-users, felt that the Health Champions were first beneficiaries of improved health literacy, which has filtered to their families and social networks. This has snow-balled to other members of the community. Residents were also felt to be more aware of services.

"...Awareness of choices of GP services/extended services is now excellent. Community physiotherapy services and Canberra have been successful..."

Most of the respondents (60%) - from the local partners and Health Champions category - felt the project brought a lot of opportunities to the White City Community Centre.

“...generated great interest from the public sector to hire the WCCC halls... due to the awareness that has been given to it...”

Asked if they would have done what they did on White City Estate without this project, all Commissioners and Well London Delivery Partners said **no**. They all felt although there was enthusiasm for the project, as would be expected of any other community engagement projects, the Health Champions made a remarkable contribution to its success. Being at the core of the project delivery, it was felt that the Health Champions enhanced the community trust, hence solidifying uptake of the project by the local residents.

Many respondents, particularly from the end-users category (60%), felt that there was increased level of interest by different agencies to invest in the area, something they interpreted to mean an improved profile of the area.

“...Many people (agencies) have asked me about these projects and other initiatives to help White City elders like me...”

“...White City is not the dump it was. I am greatly impressed...”

It was felt, by the Commissioners, that a two way communication channel has been established between the residents and service providers, and that there is more collaboration with health providers.

“...We feel as commissioners, we are in an invaluable dialogue with residents, bouncing ideas that lead to service improvements...”

“... Project brought out a sense of community engagement, bringing people of various backgrounds together with service providers under one roof...”

3.5 What worked well?

All respondents were asked to state what they felt in their opinion were some commendable elements of the project. A number of responses were given as outlined below:

- The project allowance to let residents and Health Champions to design and deliver their own projects.

“...people feel empowered and feel their needs are being met and understood...members of the community rising to the challenge of delivering the services which they generally had not previously any expectation or experience of delivering...”

- The ‘locality and neighbourhood nature’ of the project and building the capacity within the community to host the project locally allowed for the community infrastructure to be developed.
- Local partnership between the NHS Hammersmith and Fulham, North Fulham New Deal for Communities, local community (Health Champions, White City Residents Association) and Well London Delivery Partners and Local Partners (community organisations and local service providers) was good.

Reasons for Success

Questions under this section prompted participants to outline reasons they felt contributed to the success of the project, if any. The following points were noted:

- Having a locally based and skilled volunteer coordinator who is aware of the community issues, and one whom residents feel they can easily relate to allowed for more effective co-ordination, engagement and community cohesion.
- Most of the Health Champions were very positive people, committed to improving health and wellbeing within their community.
- Dedicated ‘handholding’ support and skills development by the NHS Hammersmith and Fulham’s Community Engagement staff to Health Champions ensured that Health Champions were empowered to undertake their role effectively. In turn, the Health Champions were imbued with enhanced self-belief in their ability to promote health and well-being messages, as well as seeking for further training and employment.

“...training local residents to get them into employment and gaining work experience by working as a volunteer has been excellent in getting people involved...”

“...NHS HF community involvement expertise in community health was fantastic...”

- Good coordinated local partnership including Well London Partners, NHS Hammersmith and Fulham, North Fulham New Deal for Communities, local community (Health Champions, White City Residents Association) and Well London Delivery Partners and Local Partners (community organisations and local service providers, etc), meant that everyone had an equal voice.
- The community engagement methods used ensured that no one individual or interest group could dominate.
- Residents felt a sense of ownership of the project from the word go. Being enabled to set the agenda first made residents feel they had a ‘privileged voice’, and were able to identify ‘real’ priorities.

3.6 Challenges faced.

All respondents were then asked to state what they felt were some of the challenges faced. The following were key issues raised:

- Some of the Health Champions felt that a better relationship between them and the commissioners, particularly some Well London Partners, could have been better developed.
- It was felt that there was a long time span between the training of the Health Champions and the actual delivery of the project activities, which led to a feeling of apprehension and great dissatisfaction.
- Very few residents from the White ethnic group offered to volunteer in the project, despite White British being the highest ethnic group on the estate at 33%¹⁰.
- Keeping volunteers committed for longer periods can be difficult as some volunteers can feel demoralised. It was also difficult to motivate volunteers who expected to gain pay packet or employment almost immediately.
- Although Health Champions had access to training, the budget had strict guidelines on the nature of training and amount awarded. This did not allow for the Health Champions to undertake desired courses. The NVQ level 2 training was not strong enough for Health Champions to get clear pathways to access NHS jobs.

¹⁰ 2001 census

“...I expected more training, I wanted to train as a facilitator but the system did not allow this...”

- Health Champions role was restricted to promoting general health and wellbeing. However, residents wanted to address other housing and social care issues.

3.7 Legacy

“...It has been a fantastic journey; however, people still need support in these areas even after Well London is gone. It has been a pilot with a lot of sound learning, but the community development approach to health promotion need to be sustained...”

All respondents were asked if they saw any future in the project. Specific questions asked was how they saw the project in 2-5 years.

Many respondents (80%) felt that the project has helped to create an infrastructure which will help perpetuate the ways in which community health and wellbeing services will be delivered in future. Others (30%) felt that the capacity and skills embedded within the residents will remain in the long-term. Some (50%) could see the potential of future initiatives tapping into this existing community resource (trained Health Champions) in supporting the delivery of their projects. A common response was the opportunity for the Health Champions to be trained to address wider priorities such as social care and housing, and that they (Health Champions) are supported into employment.

“...the community is in a sustained and enhanced position in regards to a welfare benefits services, policing, housing, health and social care...”

Some respondents (20%) felt Well London Programme had painted an integrated enhanced service delivery picture, one that would not easily fade away as long as current and future partners share common values.

A few respondents (20%) mentioned that Well London Programme, by its very nature, is a legacy in its own right. The Estate has been marked to receive £1m from Big Lottery Fund¹¹ which will see to the continuation of some of the initiatives started. It was also mentioned that some residents who had participated in some project activities were in

¹¹ The Big Lottery Fund Big Local Programme will spend £1m over the next 10 years from January 2012 in White City and Wormholt Estates.

discussion to form a social enterprise to continue the activities post Well London Programme era

3.8 Application of the Health Champions approach

Anecdotal evidence gathered indicates that there is increased interest to replicate the Health Champion project model in other areas of the borough. Questions were therefore asked to seek participant's opinions on this. Many respondents (70%) felt this was a welcome idea. They outlined the following points to be considered:

- Do not adopt a one-size fits all approach. The community social capital, culture, longevity, social networks, should be taken into account. There's need to identify people with local knowledge, enthusiasm for community advancement, with leadership potential. Work towards gaining their trust by enabling them to set their agenda, and support them to make realistic goals.

"...Don't superimpose the model of another area even though there may be some specific traits. This approach should be tailored to recognise what people have and need; one should develop pre-knowledge accounts to identify any local differences..."

"...to feel as a community changes were wanted, and motivation to change, however slow could make residents feel there was opportunities, and incentives to make a difference..."

- Neighbourhood locality focus works best as efforts are target to a defined set of people, who are bound to have more behavioural similarities and experiences, for example in accessing health services. This makes it easier to work out on local approaches that will best meet the needs of many people in the neighbourhood.
- Make local partnership work, create better relationships between local service providers and seek leverage to support project activities.
- Develop and empower volunteers, as a local delivery team, ensuring that they are not used as alternative cheap labour.
- Avoid time-lags and long lead times between raising awareness and implementing visible aspects of a community project. Too much talk devoid of tangible results can de-motivate residents.

Part B: Community Café Workshops

One workshop was held in a community café style, similar to one held at the beginning of the project in 2008. The main aim was to provide a comparative analysis of the 'before' and 'after' picture. The workshop attracted 30 participants, 60% female (for full description, see section 4.3 above). Participants were given a list of priorities identified in 2008 (see box below) and asked similar questions, to ascertain whether there are any changes to the priorities identified.

Community Café Priorities 2008

- Community cohesion & capacity building
- Need for inter-generational projects, and inter-cultural projects
- Desire to engage the youth in the community
- Healthy Eating (better access & diet literacy)
- Promoting healthy lifestyles
- Better coordination

The following question was asked: *Given the priorities identified by the community at beginning of the programme, to what extent has Well London succeeded in addressing these priorities? How has the Well London project supported the health and well-being of the individuals and the community at large?*

All participants felt that community cohesion is happening albeit on a slow pace, there is more interpersonal and intercultural understanding.

“...We have been able to meet other people something we normally do not do, as we stay in our areas...”

Participants felt that more people still needed to be involved *“...we still have a long way to go in engaging all communities from different ethnic, gender and age groups...”*

About 15 participants felt they were more aware of various aspects of health and wellbeing.

“...I listen to my body more, check my weight, eat plenty of vegetables and less processed foods...I started eating healthy these days more water. I love eating well after classes...”

“...I have a friend from Iran who told her when she came to the UK. She was not brought up to do things; like civil participation but after getting involved, her life changed...”

Participants were then asked to give examples of success. 5 of them reported that they now see a lot of women taking part in physical activities, especially yoga and aerobics, something they never used to do before.

Some participants were able to refer to their own changes as elements of success;

“...I can speak for myself, now I like papaya and mango and can eat fruit and cook vegetables with the family...”

Participants were then prompted to think and discuss if the priorities still apply after 3 years of Well London Programme in the same way as outlined in 2008. Most of them reported that the programme had made headway in addressing these priorities but still a lot more needed to be done. They felt there was need for intergenerational and intercultural projects, and activities that would be more attractive to men, both young and old. Although people were slowly getting integrated and taking up initiatives like training, there was still need to reach out to more people across the different ethnic groups.

As a final session, participants were asked to think on how the community can sustain the project after the funding ends in March 2011. They were particularly challenged to think on the role the community can play in sustaining the good work established. Participants felt that there was a lot they could build on, for example, the community could

- Organise community events and intergenerational activities (like White City music festival, cultural exchange programmes, football tournaments, etc,) that will enable retired people to volunteer and the youths to share their skills with older people, as well as promote community cohesion and integration.
- Develop some of the project activities into some form of social enterprises.

- Enhance the skills developed and find ways of absorbing the same, to discourage brain drain, for example, in instances of Health Champions gaining employment elsewhere.
- Develop an education resource centre to provide employability skills training and work placements to get people into employment.

Part C: Secondary Literature

This part presents information that was collated from monitoring and evaluation reports submitted to Well London Delivery Partners, Well London Partners and Local Commissioners. The following is a summary of some the key messages outlines:

- Health Champions have influenced the social regeneration agenda at strategic level, via the borough or the Primary Care Trust (NHS HF). They have been able to provide community intelligence to NHS HF that informs Public Health initiatives. For example, they made a presentation to NHS HF at a lunch and learn session to Public Health workforce in 2009 and were involved in community consultation that informed the design and delivery of services at Canberra Centre for Health.
- Health Champions have actively reached out to White City residents with key information about health and well being services, including new developments like the Canberra Centre for Health (CCH). This has enabled the CCH to achieve its GP registration target in less than a year of operation.
- Health Champions have been involved in Public Health initiatives, including but not limited to: falls awareness and prevention, raising awareness of and increasing uptake of cervical screening, making phone calls to patients under the breast cancer screening call-recall system, referring people to smoking cessation services, as well as helping some residents quit smoking, training people with long-term conditions on self management under the Expert Patients Programme.

Some key outputs of the Health Champions activities

- Organised a Falls Awareness day as part of the national falls awareness week, in which over 50 elderly people aged 60+ participated. All participants were given free health checks by NHS HF health trainers.
- Organised a football tournament (as part of Well London World Cup) at

Linford Christie Stadium which attracted over 1,000 people (children and young people), and raised £1685 through selling food.

- Developed a universal leaflet with information about all services available a document that has become very popular with residents and service providers.
- Over 450 flats/residents reached through door-knocking exercise. Over 100 referrals were made to different health and wellbeing services.
- Organised a White City Family Fun Day that attracted over 700 people (2009/2010).
- Administered questionnaires to residents which showed at least 470 people are self-reported to have improved their levels of healthy eating, physical activity or mental health through referrals to existing services/resources and Well London activities, as well as one – one encouragement and support offered by Health Champions to take up healthier lifestyles, for example:
 - 177 referred to smoking cessation services.
 - 57 referred to community to services

- Health Champions produce a quarterly newsletter which promotes other services to residents on the Estate. It is also disseminated to providers like GP surgeries, community organisation centres, Health Centres, local housing offices.
- Increasing the delivery of physical and health and wellbeing initiatives through designing and delivering their own projects.
- Since the Health Champions and most project activities are at the WCCC, most residents have dropped in. This has led to the centre being a hub of information to residents about future programmes, services or activities.
- Health Champions have contributed to increased health literacy through taking part in training programmes like Fall's awareness, RSPH understanding health improvement, basic health checks, first aid, Do It Yourself (DIY) happiness, Expert Patients Programme, and cancer screening (cervical, breast and bowel).

Some Health Champions have used these opportunities to get into work, as outlined in the box below:

Summary of Employment gained by Health Champions

- 4 Health Champions trained and engaged as Smoking cessation advisors influencing people on lifestyle changes
- 2 Health Champions trained in EPP, one now delivering EPP training hence influencing how people manage their chronic conditions
- 4 Health Champions involved as community researchers with Connected Care, the results of which are influencing health service provision.
- 1 employed at Canberra Centre for Health as a health care assistant/receptionist.
- 1 attached to NHHSHF for a 6 months work experience in Public Health department
- 3 employed as Health Trainer with Staying Put Services.

4. DISCUSSION

Has the Health Champion project been effective in supporting NHS HF Public Health objectives and in promoting general health and wellbeing? The preceding findings prove so.

“...Around 90% of the people filling in the evaluation forms say the project has had a positive effect on both their understanding of:

- *mental health as well as improvement in their mental well being*
- *physical activities as well as increase in their physical activities*
- *Healthy eating as well as improvement in their healthy eating...”*

The findings shows that the Health Champions have supported the NHSF Public Health report recommendations (2006) around the need to use of public and patient voice more systematically to inform the commissioning of preventive services, and making the most of every encounter between health, social care and other public service providers to promote uptake of preventive services.

NHSF PH priorities are informed by the government’s Public Health White Paper (2006), *Choosing Health – making healthier choices easier*, which set out action at national and local level to reduce the risk of chronic ill-health by helping people to change to a healthier lifestyle. The paper outlined the following as key priorities needing redressing by concerted action:

- Tackling health inequalities
- Reducing the numbers of people who smoke
- Tackling obesity
- Improving sexual health
- Improving mental health and wellbeing
- Reducing alcohol-related harm and encouraging sensible drinking

The NHS HF Strategic Plan 2009-14 makes the case for need to improve residents health through tackling smoking, obesity, alcohol misuse and undiagnosed illness. The Health Champions project has contributed in addressing some of these needs as shown below.

4.1 Tackling Health Inequalities

The project has provided an opportunity to improve the health and well-being of the local community and reduce the profound inequalities in health that exist between geographical areas and cultural groups on White City Estate. The core target group of the project was residents of the Lower Super Output Area, one that is identifiable by the high indices of deprivation and high levels of health inequalities.

By recruiting and training local residents in this area, the project “reached out” and “reached across” to engage individuals from ‘disadvantaged’ groups who traditionally lack confidence and are unable to articulate their needs to professionals. Additionally, the practical support, motivation and guidance offered to the Health Champions enabled them to become active participants in formulating practical solutions to the health problems faced by their community. By advising on models of service delivery, the projects effectively promoted and increased access to and take up of NHS services.

4.2 Smoking

From the strategy document, an estimated 35% of adults in HF are current smokers and, smoking is estimated to cost the NHS HF £3.14 million per year. Every year 54 residents die from lung cancer (10% higher than the London average) and a total of 210 deaths are linked to smoking. One of the key recommendations outlined is to identify new referral routes to smoking cessation clinics to help drive the borough-wide smoke-free agenda and look at more targeted approaches for smoking cessation services.

The Health Champions project has supported this programme, by referring over 177 people to smoking cessation services. Moreover, 4 Health Champions have joined the smoking cessation workforce, running their own clinics, and inevitably contributing to reduction in smoking. According to a smoking cessation manager, one of the Health Champions helped 12 people quit smoking within 6 months of getting involved in the programme. Undoubtedly, the Health Champions efforts will save NHS HF smoking related costs by helping residents quit the habit.

4.3 Tackling obesity: Health Checks, Healthy Eating

NHS HF strategic plan 2009-14 mentions that only 29% of adults have had their BMI recorded. It recommends the need to increase the testing of people for diabetes and

recording of BMI status. It is also said that there are 20,000 obese adults in the borough who could benefit from better services. Obesity can lead to diabetes, cancers and heart disease, hence there is need to help local families to understand the dangers of obesity and to adopt healthy behaviours.

The Health Champions project has been supporting this, by organising community engagement events where health trainers have been invited to undertake free health checks to adult residents. They have organised and delivered several healthy cooking and eating classes to enable residents to start taking small but significant steps in healthy cooking and healthy eating.

“...I listen to my body more, check my weight, eat plenty of vegetables and less processed foods...I started eating healthy these days... more water. I love eating well after classes...”

Though not quantifiable, for example, in terms of how much weight has been lost, feedback from individuals is that their health behaviour has improved.

Physical Activity

The 2009 London Boost of the Health Survey for England provides the level of physical activity in Hammersmith and Fulham.¹² It shows that the proportion of people not participating in any sport or exercise in the survey week increased with age (from 27% of 16-34 year olds to 81% of people aged 55 and over)¹³. Non participation in physical activity was also higher in people living in more deprived areas.¹⁴ The strategic plan 2009-14 makes as key recommendations: the need to improve the level of physical activity among those over the age of 50, through improving access to physical activity and exercise, and to promote the importance of exercise and active lifestyles to children and young people.

The Health Champions have supported this agenda by organising several physical activities like football tournaments, aerobics and dance classes, which has had the following uptake:

- Over 50 women taking up chair, aerobic and yoga classes
- Over 15 women joined walking groups

¹² NHS HF Summary Joint Strategic Needs Assessment 2009/10 page 13

¹³ NHS HF Summary Joint Strategic Needs Assessment 2009/10, page 13

¹⁴ NHS NF Summary Joint Strategic Needs Assessment 2009/10 page 13

- 3,000 children and young people took part in sporting (football events),

This goes to show the enormous contribution the Health Champions have had in increasing uptake of physical activities in White City.

4.4 Screening

‘Cancers kill 130 local people prematurely each year; yet many cancers can be prevented or treated. With better services to help people adopt healthy lifestyles and better uptake of screening we could prevent many of these illnesses or treat them earlier when the chances of a full recovery are highest – saving lives and helping people live longer’.

A Health Champion has been seconded to the Public Health directorate of HF Primary Care Trust. She has been working on promoting cancer screening in a range of community events. 2 other Health Champions have been involved in telephone patients as part of the breast screening call-recall system. 6 other Health Champions have been trained on cancer screening (bowel, breast and cervical), knowledge which will hopefully be shared with their kin.

4.5 Mental Health

The strategy paints a rather gruesome picture of mental health challenges in HF. 1.4% of patients in Hammersmith and Fulham are recorded as having severe, long-term mental health problems, compared to 0.6% in England. The significant psychiatric illness and the suicide and undetermined injury mortality rate is relatively high in HF, and 48% of parents/carers do not know where to obtain information on mental and emotional health issues. The strategy recommends targeting services to those with milder mental health problems. A UEL community action research revealed there was a high rate of mental health problems in White City. 32% of residents claim mental health incapacity benefits.

The Health Champions have proactively worked to address this area. They have organised fun-based community events, and had targeted outreach (including door-knocking) to encourage residents at risk of mental health problems due to isolation, to come out and socialise with neighbours. Feedback in this evaluation was that of ‘feeling

good', being more engaged and less isolated. Local residents feel more confident in getting their voice to influence services. Many people have benefited from training, some of them gaining employment as health care assistant or health trainers. There is a direct co-relation between mental wellbeing and employment. The DIY happiness project implemented as part of the Well London has been a big hit in this area as well.

The Health Champions have tirelessly promoted these activities to 'isolated' residents, which have seen to HF DIY happiness project being the most over-subscribed as compared to the DIY happiness in other parts of the Well London Programme.

The project's sustainability aspect is desirable. It has embedded individuals with key skills, knowledge that will be left with the community, a resource that will contribute to the overall economic, health and wellbeing for generations to come. The project also contributes to the new government's big society agenda in community health improvement by giving communities more powers and encouraging people to take an active role in their communities. The project has in one way or another influenced Big Lottery Fund to allocate further £1m to the White City and Wormholt Estates.

5. RECOMMENDATIONS

In view of the foregoing findings and discussions, the following recommendations are made.

- 5.1. A full and comprehensive evaluation of the cost-effectiveness of using volunteers (Health Champions) should be undertaken. The study should assess the costs of the individual roles performed by the Health Champions as well as the value of actual tasks undertaken by all, regardless of individual responsibility.
- 5.2. Continue this peer led project (training up and engaging local residents to undertake signposting to services) and roll it out to other areas in the borough that have high levels of health inequalities. Plans have already begun to expand the remit of the Health Champions to include signposting to social care services. These efforts must be supported.
- 5.3. Recruit a dedicated, skilled and experienced co-ordinator, with in depth knowledge of local communities. The current Health Champion co-ordinator could provide mentoring and supervision support to new Coordinators. The coordinators remit will be to recruit and manage volunteers employing recognised systems and processes, assisting in continued project design and improvement, and linking with other local groups and organisations.
- 5.4. Establish mechanisms to adequately resource and support local communities in delivering community health intervention programmes. To a large extent, the success of the Health Champions ability to promote Public Health objectives on White City Estate was a direct result of the hands on support provided by NHS HF Community Engagement team to the Health Champions and their coordinator. In addition to co-funding the coordinators post and running costs, NHSHF provided a formidable link of Health Champion work to Public Health agenda, coordinated stakeholder involvement as well as providing training and supporting Health Champions to achieve their own stepwise development.
- 5.5. A holistic and joined up approach must be adopted by service providers to avoid duplication of efforts. The White City Health and Wellbeing Board should oversee the coordination of service delivery.
- 5.6. Involve local communities in all stages of any community health intervention programme, in similar style adopted by the Well London Programme. This will

achieve a high degree of ownership and buy-in by the local residents, a factor that will significantly contribute to the successful uptake of the project initiatives.

- 5.7. There must be conscious management of expectations in any community health intervention programmes, particularly those that are heavily reliant on volunteers. From the outset, there must be effective project management methodologies with the right links made at the right stages. Too long a delay in delivering any aspects of a project will frustrate its success as volunteers are bound to be de-motivated.
- 5.8. Community health intervention projects must be designed and implemented in a way that will ensure continued learning and sustainability of new habits developed during the project, such as healthy eating. One of the ways of achieving this is to actively link the Health Champion work stream with the Health Trainer Service, a programme that has trained workforce that work to enable residents to sustain newly acquired healthy habits.
- 5.9. Extra support mechanisms must be established to help volunteers who are job-ready, who have gained substantial work-experience through volunteering, to be able to progress to paid employment. Health Champions, normally being the delivery arm of any community health intervention, should be linked to more formal apprenticeship, work experience or employment opportunities.

The recommendations from the Connected Care Audit report (2011) to expand the role of the Health Champions is strongly supported by this evaluation, in the hope that the local residents will continue to be kept in the driving seat; be supported and empowered so they can identify real needs and explore practical solutions to address them.

End