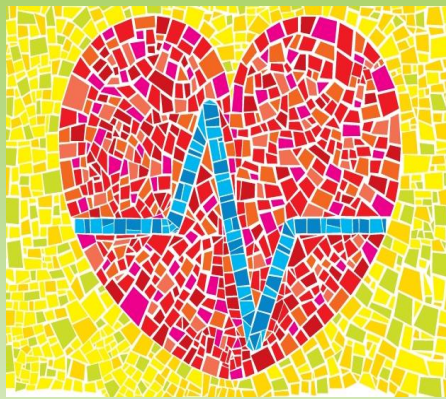


# Communities For Health 2010



## Executive Summary

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## Executive Summary

Unlike many local authorities that used Communities for Health (C4H) funding to support a number of short term initiatives<sup>i</sup>, Newcastle, through the Health Improvement Board and Newcastle New Deal for Communities choose to use the funding to support a single project delivered by HealthWORKS Newcastle in order to develop, and if successful, scale-up a sustainable approach to an area of unmet need. The approach was two-pronged: firstly to develop a model in which local people have a voice in designing and commissioning services, and secondly in response to locally identified needs and priorities to provide a range of accessible social activities in order to build supportive networks for vulnerable older people and people with long-term conditions.

Initially the project focused on older people with anxiety and depression in inner west Newcastle and people with long-term conditions in outer west Newcastle, but it subsequently became clear that there was considerable overlap between these groups and the criteria were changed to people over 50 suffering from low mood and/or social isolation with any long term condition. What were initially two projects with separate target groups, therefore became a single project with the key principle of providing a personalised and locally accessible response through a choice of activities delivered by voluntary sector providers.

Apart from providing a more personalised, and accessible service, the underlying hypothesis was that it would be less expensive and more effective in preventing and reducing demand for expensive medical services than current approaches. This approach had the added value of being consistent with national policy such as *Putting People First* and with DH commissioning guidance for long term conditions and has clearly become increasingly important at a time of impending public sector cuts.

The outputs, outcomes and costs from an early independent evaluation<sup>ii</sup> and from monitoring data demonstrate that the project is on track.

- Since 2008 over 426<sup>1</sup> older people have been referred by their GP and have participated in the project. All have suffered from low mood, and social isolation
- All have at least one long term medical conditions, the majority have multiple conditions
- Costs range from £244 per person per year for high level of support and £70 per person per year for low level/ preventative work.
- Savings to the NHS are at least comparable to those demonstrated in the Partnerships for Older People Projects evaluation<sup>iii</sup> which stated that 'community-facing' projects such as this showed increasing returns

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<sup>1</sup> This figure has been updated in October 2010 for the release of this summary

against economies of scale, such that the larger the project, the greater the saving.

- Over 180 previously sedentary individuals now taking part in regular physical activity.
- Over 1,500 visits to Advice sessions (benefits, welfare, health)
- Over 1,700 people have benefited from the community investment
- 4 community organisations, promoting healthy lifestyles and tackling health inequalities in deprived areas, have been supported
- The project has benefited from the involvement of over 30 volunteers
- Employment opportunities have been provided for 2 people and increased working hours for 3 more people
- Good links have been established with GPs, Intermediate care, and many third sector organisations
- Proven to have a positive impact on mental health for the participants and GPs have reported some evidence of participants visiting them less and requiring less medication

The challenge now is to sustain and to scale-up the approach. In order to do this the project has combined with the Quality of Life Partnership as the ~~Joining the Dots~~Project. This has received joint funding from NHS and Adult Social Care Commissioners for a project development team which is a key element of transforming adult care in Newcastle. This is very welcome but the danger remains that unless funding can be found to support the activities once Communities for Health funding is exhausted in March 2011, then the project team will have nothing to develop.

*'I can't tell you how much different I feel even after such a short time! I was feeling so stuck I didn't know what to do'<sup>iv</sup>*

The main report can be viewed at  
[www.hwn.org.uk](http://www.hwn.org.uk)



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<sup>i</sup> Department of Health. *Communities for Health: Unlocking the energy within communities to improve health*. October 2009

<sup>ii</sup> Iain Kitt. *Communities for Health Project: evaluation report*. May 2009

<sup>iii</sup> Personal Social Services Research Unit. *The National Evaluation of the Partnerships for Older People Pilots*. 2009. ([www.pssru.ac.uk](http://www.pssru.ac.uk))

<sup>iv</sup> Female with cognitive damage due to repeated cardiac events, very low mood