King's Health Partners Public Health Strategy

Theme D: Improving Public Health through Community Involvement

1. Purpose of Report

King's Health Partners wants to support Local Authorities in their new lead role in public health and wishes to join them as well as GP Consortia/PCTs, Directors of Public Health, third sector organisations, potential funders and the community in order to improve the health and wellbeing of local people in the most effective way. This paper covers theme D of KHP's Public Health Strategy.

2. Context

Despite significant progress in improving the health of the community, there remains a great deal still to do. KHP is working with other organisations to develop its overall Public Health Strategy around the following five themes (see appendix A):

A. Developing academic capacity to design interventions and contribute to delivery of the strategy
B. Developing the culture of Clinical Academic Groups
C. Delivering Public Health interventions to reduce risk and improve health and wellbeing
D. Community Involvement to improve Public Health *[This report sets out the more detailed plans - developed through the work of the Group March-April 2011]*
E. Public Health Collaborative for joint working

Regarding theme D, evidence highlights that individuals benefit more if they are actively involved in managing their health, as opposed to health improvement being imposed upon them. The Marmot review highlighted that effective local delivery requires effective participatory decision-making at local level which can only happen by empowering individuals and local communities (Marmot et al, 2010).

While Local Authorities already actively involve their communities in the work they do, the facilitation of greater community involvement in public health and wellbeing in partnership with a range of expertise in the field could result in further improvements across a broad range of public health outcomes as well as reduced inequality and enhanced social capital. Such work is coherent with the local priorities of health and wellbeing boards and also contributes to a more sustainable strategy which is particularly important in the current financial climate.

With regards to theme D, in order to achieve the largest impact on the health and wellbeing of the local population, King's Health Partners wishes to contribute to enhancing community involvement by:

- Working with the Local Authority, GP Consortia/PCT, Directors of Public Health, specific local third sector organisations and potential funders to

involve and engage the wider community about their health and wellbeing and the most effective ways to improve it
- Following the involvement exercise, to work with the community and partners to implement agreed interventions in the most effective way
- Working with the community and partners to facilitate evaluation of the impact of increased community involvement as well as a range of interventions together with the internationally recognised research expertise at KHP
- Working together to support the securing of funding

Such a collaborative approach also requires cultural change among some medical experts and institutions. This proposal therefore sets out some suggested methodologies to secure such a co-productive approach with communities in defining the issues and solutions to improve their health and wellbeing. It also highlights a number of existing local initiatives.

3. Some background on the Public Health White Paper and King's Health Partners Commitment to Action

The White Paper on Public Health 'Healthy Lives, Health People: our strategy for public health in England' (DH, 2010) defines Public Health as "The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society". It aims to build people's self-esteem, confidence and resilience right from infancy. The White Paper is proposing a radical new approach to reach across and reach out to address the root causes of poor health and wellbeing. The approach has four components [responsive; resourced; rigorous and resilient] with responsive defined as owned by communities and shaped by their needs.

King's Health Partners Strategic Framework 2010-2014 states that it wishes to work with others to:

- *Improve the health and wellbeing across our ethnically and socially diverse communities and working to reduce inequalities*
- *Deliver a radical shift in healthcare by identifying 'at risk' groups, based on genotyping and lifestyle, and helping them avoid illness*
- *Transform the nature of healthcare: by moving from treatment towards population screening and disease prevention*
- *Be inclusive: by designing systems and procedures so that everyone is actively encouraged to become involved and has the opportunity to do so.*

King's Health Partners commitment to local people and communities is described in the following terms:

We need to address the inequalities illustrated in the heat map by using our resources to maximum effect. We will
- *Strive to enhance healthy lifestyles by working with key stakeholders to address public health issues*

- *Continue to use our infrastructure to have a positive impact on the social, environmental and economic context in which local people live, and develop and deliver a challenging environmental sustainability strategy which is vitally important for the health and wellbeing of the population*
- *Work to eliminate the barriers to accessing our services, employment and education opportunities because we know that our population is diverse and within it there are vulnerable and disadvantaged groups*
- *Promote fairness and equality for all.*

A core element of our values and guiding principles is inclusivity and working in partnership with others to achieve our aims.

Taken together these are a powerful statement of what makes King's Health Partners unique amongst Academic Health Sciences Centres and we now wish to build a system-wide collaboration to move from vision and commitment to action.

This report was developed through collaborative working with a time-limited group which identified a number of important issues:

- *A definition of wellbeing should encompasses aspirations, the right to a sense of purpose and the ability to lead a meaningful life*
- *Public health is not a commodity to be managed and dispensed from one group to another, but is the collective responsibility of all members of the community.*
- *The core principles for good public health are already well established and researched. The responsibility of KHP and local authorities is to ensure that, whatever activity is undertaken, it complies with the agreed principles and ensures strong accountability for the quality of delivery and outcomes*

King's Health Partners is committed to pioneering better health and wellbeing, locally as well as globally. It wishes to contribute to the development of the evidence based of 'what works' in collaboration with local players across Lambeth, Lewisham and Southwark (in this piece of work) and eventually Bexley, Bromley, Croydon and Greenwich – since all seven boroughs comprise the KHP footprint.

4. Public health interventions, community involvement and social capital

The Public health White Paper highlighted that health is not just about the absence of disease or illness (be that physical or mental), but also about how well people are (DH, 2010). Improvements in public health and wellbeing can occur as a result of a variety of interventions. The Public Health White Paper also highlighted how key attributes of wellbeing including self-esteem and resilience have important impacts on health behaviour. Certain behaviour change is associated with improved outcomes; for instance, eating less and doing more exercise reduces weight and the associated risk of diabetes, cancer and heart attacks. However, getting people to change health-related behaviour so that they take responsibility for their own health and wellbeing is more difficult.

Improving the wellbeing of individuals and their communities is associated with a range of reduced health risk behaviour and physical illness. Such interventions thereby reduce health inequality particularly in groups at higher risk.

Social capital and mortality
A meta-analytic review including 148 studies and 308,849 participants found that loneliness and social isolation has a higher risk on mortality than lifelong smoking (Holt-Lunstad et al, 2010). A meta-analysis of social networks and cancer mortality found that high levels of perceived social support or larger social network was associated with decreases in relative risk for cancer mortality of 25% and 20% respectively (Pinquart and Duberstein, 2010).

Social capital and mental ill-health
Low involvement and poor quality social support are associated with both the onset and persistence of childhood mental disorders (Parry-Langdon et al, 2008). Severe lack of social support is associated with a more than two fold increased risk of mental illness (Melzer et al, 2004). Regarding effects on dementia, a longitudinal cohort study of social networks, level of Alzheimer's disease pathology and level of cognitive function found that cognitive function was higher for those with larger network sizes (Bennett et al, 2006). Participation in leisure activities is also associated with reduced risk of dementia (Verghese, 2003) while other studies suggest that mentally or socially oriented stimulating activity may protect against dementia (Fratiglioni et al, 2007, 2004; Wang et al, 2002).

Social assets approach to health
The WHO European Office for Investment for Health Development uses the term "health assets" to mean the resources that individuals and communities have at their disposal which protect against negative health outcomes and/or promote health status. These assets can be social, financial, physical, environmental or human resources; for instance education, employment skills, supportive social networks, natural resources, etc. (Harrison et al., 2004). An asset-based approach can also respond to health inequalities (Morgan and Ziglio, 2007). Assets based approaches complement the deficit model by:

- Identifying the range of protective and health promoting factors that act together to support health and wellbeing and the policy options required to build and sustain these factors.
- Promoting the population as a co-producer of health rather than simply a consumer of health care services, thus reducing the demand on scarce resources.
- Strengthening the capacity of individuals and communities to realise their potential for contributing to health development.
- Contributing to more equitable and sustainable social and economic development and hence the goals of other sectors.

Community engagement can be distinguished from community development. The former primarily involves a *top-down* effort to involve people in a given agenda while community development is the *bottom-up* stimulus and facilitation for people to become involved through their own priorities e.g. on a housing estate. Community organising is another approach where community leaders build capacity and share skills and tools as they facilitate identification of issues and commitment to action. Community organising occurs within an on-going organisation that has structure, leaders and members who pay dues – where there are already strong relationships between the members.

Evidence for impact of community engagement

An important result of community involvement is the building of social networks or social capital which can also promote health and reduce inequality. NICE (2008) examined how community engagement can increase involvement in decisions that affect them including the planning, design, delivery and governance of services as well as activities which aim to improve health and reduce inequalities. It highlighted several approaches and that several factors prevent them being implemented effectively.

Regarding health promotion activities and initiatives to address wider social determinants of health, NICE (2008) found that:

- Community engagement approaches mainly based on working with individual citizens as opposed to civic institutions, may have a marginal impact on health although may improve appropriateness, accessibility and uptake of services.
- Community engagement approaches can improve health literacy.
- Approaches that help communities to work as equal partners or which delegate some power to them may lead to more positive health outcomes.
- Such co-production may also improve other aspects of people's lives such as improving their sense of belonging to a community (social capital) empowering them or otherwise improving their sense of wellbeing). This is achieved because these approaches
  - utilise local people's experiential knowledge to design or improve services, leading to more appropriate, effective, cost-effective and sustainable services
  - empower people by giving them the opportunity to co-produce services and an increased sense of control

- build more trust in government bodies by encouraging accountability and democratic renewal
- contributing to developing and sustaining social capital
- encourage health-enhancing attitudes and behaviour.

The guidance highlights that effectiveness depends upon the approach used and process used to implement it. Learning how to ask communities what they have to offer in terms of their existing skills and knowledge leads to opportunities for them to work with professionals for mutual benefit. The guidance includes twelve recommendations for most effective community engagement which covers four interlocking themes:

1. Long term investment
2. Organisational and cultural change
3. Level of engagement and power
4. Mutual trust and respect

Infrastructure

5. Training and resources
6. Partnership working

Approaches

7. Area-based interventions
8. Community members as agents of change
9. Community workshops
10. Resident consultancy
11. Evaluation

The Marmot review highlighted that significant health benefits can occur for individuals actively involved in community empowerment or engagement initiatives including improvements in physical and mental health, health related behaviour and quality of life (Piachaud, 2009). Evidence from seven studies suggests that community engagement may have a positive impact on social capital and social cohesion (NICE, 2008).

Marmot suggests that the state can intervene to create and deepen social networks and capital. Ideally, intervention needs to be local activity in a national context Marmot et al, 2010).

Social Return on Investment (SROI)

NICE (2008) highlighted that conventional cost effectiveness analysis can rarely be carried out on community engagement work: the effects of such approaches are often diffuse, occur far into the future and are not easily measured and a range of other factors also hinder the process. However, doing a Social Return on Investment can assist organisations appreciate and manage the social, environmental, and economic value that they create. The approach combines, cost-benefit analysis and social auditing, taking into account the social benefits to all stakeholders. There are often different outcomes for different stakeholders.

5. Improving Public Health through Community Involvement (KHP Public Health Strategy – theme D)

Process and timetable for theme D

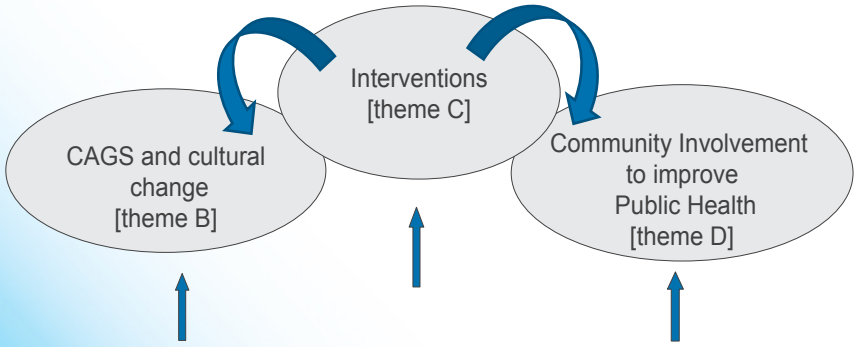
It is possible to conceive of a Five-phase programme to take forward this work but this would obviously be dependant on local circumstances and decision-making

- **Phase 1** - Spring 2011: Time-limited group invited to help shape this theme as part of KHP Public Health Strategy
- **Phase 2** – Spring to Summer 2011; Establishing Borough-based coordination and leadership
- **Phase 3** - Autumn 2011 to Autumn 2012: Working with the Local Authority, GP Consortia/PCT, Director of Public Health, specific local third sector organisations and potential funders to involve and engage the wider community about their health and wellbeing and the most effective interventions to improve it. The effectiveness of methods of engagement would be evaluated together with the internationally recognised research expertise at KHP.
- **Phase 4** - Autumn 2012 to Autumn 2013:
    - Following the involvement exercise, to work with the community to implement agreed interventions in the most effective way
    - Working with the community to evaluate effectiveness of a range of interventions together with the internationally recognised research expertise at KHP
- **Phase 5** – Autumn 2012 onwards: in parallel with Phase Four making changes to services, systems and resource allocations as a result of the evaluation

This Report is the product of Phase 1 work and sets out the advice and recommendations of the time-limited Group to local authorities in taking this work forward. It is an offer from King's Health Partners to support the active engagement of local civic institutions in a process of co-creating the public health agenda. The proposal is that community organising principles are applied and that KHP academic resources are used to evaluate the process and output.

Theme D relates to the four other strands of the public health strategy as highlighted in figure 1 below.

Public Health Collaborative [theme E]



Academic capacity and funding [theme A]

KING'S HEALTH PARTNERS

Phase 1 - Spring 2011: Time-limited group invited to help shape this theme as part of KHP Public Health Strategy

The second half of this report records the work of a time-limited group which met four times during March and April 2011 and shared their individual and collective wisdom and advice to KHP and helped to shape one of five Themes in the KHP Public Health Strategy.

A number of individuals representing a cross section of statutory and voluntary organisations were invited to become a time-limited Group to help shape the work for the KHP Public Health Strategy Theme called "Improving Public Health through Community Involvement".

Participants that accepted the invitation were drawn from across Lambeth, Southwark and Lewisham from:

- Local Action - representation from the following organisations participated
  - Citizens UK and local organisations (see Appendix 3A)
  - DIY Happiness (see Appendix 3B)
  - Health Education Centre and John Donne School (see Appendix 3C)
  - Health Empowerment Leverage Project (see Appendix 3D)
  - Mental wellbeing impact assessment (see Appendix 3E)
  - MindApples (see Appendix 3F)
  - Mindfulness and Mental Health Foundation (see Appendix 3G)
  - Oxford Muse in Lewisham (see Appendix 3H)
  - Time banking UK and local organisations (see Appendix 3I)
- Local Authorities – e.g. Directors of Policy, Chief Executive's Office
- Public Health/PCTs – e.g. Public Health Managers [nb Directors of Public Health Strategy Coordinating Group]
- GP Consortia – e.g. Community Engagement leads
- KHP/KCL – Expertise on community organising and research/evaluation with capacity to translate ideas into proposals including visiting professors with expertise in community organising and conversation
- GSTT Charity – representation

Participants were invited to help develop two distinct phases of the "Improving Public Health through Community Involvement" theme in KHP's Public Health Strategy and a slide-set in the invitation pack set this out:

(i) Setting the agenda with the community by working:
- To create an agenda that has been authentically developed through very many face to face conversations and small group meetings, and
- An organised body of people who have ownership of that agenda and are willing to act and to persevere in order to see it carried out.

Citizens UK had particular expertise to offer for this first phase of the work because they used an approach called community organising to build commitment to action with demonstrable achievements (see appendix 3A). London Citizens membership now stands at 240 civil society

institutions representing around 250,000 people which they would offer as part of a hub for this public health work and could train and spread the methodology to other institutions which took part in the public health agenda-setting phase. Time banking UK similarly had a network of organisations across the local area (see Appendix 3I). These had a specific commitment to improving the health and wellbeing which could be harnessed as part of this first phase. Some local time banks are also operating as adjuncts to health institutions e.g. GP Surgeries and mental health trust which gave them an added expertise and focus on the public health and wellbeing agenda.

(ii) Defining and implementing the interventions to scale together with appropriate evaluation.

At the first meeting, Zoe Reed (Executive Director, Strategy and Business Development, South London and Maudsley NHS Foundation Trust and lead for KHP on community involvement) presented the slide pack which had been sent out with the invitation email. She emphasised how grateful KHP was that people were willing to give of their time and expertise to help them create the KHP Public Health Strategy. However, she highlighted that involvement would not necessarily lead to their initiative being taken forward by local authorities.

The time-limited group contributed to identifying ways of working with communities which would:

- be effective in creating an agenda which has been authentically developed through very many face-to-face conversations and small group meetings, from
- An organised body of people who have ownership of that agenda and are willing to act and to persevere in order to see it carried out.
- support effective community involvement regarding their health and wellbeing and the most effective interventions to improve this
- facilitate effective community involvement in helping to ensure maximum impact of implemented interventions and best ways of delivering interventions

Participating representatives of each particular Local Action intervention/ organisation were asked to send a one-page summary setting out a description of the intervention, its use in the local area and evidence for effectiveness including any evaluation of cost effectiveness. [Attached]

Individuals from the time-limited group attended four workshops/meetings through March and April 2011. The group workshops are summarised in the following sections:

- Why is community involvement important
- Purpose and goals of proposed projects
- Key audiences
- Community involvement building on current work
- Issues relevant to effective community engagement
- Consulting the Local Authority
- Key qualities of partner organisations
- Important implementation issues

- Interventions to be taken to scale
- Practical steps

Why is community involvement important?
Despite progress, large amounts of poor health and inequality remain. Furthermore, the majority of the community are not engaged with health improvement.

Increased community engagement can support, complement and build on existing work to improve public health, reduce health inequalities and build social capital which also has significant impact on health outcomes. Increased community involvement can also facilitate effective partnership development and joint working across organisations

Purpose and goals of proposed project
- Listen to concerns and priorities of communities
- Agree priorities with community and partners building on current priorities
- Agree evidence based interventions with community and partners to be locally implemented within resource availability
- Co-implement effective interventions to scale
- Co-evaluate impact of community involvement approach
- Co-evaluate impact of interventions including cost benefit analysis

Key audiences
As well as the community, key audiences include:
- Local Authorities including CEO/Strategy as well as elected councillors and health and wellbeing lead within that group.
- Health and Wellbeing Boards comprising Local Authority and Health and Voluntary Sector.
- Directors of Public Health (DsPH's)
- GST charity
- KHP
- GP consortia/Clinical Commissioners

Community involvement builds on current work
The Group acknowledged the importance of taking account of the large amount of work which has already been done and the need to link with range of stakeholders including DsPH's as well as audiences highlighted above. The current project is seen as part of wider public health strategy within KHP to increase effectiveness of interventions.

Effective involvement of the community
The first stage to involving the community in any project requires much prior engagement. However, it was suggested that a more formal listening process which included identifying capacity and building the conversation with the public sector as well as discovering what the community considered the priorities and interventions to address these, was an important step in initiating ongoing involvement and co-production.

Key issues relevant to effective community engagement were identified as:

- Recognition of and engagement with the broad structure of community needs to take account of the fact that within any particular geographical area numerous parallel communities exist across any 24 hour period with often little interaction between different groups.
- Often high turnover within communities
- Majority of residents do not usually get involved and the process to facilitate wider engagement is important
- Councils now have significantly less resource to do work which they previously covered. Most community engagement teams have been significantly reduced so processes which rely on citizen capacity as opposed to profession capacity are important.
- That there were a range of different methods of community engagement include surveys, community organising, community development and training.
- That there was often lack of clarity about the purpose of community engagement as well as lack of clear methodology.

Local examples of third sector organisations with an extensive network of organisations within the community are Time Banking UK and London Citizens.

What do Local Authorities need to assist them

The time-limited group suggested that Local Authorities (LAs) required intellectual rigour to assist with what they are already doing. The group identified that important elements of interventions included that they were sustainable, scalable, drivers of wellbeing and could be evaluated. It was also suggested that they were linked to JSNAs.

Groups also identified that this collaborative approach could be supported through KHP expertise and charity money which also enhanced credibility with other potential funders.

Further group work then examined possible frameworks for identifying partner organisations and interventions.

Key qualities of partner organisations

The qualities of ideal partner organisations able to lead in setting the agenda and seeing it through included:

- Existing links with local community-based organisations and particularly popular and permanent institutions such as schools
- Capacity to carry out interventions including a trained workforce
- Ability to deliver evidence based interventions with measurable outcomes or which looks very promising
- Operating from a method which enables joint community/health/LA etc. development of community led interventions/ actions
- Collaborative involvement of research and evaluation expertise in design and evaluation of project

Important implementation issues

During one group meeting, individuals were asked to join one of three groups in order to gain important differences in perspective. Members of

the group from LAs, PCTs, Public Health and GP consortia highlighted the importance of:

- Learning from the past 10 years of experience of various local initiatives
- Taking account of existing practices in relation to community engagement
- Local realities needing to influence interventions
- Demonstrating the effectiveness of interventions and added value
- Reducing silo working and encourage whole system focus
- Good discipline regarding methodology of implementation
- Linking to JSNA, existing programmes and interventions
- Capacity for KHP to work in areas of high inequalities to address these

Members from the KHP academic group highlighted the importance of:

- Institutions responding to needs of local communities
- Institutional and culture change
- Credentializing civic agency approach through research
- Recovering public dimensions of teaching and medical vocation as contributing to public life

Discussion occurred resulting in the following suggestions:

- Link to theory of change
- Power analysis to determine who the key players are, resources and potential obstruction.
- Mapping resources to enable maximum impact
- Identifying key organisations which could put interventions into practice
- Piloting of case studies of interventions

Interventions to be taken to scale

The group suggested that a variety of interventions would be required which work at individual, family and wider community level. National and local policy will influence KHP's ability to take some interventions to scale and therefore these levels should also be considered. Important criteria for choosing interventions to take to scale included:

- **Evidence based:** Conventional wisdom was that all intervention to be taken to scale must have an evidence base. Although there are different levels of evidence, in some cases we might want to take an intervention that has a lower level of evidence but would benefit from rigorous testing and research.
- **Control and self-determination:** Recognised as having a key impact on wellbeing and therefore should be a central theme. Interventions that co-produce health and encourage ownership rather than "do to" people.
- **Assets based approach:** A key principle is working from an asset model rather than a deficit one, whether individual assets or community assets.
- **Enhanced social connections:** Social connections, social support, a sense of belonging and community are key components for wellbeing.
- **Sustainable:** designed to build in sustainability within civil society

- **Measurable:** There should be robust measures including ability to demonstrate cost effectiveness and where those savings are accrue (e.g. a health intervention may have benefits for criminal justice).
- **Reduce inequality:** Interventions should contribute to decreasing health inequalities.

Participating representatives from the Local Action Groups/Initiatives were asked to send a one page summary description of the intervention, its use in the local area and evidence for effectiveness including any evaluation of cost effectiveness. [Attached]

Practical next steps

Important issues around people and organisations included:

- Identification of partners from LA's, health, third sector groups and communities
- Engagement and coordination with leadership including DsPH's and Chief Executives
- Engagement with existing programmes and those already working in this area: a stakeholder map could highlight who is interested and why as well as potential resources. Wellbeing network of 700 people highlighted.
- Clarification needed regarding which forum owns the project and who this is next taken to.
- Need to take account of changes currently going in LA's, PH and GP commissioning as well as reduced funding

Important issues around steps in the process include:

- Simple and understandable project plan: A clear one page summary is required for each audience highlighting what this is asking them to do and the resulting improved outcomes
- Clarification of desired outcomes for different populations and geographical areas
- Clarification of what needs to change to make it happen
- Effective engagement across the wider community which involves both listening and education.
- A good communication strategy including use of high profile figures can also highlight the work and further promote engagement.
- Bring resources to build on existing capacity
- Clarifying the process to scope a number of implementable interventions and then agree which ones
- Ensure that interventions effectively cover all groups to prevent widening of inequality
- Develop and build capacity for implementation of interventions through partnership working
- Quality assure interventions
- Evaluation of impact of interventions
- Effective early collaboration with range of research expertise
- Clarification of time scale

Phase 2 – Spring to Summer 2011; Establishing Borough-based coordination and leadership

- Working with Lambeth, Southwark and Lewisham Local Authorities to individually coordinate with their Director of Public Health, GP Consortium/PCT, specific third sector organisations and potential funding organisations to join with KHP and create the programmes which we collectively decide to run.

Recommended Criteria for Local Authorities to propose for their public health improvement system

- Each participating organisation to encourage their operational teams and services to identify community groups they are in contact with
- Each participating organisation to identify existing public health initiatives they would like to see more widely implemented and evaluated
- Each participating organisation to commit to doing whatever is necessary within their areas of responsibility in response to the ideas and solutions generated through the agenda-setting part of the programme and action research projects
- Secure funding for Phase 3 below

Phase 3 - Autumn 2011 to Autumn 2012: Engaging with the community about public health priorities and interventions

- Working with the Local Authority, GP Consortia/PCT, Director of Public Health, KHP and specific local third sector organisations to engage and listen to the wider community about their health and wellbeing and their views regarding the most effective ways to improve it
- Analyse effectiveness of engagement with the community in creating an organised body of people prepared to take action on the intervention they have co-created and in identifying sustainable interventions to support measurable improvements in public health.
- Develop and agree a framework for decision making and prioritisation of the interventions and changes to be undertaken to support the implementation of the learning across communities.
- Secure funding for Phase 4.

Outputs required from all initiatives run through Phase 3

- An agenda that has been authentically developed through very many face to face conversations and small group meetings and
- An organised body of people who have ownership of that agenda and are willing to act and to persevere in order to see it carried out.

Methodologies for large scale Community Involvement in setting the public health agenda

The proposal is that each borough council provide the hub of a collaboration of local organisations that will provide the infrastructure to develop and test a particular type of community involvement in setting the public health agenda.

Citizens South London and Time banking are already established in local boroughs and are ideally placed to provide the Borough-based anchor and platform for this approach. In addition, other local civil society institutions and public organisations such as schools might well be keen to participate.

Identification of which interventions to implement

- The local action initiatives and organisations which participated in the time-limited group to develop this offer are examples of important work in this area. No doubt, however, as part of Phase 2 and 3, others will be identified and crucially local citizens and citizen-based organisations involved in the development work will have their opinion regarding the most effective interventions to facilitate public health improvement in their areas.
- Information will be provided regarding different interventions
- Decisions will need to be taken on which initiatives to take on scale and evaluate.
- Communities and other partners (GP Consortia/PCTs, Directors of Public Health, KHP, third sector organisations) to co-design the support and interventions required to improve the health and wellbeing of local people
- Develop and agree the outcomes and outputs to be delivered through the agreed supported change programmes [mindful that many changes will be implemented by communities without recourse to any public funding so won't come within this Framework]

Phase 4 - Autumn 2012 to Autumn 2013: Work with the community to implement agreed interventions in the most effective way

Following the large scale community involvement approach to setting the agenda and identifying the interventions, the plan would be to create a number of Action Research Programmes which can track and validate the impact of the interventions, and changes implemented, as part of a continuous process.

There would be continuous work with the community to facilitate evaluation of the impact of a range of interventions together with the internationally recognised research expertise at KHP

Phase 5 – Autumn 2012 onwards: in parallel with Phase 4 making changes to services, systems and resource allocations to give effect to the learning from the involvement exercise

- Support community groups and others to undertake the changes they wish
- Re-align public services to support the changes required to enable communities and individuals to continually improve public health and wellbeing.

6. Conclusion

KHP is committed to supporting Local Authorities in their lead role in improving the Health and Wellbeing of their local populations and wishes to offer its expertise across the full range of disciplines. By taking a research and evaluation approach to engaging local communities in setting the agenda and taking to scale agreed initiatives, KHP wants to support more sustainable improvements in the health and wellbeing of local people and provide the evidence of effectiveness required to guide future resource allocation decisions.

Zoë Reed
Community Involvement Public Health and Wellbeing
King's Health Partners

Dr. Jonathan Campion provided the evidence and incorporated the work of the time limited group

Professor Charles Wolfe approved the paper
May 2011

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King's Health Partners is indebted to the hard work of the participants in the time-limited Group which has developed this offer to Local Authorities. This report acknowledges the generous and insightful contribution of members of the time-limited development group invited to participate in this development exercise.

Individuals from the time-limited Development Group attended 4 workshops/meetings through March and April 2011 and KHP is indebted to them for the insights, expertise and wisdom that they shared in the formulation of this report.

Local Action - representation from the initiatives listed below:
- Citizens UK and local organisations - Matthew Bolton and Stefan Baskerville
- Time banking UK and local organisations - Sam Hopley and Kemi Adeboye Paxton Green Trustee and member
- Mindfulness: Mental Health Foundation - Andrew McCulloch
- Health Education Centre - Tim Higginson, Evelyn Holdsworth, Nick Tildesley
- Health Empowerment Leverage Project - Dr. Brian Fisher and John Gillespie
- Mental Wellbeing/DIY Happiness - Tony Coggins
- MindApples - Andy Gibson and Tessy Britton
- Oxford Muse in Lewisham - Theodore Zeldin

Local Authorities
- Lambeth Council – Sophia Looney
- Southwark Council - James Postgate and Jayesh Patel
- Lewisham Council = Barrie Neale and Sarah Wainer

Public Health/PCTs
- Lambeth – Sarah Corlett and Lucy Smith
- Southwark – Rosie Dalton-Lucas

GP Consortia
- Southwark GP Consortium - Dr. Jonty Heaversedge
- Lambeth GP Consortium – Adrian McLaghlan
- Lewisham GP Consortium – Brian Fisher and Helen Tattersfield (Chair of Consortium) asked to be kept informed

KHP/KCL – Expertise on community organising and research/evaluation with capacity to translate our ideas into proposals
- Derek Bolton Professor of Philosophy and Psychopathology King's College London, Institute of Psychiatry
- Luke Bretherton Senior Lecturer in Theology & Politics and Convenor of the Faith and Public Policy Forum at King's College London.
- Harry Boyte Senior Fellow at University of Minnesota and heads Center for Democracy and Citizenship at Augsburg College
- Theodore Zeldin. Professor of history and philosophy at Oxford University

Ollie Smith (Director of Research and Innovation, GSTT Charity)

Charles Wolfe (Professor of Public Health, KHP)

Zoe Reed (Lead for KHP Public Strategy on Community Involvement)

Jonathan Campion (KHP Public Health Strategy coordinator)

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Appendix 1

King's Health Partners Public Health Strategy Update

Charles Wolfe and Zoe Reed on behalf of KHP Public Health Strategy Coordinating Group April 6th 2011

Purpose and actions required of KHP Executive
This paper outlines the progress made in developing the strategy over the last 4 months and the proposed framework for delivering the priorities identified. It has been written for the KHP Executive but is also suitable, once agreed, for dissemination to all stakeholders in Lambeth, Southwark and Lewisham for further development.

We seek approval of the work to date and agreement on the timescale and delivery plans.

Summary
King's Health Partners Strategic Framework 2010-2014 states that it wishes to work with others to

- Improve the health and wellbeing across our ethnically and socially diverse communities and working to reduce inequalities
- Transform the nature of healthcare: by moving from treatment towards population screening and disease prevention
- Be inclusive: by designing systems and procedures so that everyone is actively encouraged to become involved and has the opportunity to do so

Hence, Public Health is recognised by KHP as central to its mission yet not currently central to its academic or clinical strategy. The Public Health agenda is necessarily broad, multi faceted and requires multi agency working. Here KHP present an offering developed with local communities, health and social commissioners and providers to address the agenda locally and further afield.

Over the next five years we aim to be recognised internationally for our academic and service innovation in Public Health in addressing local and international issues, with a focus on inequalities in health and healthcare delivery, particularly with regard to ethnicity and deprivation. In addition, KHP through its Clinical Academic Groups (CAGs) and the South London sector will be an innovative test bed to develop and test solutions in prevention and management of long term conditions of Public Health importance, thereby achieving academic, training and service delivery excellence.

A strategic framework is proposed for identifying the Public Health priorities, how we will address them with our partners in local communities and how success will be assessed. The themes identified are the enabling work streams that will deliver a distinctive strategy geared

towards innovative Public Health initiatives to reduce inequalities in risk of disease and improve health and wellbeing.

Five key interdependent themes have been identified for the KHP Public Health agenda which are:

A. Developing academic capacity to design interventions and contribute to delivery of the strategy
B. Developing the culture of Clinical Academic Groups so that they are Public Health focused in all their behaviours and priorities
C. Delivering Public Health interventions to reduce risk and improve health and wellbeing
D. Community Involvement to improve Public Health
E. Public Health Collaborative for joint working to identify priorities and maximise the offer and availability of expertise and information to secure change for improvement.

Within these key themes the following questions need to be addressed:

1. What is the vision and approach to working?
2. What are the priorities?
3. What interventions will deliver these?
4. How will these interventions be delivered?
5. How will we know we have succeeded?

The strategic framework for developing the strategy and how it will be delivered is outlined in Table 1.

Developing the strategy
Charles Wolfe was designated Public Health Lead for KHP supported by Zoe Reed in December 2010. An initial strategy document developed over the summer of 2010 formed the starting point for the KHP Public Health coordination group's strategy development. Current members include Graham Thornicroft (KCL Institute of Psychiatry (IOP) and Institute of Health, Policy and Evaluation (IHPE), Matthew Hotopf (KCL IOP and Specialist Biomedical Research Centre Nucleus), Anne-Marie Connolly (Southwark), Ruth Wallis (Lambeth), Danny Ruta (Lewisham), Ollie Smith (Guy's and St Thomas' Charity). The strategy has drawn on discussions with

- CAG leads at 2 KHP Leads meeting with more detailed discussions with several CAG leads and their teams (Diabetes (Amiel), Addictions (Strang), Women's Health (Poston, Oral Health (Gallagher), Medicine (Hopper)).
- The Mayor's Office (Pam Chester and Policy Leads), Lewisham Council (Quirk and Ruta)
- Community group representatives (e.g. Citizen's UK and Time Banking UK)
- Stakeholder Events: 4 events bringing people together to co-create the Improving Public Health *through* Community Involvement strand. Representation included community groups, Local Authority, GP Consortia and NHS PCT representatives from across LSL, KCL academics, GST Charity
- Dennis Gillings, Quintiles
- Comprehensive and Specialist BRCs developing their 'Population' and 'Nucleus' Themes respectively
- KHP IHPE, the Public Health theme of which is being delivered through the King's Health Partners Public Health Group
- University College and Imperial Academic Health Science Centre Public Health Leads (Raine and Riboli)
- Inner East London Public Health and Queen Mary's University London (Basnett, Trembath, Griffiths, Greenhalgh)
- Lambeth and Southwark Commissioners (McLachlan and Osonuga)

1) Vision and approach to working

Overall
During the last 10 years, there has been much progress within Public Health locally and nationally that this strategy acknowledges. Particularly, we must build on local success. More recently, there have been significant policy development including the public health white paper 'Healthy lives, health people' (DH, 2010) which is bringing considerable change to the provision of health and social care to which KHP can contribute.

KHP's broader Public Health aim is to work with other partners and existing resources to contribute to a local health and social care system that provides the best possible health and wellbeing for the population of

South East London through a coordinated and collaborative approach to excellence in Public Health practice, education and training, and research.

KHP's broader Public Health aim is to contribute to a local health care system that provides the best possible health and wellbeing for the population of South East London. KHP is committed to a world class Public Health and health care services which takes a life course approach and involves both:

- meeting current health needs through effective primary and community care, secondary and tertiary care
- promoting health and wellbeing to prevent future health needs

Such a strategy will benefit local communities across a broad range of outcomes with associated economic savings within health as well as other areas such as education, employment and criminal justice.

A. Developing academic capacity

- KHP aims to create a centre where world-class research, teaching/training and practice are brought together for the benefit of the population
- Effective collaboration with partners will highlight key Public Health gaps which KHP academic partners can help answer

B. Developing the culture of Clinical Academic Groups so they are public health focused

- Vision and approach of the Public Health strategy underlies its importance in developing the public health culture of CAGs
- There is a reputation element to this work in that the *way* our services and clinicians react to others in the system will demonstrate whether our strategic claim that we are taking public health seriously is perceived as real or not.

C. Public Health interventions to reduce risk and improve health and wellbeing

- Marmot review highlighted that in England, the annual cost of inequality is £56-58 billion.
- Public Health white paper highlights that ill-health is both a cause and result of inequality.
- Scale up effective interventions to national and then international level

D. Community Involvement to improve Public Health

- Recent work with a number of partner organisations highlights KHP's commitment to involving the community in development of the Public Health strategy
- Engagement with the community facilitates ownership and collaborative working also enhances implementation and effectiveness

E. Public Health Collaborative

- Local health and social care system which provides the best possible health and wellbeing
- Whole system approach

- Coordination and collaboration with other partners including those in public health service, LA's and CAGs to enhance effectiveness and efficiency

2) What are our priorities?

King's Health Partners commitment to local people and communities is described in the following terms:
We need to address the inequalities by using our resources to maximum effect. We will

- Strive to enhance healthy lifestyles and promote health and wellbeing by working with key stakeholders to address Public Health and clinical issues
- Continue to use our infrastructure to have a positive impact on the social, environmental and economic context in which local people live, and develop and deliver a challenging environmental sustainability strategy which is vitally important for the health and wellbeing of the population
- Work to eliminate the barriers to accessing our services, employment and education opportunities because we know that our population is diverse and within it there are vulnerable and disadvantaged groups
- Promote fairness and equality for all

A. Developing academic capacity

- Develop a School of Public Health
- Expertise and increased capacity is required to estimate and interpret inequalities and what drives them
- Increased capacity and expertise is required to develop, execute and evaluate interventions and scale up
- Infrastructure to deliver the interventions are required: integrated primary and secondary care databases with capacity to incorporate research databases to deliver personalised medicine

B. Developing the CAG public health culture

- Liaise and listen to views regarding priorities
- Different CAGs doing things slightly differently
- Identify common themes across CAGs e.g alcohol, smoking, obesity
- Use leading edge methodologies to secure cultural change

C. Public Health interventions to reduce risk and improve health and wellbeing

- Importance of considering social determinants of health
- Refer to all data sets including Joint Clinical Needs Assessment
- Identify areas with greatest need and high risk groups: likely to include smoking, obesity, exercise, drug misuse, alcohol
- In terms of improving health and wellbeing the Integrated Care Pilot is a priority

D. Community Involvement to improving Public Health

- Engage different community groups to identify priorities
- Work with range of partner organisations

- Recognise central role of local authorities in harnessing all that influences and improves health

E. Public Health Collaborative

- The London boroughs are developing their health and wellbeing strategies
- Key part of this strategy is identifying priorities for next 5-10 years
- Opportunity to go beyond other models
- Liaise with public health delivery organisations
- Liaise with commissioners and primary care

3) What interventions will deliver the priorities?

Working in partnership to deliver the themes

a. Developing the evidence base for and promoting interventions which prevent physical and mental illness and promote health and wellbeing with resultant behavioural change.
b. Developing the evidence base for interventions which improve public health and wellbeing though community involvement including around effective implementation
    - In setting the agenda
    - In developing the process around arriving at an informed decision around which interventions to choose
    - In implementing the interventions
c. Developing the cultural change programme so that public health activities are a priority for all Clinical Academic Groups
d. Developing a business offer providing Public Health information and support to commissioners and others
e. Building the academic capacity and links regionally, nationally and internationally to support our plans to deliver our Vision

A. Developing academic capacity

- Link academics with themes to identify expertise and capacity required
- Identify models of excellence internationally

B. Developing the CAG Public Health culture

- Link CAGs to Public Health community
- Liaise regarding range of interventions they can be involved with

C. Public health interventions to reduce risk and improve health and wellbeing

- Evidence on what works and what the gaps are
- Look at range of effective interventions

D. Community Involvement to improving Public Health

- Highlight practical issues with what has been tried already
- Identify gaps in access and delivery
- Recent work with a number of partner organisations has identified a number of community interventions available locally. Work done to:
    - Identify what LAs and commissioners want
    - Identify framework to choose partner organisations to lead, set and see agenda through

- Criteria of interventions to take to scale

E. Public Health Collaborative
- Knowledge of what has been tried and is known to work (or not)
- Mapping of available resources
- Highlight practical issues
- Develop a tool/offer

4) Delivery of interventions

Developing the Themes – process and timescale

Charles Wolfe and Zoe Reed to:
- Identify participants and ask them to join 'good enough' groups to take forward each strand and produce a clear delivery plan for each
- Establish a group to coordinate the work of the strands and produce the overall strategy
- Identify resources to support the development of each strand and the overall strategy
- Produce an outline strategy for consideration by KHP Executive and potential funders such as KCL and GSTT Charity by Spring 2011
- Produce a coherent, widely owned strategy and funding bid [s] by the Autumn 2011

A. Developing academic capacity
- Funding of capacity building to deliver the strategy
- Creating environment where Public Health can thrive

B. Developing the CAG Public Health culture
- Training for CAGs to be a part of wider delivery system-Public Health training (e.g. modules of Masters in Public Health)
- Explore latest thinking in ways to achieve cultural change across large social systems-Leadership training
- Employing a KHP Public Health physician to work across themes and particularly CAGs to deliver the strategy

C. Public Health interventions to reduce risk and improve health and wellbeing
- Develop delivery model(s) with D below
- Ensure fit with evaluation framework
- Develop proposals for funding in at least one area to scale of risk reduction and the Integrated Care Pilot

D. Community Involvement to improving Public Health
- Community as part of the solution, not being done to
- Early collaboration with KHP's academic team
- Develop proposals for funding to develop a theoretical framework for engagement with communities and link with interventions (C above)

E. Public Health Collaborative

- Work with colleagues across organisations
- Develop a training tool/offer to colleagues to become 'Affiliates' of KHP
- Develop proposal for funding sustaining coordination of the collaborative function

5) How will we know we have succeeded?

At this stage the shape and scale of the interventions to deliver the strategy require further development and the plan will then be to specify 1, 3, and 5 year measures of success.

Timelines and Funding

Immediate

- There is a need to draw down on KHP funding to employ someone to support the strategic development and development of proposals for funding and develop the themes

By Autumn 2011

- Develop proposals for a School of Public Health with KCL, GST Charity, Professor Gillings and the NIHR School of Public Health, - scope, structure, leadership, capacity in areas identified in this strategy
- Identify Public Health priorities for CAGs and develop proposals for interventions for funding-training, leadership and a Public Health Physician
- Identify priority areas for interventions through the Collaborative and Community Involvement themes and develop proposals for interventions for funding

Within 1 year

- Secured funding for aspects of the School of Public Health and appointed to key posts
- Secured funding for 2 CAG Public Health interventions and CAG culture change proposals
- Secured funding for 1 major intervention to reduce risk and evaluation of the Integrated Care Pilot

Public Health Strategy	**Themes for developing the strategy**				
	Developing Academic Capacity	*Developing the CAG Public Health culture*	*Public Health Interventions*	*Community involvement*	*Public Health Collaborative*
What is the vision and approach to working?	School of PH, Develop tripartite mission for PH,Work collaboratively to identify innovative solutions	Embrace KHP vision	Innovate locally and to scale	Develop civic society and social cohesion	Synthesise KHP strategic framework, grand challenges etc Establish values for joint working
What are the priorities?	Identify drivers to inequalities and health and wellbeing, Increase capacity for evaluation, Improve data integration across sectors	Identify common themes across CAGs	Refer to JCNA but likely to include smoking, obesity, alcohol, drug misuse, exercise. Integrated Care Pilot	Refer to JSNAs Engage different community groups	Refer to JSNAs and developing priorities for the Boroughs Knowledge of what has already been tried
What interventions will deliver these?	Academics to work across themes	Link CAGs to PH community	Evidence on what works and what the gaps are	Highlight practical issues with what has been tried already Identify gaps in access and delivery	Knowledge of what has been tried and is known to work (or not) Highlight practical issues
How will these interventions be delivered?	Funding, environment	Training for CAGs to be a part of wider delivery system. Training in PH, Leadership, Employ Public Health Physician	Develop delivery model(s) Ensure fit with evaluation framework	Community as part of the solution, not being done to	Joint working, Offer of KHP skills to sector, Develop training opportunity for colleagues
How will we know we have succeeded?	Needs milestone objectives based on full Strategy development	Needs milestone objectives based on full Strategy development	Needs milestone objectives based on full Strategy development	Needs milestone objectives based on full Strategy development	Needs milestone objectives based on full Strategy development

Appendix 2

Summary of actions to implement the five themes of KHP Public Health Strategy

A. Developing academic capacity to design interventions and contribute to delivery of the strategy

- Vision and approach: create a centre where world-class research, teaching/training and practice are brought together for the benefit of the population
- Priorities:
  - Develop School of Public Health
  - Identify drivers to inequalities and health and wellbeing
  - Increase capacity for evaluation
  - Improve data integration across sectors
- Interventions:
  - Academics to work across themes
  - Identify models of excellence internationally
- Delivery of interventions
  - Funding of capacity
- Evaluation against milestone objectives of full strategy

B. Developing the culture of Clinical Academic Groups

- Vision and approach: Develop the culture of CAGs so that they are Public Health focused in all their behaviours and priorities
- Priorities:
  - Liaise and listen to views regarding priorities
  - Identification of common themes across CAGs
  - Use leading edge methodologies to secure cultural change
- Interventions:
  - Highlight range of effective public health interventions relevant for each CAG
  - Link CAGs to PH community
  - Liaise regarding range of interventions they can be involved with
- Delivery of interventions:
  - Training for CAGs to be part of wider delivery system (e.g. modules of Masters in Public Health)
  - Cultural change through leadership training
  - Employ public health physician to work across themes and CAGs
- Evaluation against milestone objectives of full strategy

C. Delivering Public Health interventions to reduce risk and improve health and wellbeing

- Vision and approach:
  - Innovate locally and to scale
  - Scale up effective interventions to national and then international level
- Priorities:
  - Refer to all data sets including JSNA
  - Identify areas with greatest need and high risk groups

  - Likely to include smoking, obesity, alcohol, drug misuse, exercise, and those supported by the integrated care pilot
- Interventions:
  - Identify the evidence base for a range of effective interventions which prevent physical and mental illness and promote health and wellbeing with resultant behavioural change
  - Develop criteria for which interventions to implement
  - Decide which interventions to implement
- Delivery of interventions:
  - Develop delivery model
  - Develop proposals for funding in at least one area to scale of risk reduction and the Integrated Care Pilot
- Evaluation against milestone objectives of full strategy

D. Community Involvement to improve Public Health

- Vision and approach: Increased community involvement to build commitment to action and co-design in choice of interventions, delivery and evaluation resulting in increased likelihood of successful spread and take up
- Priorities: wider involvement to include process for deciding priorities in collaboration with existing stakeholders
- Interventions
  - Highlight and clearly communicate evidence base of what is known for different interventions
  - Highlight evidence base for impact of community involvement on effectiveness of interventions
  - Highlight practical issues with what has been tried already
  - Identify gaps in access and delivery
  - Decide interventions to be implemented with community and other partners
- Delivery of interventions
  - Community to be part of solution to effective implementation
  - Early collaboration with KHP's academic team
  - Develop proposals for funding to develop a theoretical framework for engagement with communities and link with interventions
- Evaluation against milestone objectives of full strategy

E. Public Health Collaborative for joint working

- Vision and approach: coordinate and collaborate with other partners including those in public health service, LA's and KHP CAGs to enhance effectiveness and efficiency
- Priorities
  - London boroughs are developing their health and wellbeing strategies
  - Key part of this strategy is identifying priorities for next 5-10 years
  - Opportunity to go beyond other models
  - Refer to JSNAs and what has already been done
  - Liaise with public health delivery organisations
  - Liaise with commissioners and primary care
- Interventions
  - Highlight evidence for range of public health interventions

  - Knowledge of what has been tried and is known to work (or not). If effective interventions have not worked, identify reasons
  - Mapping of available resources
  - Highlight practical issues
  - Develop a tool/offer
- Delivery of interventions
  - Offer of KHP skills to sector
  - Training opportunities for colleagues
  - Develop proposal for funding sustaining coordination of the collaborative function
- Evaluation against milestone objectives of full strategy

Appendix 3

Several interventions including facilitation of community involvement

The following section includes summaries of some interventions and work of organisations which contributed to the working group which developed Strand D on Community Involvement. These were

A. Community Organising and London Citizens
B. DIY Happiness
C. HELP project
D. John Donne school
E. Mindapples
F. Mindfulness interventions
G. Mental Wellbeing Impact Assessment
H. Oxford Muse
I. Time Banks

A. Community Organising and London Citizens

What is Community Organising

Community Organising is a particular approach to community engagement. Professional Community Organisers work with a membership of established local civic institutions, primarily faith communities and schools. This gives access to large numbers of local people, in relationship with one another, in a permanent institutional setting. In each of these local institutions, teams of community leaders are identified and trained in Community Organising. They run a 'Listening Campaign', which builds an authentic, locally owned set of priorities for social change, through thousands of conversations and small group meetings. This includes genuine interactions with relevant statutory agencies and professionals. The value of the Community Organising Listening Campaign lies in the co-production of a specific, achievable agenda that has a body of organised citizens owning it and ready to act and persevere to make it happen.

Evidence base for Community Organising

i) Effectiveness of community organising to engage people

- Community organising has been used in 14 family health care projects to successfully engage people to enable them to address a variety of issues including overscheduled children, diabetes and challenges faced by unmarried fathers (Doherty et al, 2009)
- The London Citizens membership now stands at 240 civil society institutions (approximately 250,000 people). Each member institution pays between £700 and £2000 annual dues, as evidence of their ownership of the alliance.
- The effectiveness of Community Organising as a means of community engagement is demonstrated in the regular participation and large turn-out of this membership at London Citizens events, Assemblies and actions. This has not been researched but it is evident in the coverage of our work.

ii) Effectiveness of community organising to improve health outcomes.

Evidence from the USA highlights that Community Organizing can improve public health as a result of local ownership and civic capacity built around health. The following studies find that Community Organising adds value to or out-performs the more conventional agency-led approaches:

- Community organising has been associated with changes in alcohol related behaviour among 18-20 year olds as well as reduction in establishments selling alcohol to young people although the study did not include statistical analysis of whether this was significant (Wagenaar et al, 1999)
- Community organising can engage young people and adults in prevention of drug, tobacco and alcohol use as well as violence although the study did not include statistical analysis of whether this was significant (Bosma et al, 2005)
- Community organising has been used to reduce tobacco smoking although studies did not find statistically significant effects (Blaine et al, 1997; Forster et al, 1998)

In UK, there are several examples of Community Organising although this has not been evaluated. Three examples of relevant work include:

- The London Citizens Living Wage campaign which has strived to lift 10,000 London families out of poverty. The Living Wage is specifically mentioned in the Marmot Review as a way to combat health inequalities.
  - http://www.guardian.co.uk/society/2011/may/01/living-wage-campaign-10-years
  - http://www.london.gov.uk/media/press_releases_mayoral/record-rise-london-living-wage-puts-%C2%A355-million-pockets-capital%E2%80%99s-low-p
- The South London Citizens Lunar House Enquiry and subsequent engagement with the UKBA resulted in the redevelopment of the Lunar House Centre in Croydon which aims to improve the well-being of vulnerable asylum seekers.
  http://www.croydonguardian.co.uk/news/4816303.New_waiting_area_at_Croydon_s_Lunar_House_finally_completed/
- The CitySafe campaign that has involved thousands of citizens in a street safety initiative, building effective relationships between police, Local Authority and shopkeepers and improving the feeling of security amongst young people.
  http://news.bbc.co.uk/1/hi/england/london/8368108.stm

Local capacity of London Citizens

- As the primary UK Community Organising charity, London Citizens has a 20 year track record of using this approach to build civic capacity and make change (see earlier examples).
- Trained Community Organisers – 25 professional staff in London practicing a particular approach to leadership development and social change that has a 70 year track record in the States and a 20 year track record here.
- Strong relationships with civic institutions in South London – particularly schools and faith communities. Currently there are about 40 schools, churches and mosques across Lambeth, Southwark and Lewisham that pay membership dues to South London Citizens and where we have trained and active teams of community leaders interested in working on health.
- Relationships with leading researchers and practitioners in the States such as Professor Harry Boyte (University Minnesota) and Professor Marshall Ganz (Harvard) who are using Community organizing to turn local civic institutions into engines of public health and to enable health institutions themselves to change and become more engaged with communities.

Description of community organising proposal evaluation to improve public health in London

- Our interest is in a well-researched UK example of using community organizing to enable schools and faith communities in South London – in partnership with health professionals – to build a public agenda that they own and will drive through.
- Project would use the methods of Community Organising to engage local communities in setting and implementing a community health agenda. The key feature of this model of Community Organising is working with

community leaders in existing civic institutions to identify, agree on and take forward common concerns.

- The methodology – "Listening Campaign" in the terminology of the model – will include in this application: establish and maintain interest and ownership amongst partners including NHS & LA (as you are already doing)
  - Identify teams of community leaders within specified local institutions (schools, faith communities, GP practices) already associated with London Citizens and train them in tools of Listening Campaign: 'power analysis', '121 conversations', 'house meetings', 'problem to issue', etc.
  - The trained teams of leaders carry out thousands of 121 conversations and small group meetings, larger neighbourhood meetings and local democratic assemblies in order to build community capacity around a common agenda.
  - This will be a distinct set of health priorities with specific plans for action, each having a dedicated team of committed community leaders to take it forward and ownership amongst health professionals.

Effect of Community Organising

- A health agenda that has been authentically developed through very many face to face conversations and small group meetings. This agenda will include proposals for community-led health education and behaviour change, proposals for adjustments to local health service provision, and proposals for broader social and economic change that benefit health outcomes.
- An organised body of people – teams of community leaders, working with partners in the NHS & LA – who have ownership of that agenda and are willing to act and persevere to see it carried out.
- Implementation of the initial stages of the agreed agenda/plan for a specific community health project – and co-write a grant application to a relevant funding body to fund it. The initial work will include collection of pilot data to support the application.
- Learning and refining how the Community Organising methodology can be focussed explicitly on health issues and localised to South London communities.

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B) Do-It-Yourself Happiness

What is it?
DIY Happiness (DIYH) uses humour, creativity and the evidence emerging from the field of positive psychology to increases people's ability to 'bounce back' from adversity, reduce both the physical and the psychological impact of stress, increase resilience, and build durable personal resources. It has been operating for the last 3 years in 20 of the Lower Super output areas (LSOA's) facing the greatest health inequalities in London. DIYH is funded by the Big Lottery as part of a wider programme of work - Well London (http://www.london.gov.uk/welllondon/).

How the project operates
"[In order to be effective] Health improvement needs to move away from unexciting, piecemeal propositions – 'eat less fat', 'walk more' – to an aspirational vision selling satisfied and lives, integrating physical health with mental and emotional well-being. Health improvement also cannot be imposed. The public have to get enthusiastically involved for efforts to be not only effective, but also sustainable." CSIP, Social Marketing and Mental Health briefing, Oct 2007

The project consists of three parts:

1 . Can Money Buy Women Happiness – create understanding and inspire
A series of 8 participative workshop/experiences run over 2 months around the theme of Can Money Buy Happiness? Each includes explicit information based on the 'science of happiness', practical activities, and take-away information and advice about health and well-being. Each workshop enables women to explore and discuss evidenced-based messages relating to well-being inspired by the 'Five ways to Wellbeing' identified in the Foresight report. (Connect, be active, keep learning, take notice, give.)

2. Dare-to-Dream (D2D) – taking control
As well as exploring 'the science of happiness' in an experiential way, each participant is encouraged to 'dare-to-dream' – to develop their own idea for something that they feel will increase happiness locally for themselves, their families and/or their communities. Participants are encouraged to use the Foresight report's 'Five Ways to Well-being' to underpin their ideas and to develop and cost their ideas based on a budget of up to £500 and then supported to put them into action.

3. Can Money Buy Happiness kits - spreading the message
A social marketing company worked with participants to design a DIY Happiness kit that they would give to others to promote happiness and well-being. This approach aims to support the women to spread the 5 ways messages and what they have learned about well-being to their families, friends and communities.

Results
A total of 160 workshops involved 320 women from 20 LSOA's in 60 investments in happiness and well-being as part of Dare-2-Dream. An evaluation undertaken by the University of East London concluded that the project had succeeded in engaging women in activities which impacted on their subjective wellbeing by changing their knowledge, attitudes and practices regarding their mental health, self care and ways of working with others.

- The project was successful at engaging from a range of ages and targeting those who were unemployed and from ethnic minority background
- Statistical analysis of 141 individuals found that mental and subjective wellbeing was higher following the workshops and participants were more optimistic about the future, felt more resilient, were more appreciative of social relationships and had experienced more trusting relationships with others
- Participants had greater understanding of their mental health and wellbeing, its close association with physical health as well as how to enhance and protect it

Qualitative analysis of narratives, generated by four focus-groups and six one-to-one interviews with women from across a range of London boroughs, collaborates and expands further the statistical results and shows the following as some of the key, recurrent themes:

Being with others: establishing new, positive networks
The opportunity to establish connections with others by sharing positive experiences, was reported as one of the *most* valuable aspect of the project by all the participants.

> *"They wouldn't be people that I would normally see and say hello to in the street, you know…I'm always going to look at it I have something to learn from them and equally they to me. So, you know, it changed my attitudes …"*

A catalyst for gaining positive control (empowerment)
The DIYH workshops were described by the participants as a catalyst for a view that feelings of happiness can be self-cultivated, given the right tools.

> *"What I learned here is that I can bring happiness by myself. I don't have to get it from someone, 'cause I can do it, I can create the happiness. […] They show us how I can do it for myself. […] And they think I can do it and, yes, eventually I will be happy and then like I said earlier if I get happiness, my kids gonna be happy."*

The reported impact of the DIYH in these women's lives also translated beyond the facilitated context of the workshops. Their experiences on project and the kick-start of the Dare2Dream financial component also served as a catalyst for *practical* changes alongside emotional changes:

> *"I've signed up for a few more courses so it's sort of given me inspiration to have a sense of community spirit, all that stuff, so for my personal growth I'm starting an introduction to social work course which is something that I've been wanting to do for a very long time and um I've felt it was something I needed to do for me. Although I'm*

a mum, there are still things that I could do that's going to fulfil me. I felt […] I had to also give something back to my community as well"

"Be the change you want to see": increased self determination and resilience capacity

Their experiences on the project fuelled their hope; engendered a sense of personal control (seeing they can make a difference to their ways of being in the world) and confidence in themselves as agents of change. It activated their resilience capacity:

> "*Yes, to be positive and to go forward and whatever you want to achieve you can achieve it if you go forward without looking back 'cause I think the aim of it was the DIY happiness to look forward other than to look back. So that's what it has enabled me to do. To um, you know, look forward."*

You can follow DIY Happiness at:
Twitter: www.twitter.com/DIYHappiness
Facebook: http://www.facebook.com/pages/DIY-Happiness/191365004228760
Website: www.diyhappiness.co.uk
Email: hello@diyhappiness.co.uk

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C. Health education centre proposal by John Donne school

This sets out a proposal by John Donne School and partners in response to the KHP objective to improve public health through community engagement. John Donne Primary School is a two form entry primary school offering places from Nursery to age 11. The school community is committed to the concept that life chances and therefore education… are dramatically affected by your social relationships and personal well being and our offer addresses this directly.

Case for intervention in Peckham
Strong evidence indicates that public health is more than a process of treating illness is compelling and growing. Recent research below covers some of the concerns about inequality and its impact on public health from local, national and international perspectives.

Substantial inequalities remain in the Southwark so that boys born in Surrey Docks ward can expect to live 17 years longer than boys born in Nunhead ward and girls born in Chaucer ward can expect to live 10 years longer than girls born in Nunhead ward (Southwark`s Children's and Young People`s Health – 2008-9` Report by the Director of Public Health, Southwark).

Furthermore, the following public health statistics exist for Southwark (from briefing on health in Peckham by Dr Jin Li, Consultant in Public Health, NHS Southwark & Southwark Council):

a. Births and maternity
- The more socially deprived areas have higher rates than the less deprived parts of the borough.
- Southwark has a considerably higher infant mortality rate than London and England. There is a strong association with deprivation. Higher infant mortality rates are also seen amongst Black African women and young mothers (under 20 years old).
- Previous analyses have identified teenage conceptions to be of concern.

b. Childhood obesity
- Southwark has the highest obesity rates nationally for Reception and Yr 6 children. Peckham is identified as one of the hotspots for obesity and overweight children.

c. Heart disease
- Peckham GPs have a lower ratio of reported versus expected prevalence of CHD compared to the rest of the borough and nationally, and for some practices, the management of cholesterol and blood pressure can be improved.

d. Diabetes
- Type 2 diabetes is strongly associated with unhealthy weight and poor lifestyles. The recording and detection of diabetes is relatively high for Peckham GPs which may be a reflection of the local socio-demographics: For most of the Peckham practices, there needs to

be considerable improvement including addressing unhealthy weight, promoting healthy eating and physical activity and smoking.

e. Respiratory

- There is wide variation in the detection of chronic obstructive pulmonary disease between the Peckham GPs and some variation in the diagnoses confirmed by spirometry.

f. Cancer screening

- Screening coverage is relatively low for the Peckham GPs and do not meet national targets. Improved screening and awareness raising can highlight the importance screening and how to access this.

'The Spirit Level: Why Equality Is Better for Everyone` by Wilkinson and Pickett (2010) highlights the vital importance of social relationships to human health and well-being and show that higher levels of income inequality damage the social fabric that contributes so much to healthy societies. Now, a major new review of the evidence from almost 150 studies confirms the important influence of social relationships on health. People with stronger social relationships were half as likely to die during a study's period of follow-up as those with weaker social ties.

The Home Front report by Balzalgette and Maro (2011) highlights case studies all from John Donne School. The report recommendations are organised according to five key policy aims:

- build the parenting skills base
- target parenting support according to need
- apply the early intervention principle beyond the early years
- make shared parenting a reality
- support social networks and collective efficacy

The Peckham health information at General Practice (GP) level is based on the APHO profiles (February 2011) and NHS Southwark Polysystem Profiles (Mar 2010). The practices considered are:

- 4 practices in the Lister (Peckham Road)
- Acorn Surgery (Peckham High Street)
- Queens Road Surgery (Queen's Road Peckham)

Proposal to move GP practice to opposite John Donne School

For the last 2 years the school has been developing a vision to combine priorities in health and education. This vision has 3 sources of inspiration:

- The Peckham Experiment (an iconic investigation into health and wellbeing from the 1920-40s)
- The School Governors and staff
- The wishes of the parents and carers of John Donne children: `*The Home Front` Jen Lexmond, Louise Bazalgette, Julia Margo, Demos 2011*

A unique opportunity presents itself now in the form of the site of Tuke School, across the road from John Donne. The site was vacated in September 2010 and is due to be sold as part of Southwark's housing programme.

1. Use of Tuke site would allow the school`s vision to be expressed fully:

- Moving he Queen's Road Practice 20 yards away, which would maintain services for the 6,000 list
- Social space for community use… café, education, recreation
- Facilities for provision of out of hospital care and pilot projects to address local health priorities
- Multidisciplinary training (teachers, health professionals, social workers)
- The facilities and support for the development of other public health activities typified by organisation such as `Time banking ` and `Citizens UK`. The inclusion of these organisations would further help the growth of a dynamic and enterprising community and the close links with health care and education would establish a strong cohesive community in Peckham

2. This proposal would:

- Mitigate the long term impact of material deprivation and poor wellbeing scores on the long term health of Southwark children through reducing childhood poverty and improving life chances for those in the most deprived circumstances.
- Act to continue to reduce the numbers of excess deaths amongst young people.
- Further work is needed to improve on the unhealthy lifestyles of Southwark's secondary school pupils.
- Work with local communities to raise awareness of long term conditions and access to services, support health advocacy groups and the development of culturally relevant self-management condition groups.
- Recommendations of the Home front report (2011) can be addressed with a public health and education link project at John Donne school using the Tuke building.

3. The project would allow new focus of inter-agency governance to be tried and evaluated and the scheme would lend itself to formal evaluation by KCL.

4. Much of the initiative would be funded through community agencies:
    - Primary care facilities and services through NHS commissioning
    - Out of hospital care through NHS commissioning
    - Multidisciplinary training through the relevant agencies

5. Other funding would be required for project management and evaluation, minor capital works and rent of the Tuke site.

Initial discussions show that the Queen's Road Practice, the outgoing NHS Southwark and King's College Hospital were very supportive, and the concept has also been discussed with the leadership of KHP and the Guy's and St Thomas' Charity. Southwark Council remains reluctant to allow an asset which is included in the housing programme to be used for other purposes. However, they may be willing to support the vision if the support of partners and the wishes of local people were clearly expressed.

Many of the educational activities will be extensions of the school`s current activities.

Project evaluation

We would see a way to evaluate the project through:

a) addressing the challenge of sharing targets across the different disciplines

b) succeeding in addressing the challenge of governance in a multi-disciplinary organisation

c) using the markers indicated in the DEMOS research as a way of determining the impact of the project on the community

D) Health Empowerment Leverage Project

What the HELP intervention involves
HELP provides an accelerated form of community development designed to achieve effects economically within a given timescale. It builds on 15 years of experience in 6 sites. It focuses on geographical areas such as the most deprived estates, both rural and urban. The HELP process ensures that the intervention prioritizes issues that matter most to local residents and helps agencies deliver more responsive services.

It begins with gearing up service providers to listening to residents and joint problem-solving and goes on to create a partnership of residents and service providers in which health and other improvements are identified and action taken. Local leaders emerge, difficult issues are tackled (not without conflicts), residents gain confidence and services are stimulated into responsiveness. A facilitator leads the residents and agency staff through a seven step programme called C2 (shorthand for Connecting Communities (see http://www.healthcomplexity.net) which is the HELP fieldwork model of choice. The process depends on local health and other agencies working together with residents to target the things they have identified as making life better on the estate.

The HELP project is funded by DH to explore the business case for community development

HELP programmes and antecedents
This form of intervention was developed by frontline health practitioners with support and evaluation by academics from Peninsula Medical School at Exeter University. It has a track record of transformative health and wellbeing outcomes in several different sites over a number of years.

The intervention was carried out in a disadvantaged neighbourhood in each of three contrasting PCTs during 2010. Inputs and outcomes are being tracked. These are some of the outputs achieved within one year in Dartmouth (Townstal):

- A new dental service was established
- A derelict area, the estate's only central open space, was transformed into a playpark
- Well attended social events and football sessions were regularly held
- Relations with the local housing associations were improved and tenants were more satisfied.
- Summer holiday activities for all ages took place
- Anti-social behaviour was reduced
- A plan for social renewal through further activities was agreed
- Community partnership provided citizenship lessons at community college
- Youth community forum established
- New weekly community 'hub' for activities at community hall

A review of the longer term effects of an earlier C2 project on the Beacon Estate in Penwerris, Cornwall, found major improvements between 1995 and 2000 in education, health, employment and crime (Stuteley and Cohen, 2004; Durie et al, 2004). Attempts to substantiate these statistically remain uncertain since numbers were small and chains of cause and effect complex, but improvements appeared to outstrip national trends at the time, and the sense of an overall positive momentum of development driven by the project was attested in successive meetings of residents and service providers.

The complexity of effects is illustrated by the project's relationship to a regeneration grant. The creation of the neighbourhood partnership opened the way to applying for a national 'Capital Challenge' grant of £1.2m. Having a credible residents' organisation was a condition of the grant, which was then matched by a further £1m by the local authority. The resident-led partnership negotiated successfuly for a leading role in how the grant was used. The resulting improvements to the estate's housing were therefore felt as 'owned' by residents, reinforcing all that they were doing through a plethora of new community groups, social projects and volunteering. The dynamic interaction of the physical and social improvements was undoubtedly of great benefit to the estate and provided an impetus to self-generated improvement which is still reaping rewards in 2011.

Comparable results have been seen in Balsall Health, an estate in Birmingham that independently developed a similar method (Atkinson, 2004). Dr Atkinson is also supporting the HELP pilot intervention in Solihull.

Systematising HELP to be replicable and cost-effective

HELP will continue to run a small number of local projects directly whilst also providing training based on the C2 7-step method to enable local people, both lay and professional to apply the system in their locality and to link with the growing network of projects. Facilitating links between new and mature sites is a key part of the process. The training programme is appropriate for a wide variety of frontline service providers, such as health visitors, housing staff, community development workers, health trainers, voluntary sector workers, teachers, police officers and indeed local councillors and other residents. The programme responds to the need for change, responsiveness and flexibility as seen by health commissioners, local authorities and other service agencies.

At the same time HELP is continuing its work to produce a model for demonstrating the cost-benefits of this form of intervention in terms of savings to health and other public budgets, and will produce an overall report within 2011.

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E) Mental Well-being Impact Assessment – a toolkit for well-being

What is Mental Well-being Impact Assessment?
Mental Well-being Impact Assessment (MWIA) is a methodology developed over the last 6 years and tested on over 500 programmes in England (Cooke et al, 2011). It combines robust Health Impact Assessment methodology with up to date evidence on the determinants of mental well-being. It engages a wide range of partners in systematically assessing a policy, programme, service or project and making recommendations for improvement and monitoring. MWIA can be used as part of other impact assessments or as a stand alone process. The MWIA toolkit provides a practical step by step guide.

The process enables a shift in thinking and resources to improving well-being. This enables partners and sectors to transform systems from those that concentrate on managing the consequences of poor well-being (high crime, unemployment, illness, intolerance and underachievement) to ones that tackle its determinants: control, resilience, participation & inclusion.

The MWIA is cited as a helpful tool in:
- The Mental Health Strategy *No health without mental health* (HMG 2011) supporting document *Delivering better mental health outcomes for people of all ages* (HMG 2011)
- *The Commissioning mental wellbeing for all- A toolkit for commissioners* (2010, NMHDU/UCLAN)
- *The role of Local Authorities in promoting population wellbeing* (2010) report commissioned by NMHDU and LGID
- *'Public mental health and well-being – the local perspective.'* The NHS Confederation 2011

Benefits of undertaking MWIA
The outcomes from undertaking MWIA have been positive and suggest that MWIA has a central role to play in:
- Improve focus to create better responses to improve well-being.
- Developing shared understandings and coherence of mental well-being with a range of partners.
- Evaluation: Ensuring policies, programmes, services and projects have a positive impact on well-being, with meaningful indicators of success.
- Actively engaging all partners in service development and fostering co-production of well-being.
- Supporting community needs assessment and the development of relevant and meaningful local indicators.

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F) Mindapples

Mindapples is an award winning London-based social enterprise started in 2008 that that works with health professionals, employers and individuals. It uses social marketing and engagement techniques along a life-course framework to draw people into a conversation about mental health and wellbeing. It takes a question-based, non-prescriptive approach, using the 5-a-day metaphor, to show individuals that they have control over their own mental wellness. It stimulates people to consider their mental health and wellbeing; reflect on what they need and take simple actions to look after themselves better. It uses participatory events and scalable digital tools to gather individual suggestions and create powerful, personalised behaviour change campaigns that respect individual and cultural values. Mindapples reaches out to mainstream audiences to build a shared sense of control and responsibility for mental wellbeing and to move discussions about mental health to a more constructive and positive framework.

The Mindapples approach is based on a synthesis of constructivist learning theory; self-regulation and co-regulation; metacognition; behavioural change; personal agency theories and social research in the area of preventative approaches to mental health.

Mindapples engages with a variety of organisations ranging from large commercial firms such as British Gas to public sector institutions such as the South London and Maudsley and local groups such as Transition Town Brixton. In March 2011 it won two innovation challenge prizes from the Cabinet Office Innovation Hub and NHS Innovation Centre. It has received significant media attention, endorsements from the Guardian, Young Foundation, RSA, University of East London, BBC and the NHS Confederation, and a huge array of positive responses from the 5000+ individuals who have taken part.

Mindapples is now working in partnership with South London and Maudsley NHS Foundation Trust and NHS South East London and is currently being trialled by seven self-selected GP surgeries in Lambeth following successful initial public pilots all around the UK in 2010. Peer-reviewed evaluation of this programme is currently being conducted by the Institute of Psychiatry at Kings College London.

Mindapples uses subjective and objective data collection methods in the form of short questionnaires, semi-structured interviews, focus groups, insight and demographic data to robustly measure the success of its approach. It uses a number of indicators and outcomes to measure its impact that centre around: perceived helpfulness; the number and type of stated preferences and self-directed actions by participants that benefit mental wellness; the extent of increased perceived individual control over their health (the core Mindapples's message); change in conversations and attitudes about mental wellbeing; and the number and type (demographic, attitudinal) of people engaged in the learning process of the Mindapples experience.

Early findings have shown high levels of engagement, positive response and learning outcomes, and have attracted funding from Guys and St Thomas's Charity for further study. Personal preference data is collected during the Mindapples questioning process which offers valuable insights for policy design and appraisal.

www.mindapples.org

G) Mindfulness interventions

Effect on health
Mindfulness-based interventions have substantial benefits for both reducing distress and enhancing mental wellbeing in a range of groups including those with physical health disorders and prison populations (Grossman et al, 2004). One meta-analysis which considered 21 studies of MBCT or MBSR found overall medium effect size at follow up (*d* = 0.59) (Baer, 2003). Another meta-analysis of 20 studies (including 7 RCTs and 3 quasi-experimental designs) which included 1605 subjects found overall medium effect sizes for physical and mental health benefit (d = 0.50-0.53) (Grossman et al 2004).

Mental health benefits
A meta-analysis of MBSR identified 10 studies (including 6 RCTs) showing its effect on reducing stress in those without mental illness (Chiesa and Serretti, 2009). A meta-analysis of 39 studies of more than 1,140 participants found that mindfulness-based therapy had at least medium effect sizes on improving anxiety and depression (Hofmann et al, 2010). Furthermore, effect sizes were even larger for patients with anxiety and mood disorders (0.97 for improving anxiety symptoms and 0.95 for improving mood symptoms). Mindfulness Based Cognitive Therapy (MBCT) has been shown to be at least as effective as maintenance antidepressant medication in preventing relapse in recurrent depression and more effective in reducing residual depressive symptoms, psychiatric comorbidity and quality of life (Kuyken et al, 2008). MBCT is included in NICE (2009) guidelines for the management of recurrent depression.

Physical health benefits
Additionally, RCT level evidence highlights benefits in physical health for both patient and non-patient samples. A systematic review which included 3 RCTs highlighted benefits for cancer patients (Smith et al, 2005). Improvements have also been found in reduced health risk taking behaviour, including smoking cessation and drug misuse services in prisons (Bowen, 2006).

Children and schools
A review of mindfulness-based interventions for children and adolescents found general support for this intervention although highlighted lack of high quality studies (Burke, 2009).

Local availability
- The Mental Health Foundation website highlights several 8 week courses costing £200-300 http://bemindful.co.uk/learn/find_a_course
- Various other courses in South London vary in price from £200-411
- Maudsley Psychotherapy Service MBCT for Southwark, Lewisham and Lambeth as part of IAPT patients provides 3 groups per year.
- Lewisham primary care has just started but probably able to offer 3 groups per year.

- Southwark IAPT offers 5 groups per year with each group having 10 places. They have also just started offering a drop in support one evening a month. A course was also run by Jim Clark for carers

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H) Oxford Muse intervention

Background
The Oxford Muse Foundation has pioneered three methods to counter isolation and its impact on mental health and well-being: (1) Structured Conversations between strangers (2) Written and Video Self-Portraits (3) Mental health at Work

Intervention
1) Conversations (one-to-one) using the Muse Menu of Conversation which enables strangers and people from social or ethnic categories that seldom meet to be better understood, to clarify their own aspirations and to cement relationships with others from a different background.

Evidence of impact: 2000 participants from different communities and socio-economic level show over 90% high satisfaction. Grant from Esme Fairbairn Foundation to pursue these conversations.

2) Portraits Written Self-Portraits of 2-4000 words created with the help of the Muse template enable people to explain themselves, and use them as 'passports' that are much more accurate than CVs. A selection of these portraits can be found on the Oxford Muse website and in two volumes: *Guide to an Unknown City* (2004), which contains the writings of a wide variety of Oxford residents, revealing the limits of contacts and understanding between and within communities, and *Guide to an Unknown University (*2006) which allowed professors, students, alumni, administrators and maintenance staff to reveal what they do not normally tell one another, and which showed how little contact there was between these groups. 50 Video Portraits have been made by MA Film Studies Students of London University as a pilot for a project to teach young people to make portraits of their communities using mobile cameras. The relevance of these portraits to health professionals as a way of engaging with and understanding the background of their patients is being investigated in a project just beginning in a South London area with a highly mobile and changing population.

Evidence for impact: 150,000 visits last year to the Muse website on which these portraits are exhibited; comments by portrait writers on the effect of the experience on website; exhibition of video portraits at National Portrait Gallery

3) Remedying the damaging effects of work is being investigated in a project with salespeople at IKEA in which a Muse was established inside the Cardiff IKEA store, introducing a variety of educational and cultural activities.

Evidence of effectiveness: The IKEA project was filmed and is now being edited to demonstrate results visually and from the comments of those who went through this experience.

Potential local capacity in south London
Lewisham Borough Council and a Network of Community Leaders in Lewisham have inaugurated a project with the Oxford Muse and its subsidiary the Lewisham Muse to implement these strategies, awaiting funding.

References
For the evidence about the effects of social isolation on mental health see statistics in *London Foresight Mental Capital and Well-being Project* (2008), 5-11. AgeUK and Gulbenkian Foundation, *Campaign to End Loneliness* (2010)

I) Time banking

What is time banking?
A time bank is a 'virtual' bank where people can deposit the time they spend helping each other and withdraw that time when they need help themselves. It is essentially a mutual volunteering scheme using time as a currency. Time banks have been widely used within broader regeneration and urban renewal programmes. There are also a number of examples of their use in primary care, in recognition that feelings of isolation may be a significant source of poor health status and that many presenting problems are social, rather than medical, in origin.

Types of time banking
Three broad approaches to time banking include:

- Person-to-Person model: This usually involves a 'broker' who facilitates exchanges between individuals and develops the membership of the time bank. There are different ways that person-to-person Timebanking services are set up:
  - *An independent, stand-alone local organisation run as a self help group, a co-operative, not-for profit organisation or charity*
  - *A two-way service run by statutory agencies utilising existing staff time and resources in*
  - *A two-way service run by a third sector organisation or social enterprise as one of many services they provide for the local community.*
  - *A service commissioned by local statutory and voluntary agencies in response to identified needs - communities of interest Small local neighbourhood time banks run and shaped by neighbours*
- Person-to-Agency model: This is coproduction in action. An organisation enlists people to contribute to its mission or objectives. Service users or local communities act as agents to help an organisation to realise its goals and are rewarded with time credits. The main aim is to encourage a culture change within the agency so that paid staff see themselves as facilitators of co-produced services as well as service providers.
- Agency to Agency in which organisations are using time credits as a medium of exchange to share skills and resources with each other. The internet is used to inform organisations of the offers and requests and to record the exchanges. This model has been extensively developed as Camden Shares and Timberwharf TB sees the 'Shares' model as possibly being the best way to gain wide interest and support for timebanking within the broadest range of partner organisations within LB Hackney

Evidence for time banking
The first major evaluation of time banks in the UK found that they are successful in attracting participants from socially excluded groups and people who would not normally volunteer including older people, black and minority ethnic groups, those with disabilities and long term illness, and those on low income (Seyfang and Smith, 2002; Seyfang 2003). 60% of referrals to time banks were from GPs and health workers. Evidence is

limited although Friedli (2007) reported improved quality of life through social interaction and having practical needs met. For those with depression, it resulted in confidence, friendship and new skills. It was also an alternative for people reluctant or unable to use psychological therapies and served as a system of social support for more vulnerable patients. Time banks are associated with increased social capital buy including isolated groups into broader social networks (Collom, 2008). Several time bank programmes have been associated with improved wellbeing and fitness as well as reduced hospitalisation and medication which were attributed to reduced isolation as well as the specific programmes (Boyle et al, 2006; NEF, 2008). Time banking can increase the amount of social contact for isolated people and also facilitates being able to contribute which in turn can lead to feeling valued and having meaning in life (NEF, 2008). Time banking also promotes inclusion of those with mental health problems with the wider community which can reduce stigma associated with mental illness. A survey of 160 members of a hospital affiliated time bank found that improvement in mental health were associated with average number of exchanges and attachment to the organisation (Lasker et al, 2011).

National and local capacity

Time bank UK estimated that in 2011, there were 90 active time banks, 142 developing time banks, 2 neighbourhood time banks and 15,483 participants actively involved in time banks (Time Bank UK).

Regarding local capacity, there are five time banks in Lambeth which operate using the 'person to person' model described above in which people give their time, receive credits and so are able to 'buy' time from others. So far, most work has been done in relation to health objectives, especially mental health

- Paxton Green Time Bank has approximately 90 members and operates from Paxton Green surgery (Gipsy Hill ward, Lambeth) and Kingswood Estate (London borough of Southwark) and serves the catchment area of the surgery which covers both boroughs. The Time Bank is being promoted on the Lambeth NHS Choices site.
- Clapham Park Time Bank has been operating for five and a half years and was run by SLAM NHS Trust funded through Neighbourhood Renewal funding. There were approximately 130 members based around the Stockwell and Clapham area.
- Waterloo Time Bank is not currently funded, but has a database of members and a part time volunteer.
- Lambeth Playschemes and Progress teamed up with Clapham Youth Centre to build a food garden in a housing estate with local teenagers. Eight young people have formed a team called ECOSTARS and have been volunteering at weekends to turn Glenbrook Primary School into an Eco school using the timebanking principle and being rewarded for their time with trips such as playing tennis and going to restaurants.

There are seven time banks in Lewisham (LTBDS, 2009-2012). The following three are cited as examples:

- Rushey Green time bank has over 200 members who have generated 33,000 hours of mutual exchanges such as housework, clearance/

decluttering, simple DIY, gardening, befriending, escorting to shops, admin and ITC help, shopping, help with CVs, picking up prescriptions, healthy walks, chair based exercises, a poetry group, workshops and general help at the practice

- Lee Fair time bank has 65 members many of who are isolated and lonely. They swap skills and experiences ranging from gardening, baking, craftwork, sewing and DIY to car maintenance, computer support and language help. Members also support each other with shopping, lifts and form-filling, and group activities include allotment-working, lunch get-togethers, and reading and healthy walking clubs.
- 'My Time Your Time' time bank is supported by Hexagon Housing Association and has 100 members from Lewisham, Southwark and Greenwich. DIY has remained a central element although the time bank also exchanges hours on gardening. Members include teenagers and elders from a variety of different ethnic communities, and people with mental health problems and physical disabilities. 23 organisations are members of the time bank and include community centres and care homes.

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