

The Healthy Communities Approach – Reducing Health Inequalities

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The Healthy Communities Collaborative Approach

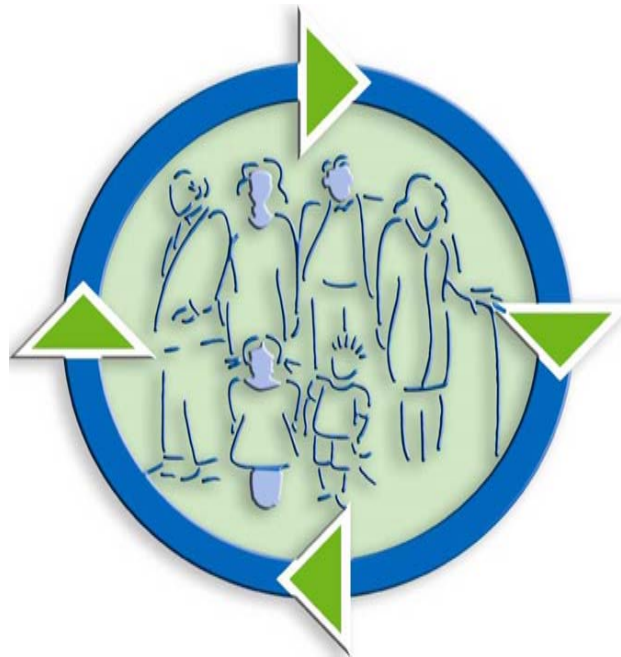
- An approach which combines the collaborative method with principles from community development
- Led by teams of local people, supported by professionals
- Local Focus
- Improvement focus on specific topic and wider community
- Rapid Doing



What is Community Action?

Topic

**Stimulates
desire for other
topics**



**Successful
action**

**Enhances community
development**



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- PROPOSITION
- PARTNERSHIP
- PURSE-STRINGS
 - POLITICS
 - POLICY
 - PEOPLE



Healthy Communities Programme

Past

Falls

**Widening Access
to a Healthy Diet**

Present

2007- 2010

**Promoting Awareness
&
Earlier Detection
Of
Cancer**

**Identifying those at
high risk of CVD**

Future

Obesity

Alcohol

**Cervical Screening
aged 25-35**



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Features of HCC

- Local change teams, led by lay members and supported by professionals
- Creating the need for change
- Training for all
- Social Marketing
- All the collaborative features; focussed on a topic, expert reference panel, firm on measurement, PDSAs



Local Change Teams

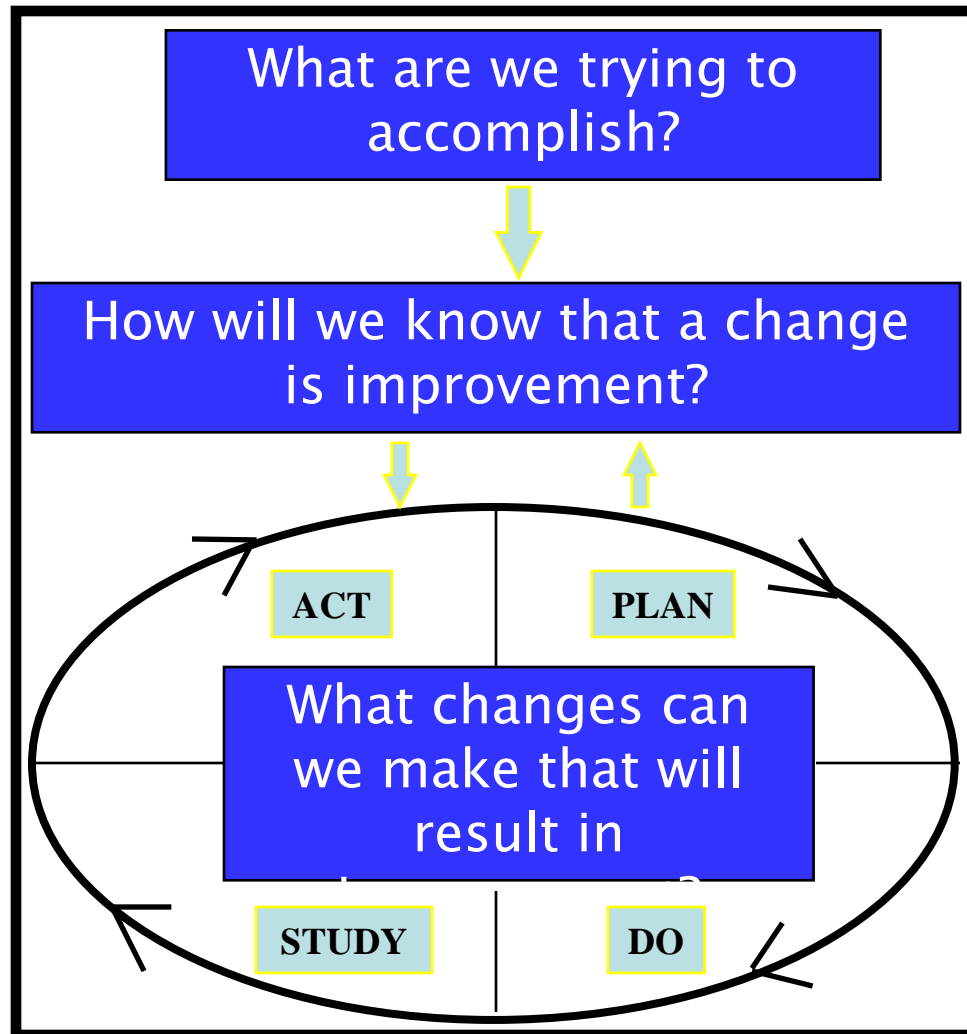
- Driven by community members who live and work in the localities in which they are making an improvement.
- The aim is to make public health practitioners out of local residents, and the professional agencies and voluntary agencies act as a resource to the community members.
- Traditional organisational boundaries are placed in the background so that teams can focus on the issues that really matter to residents.

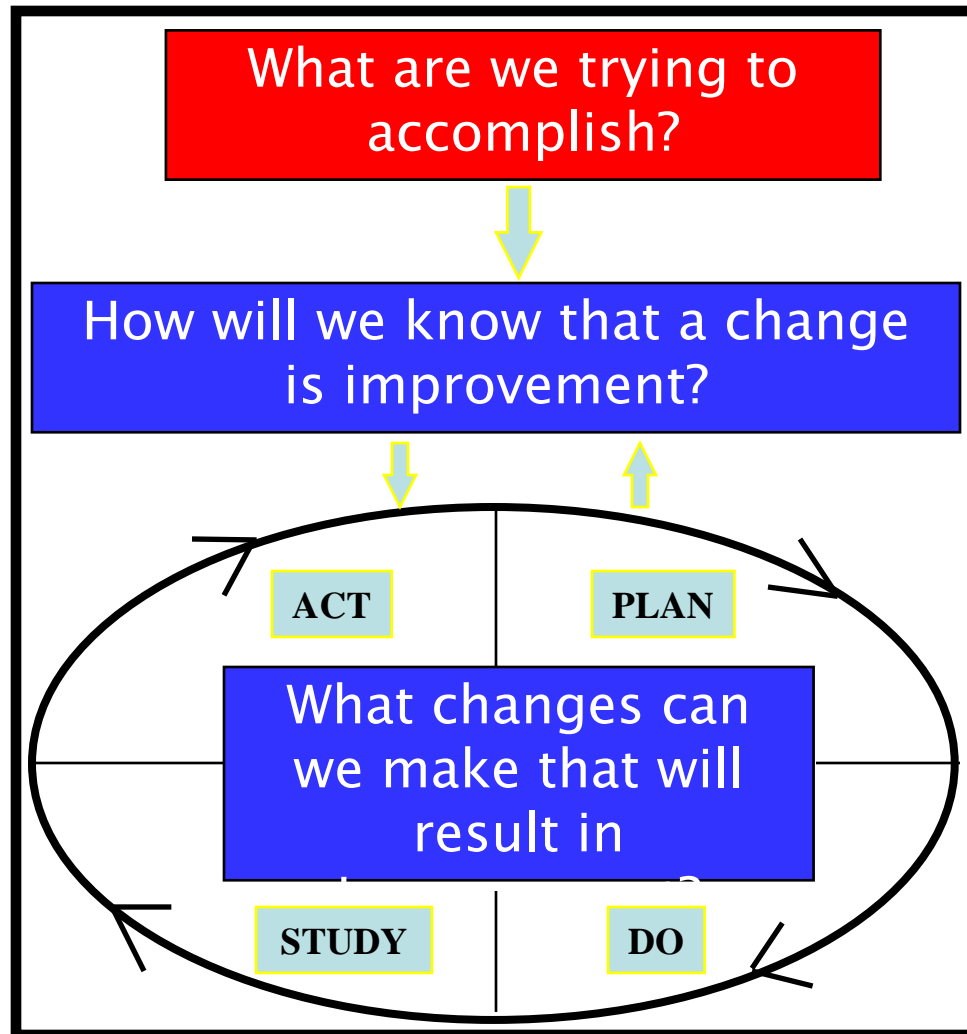


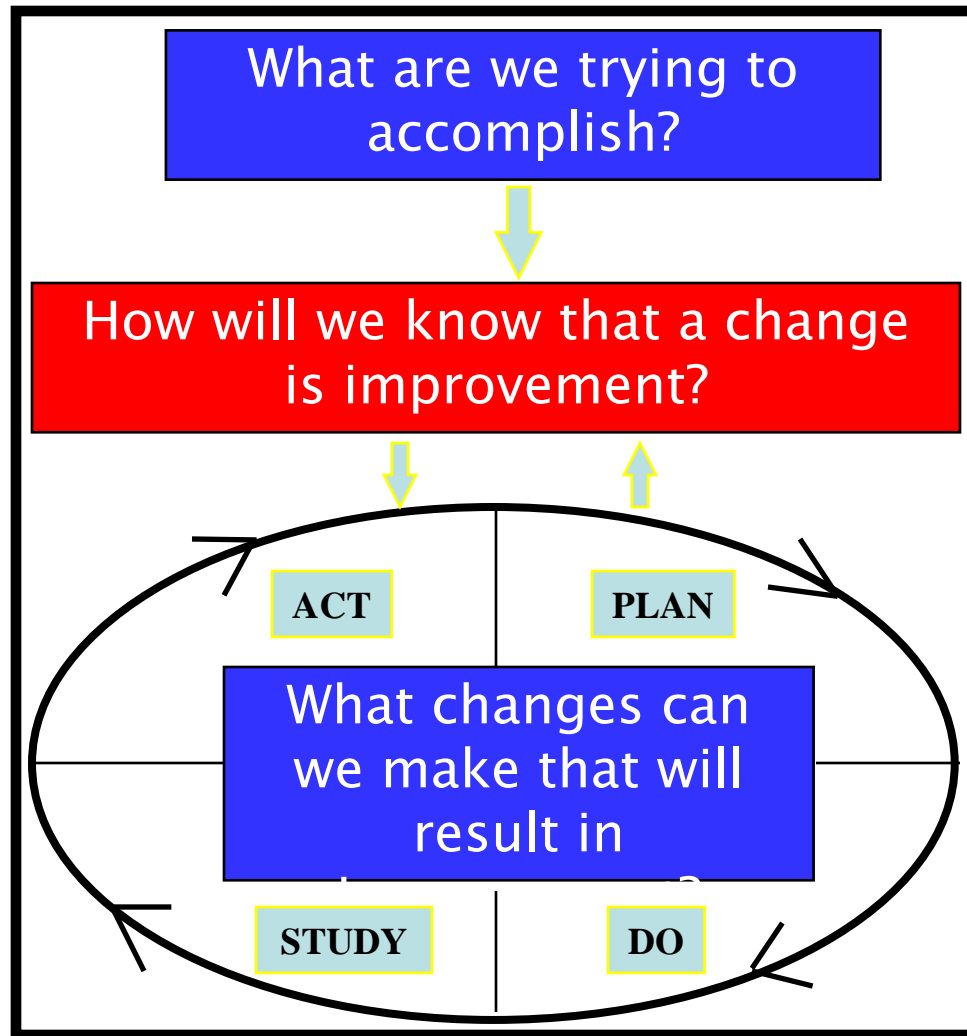
Give us the tools

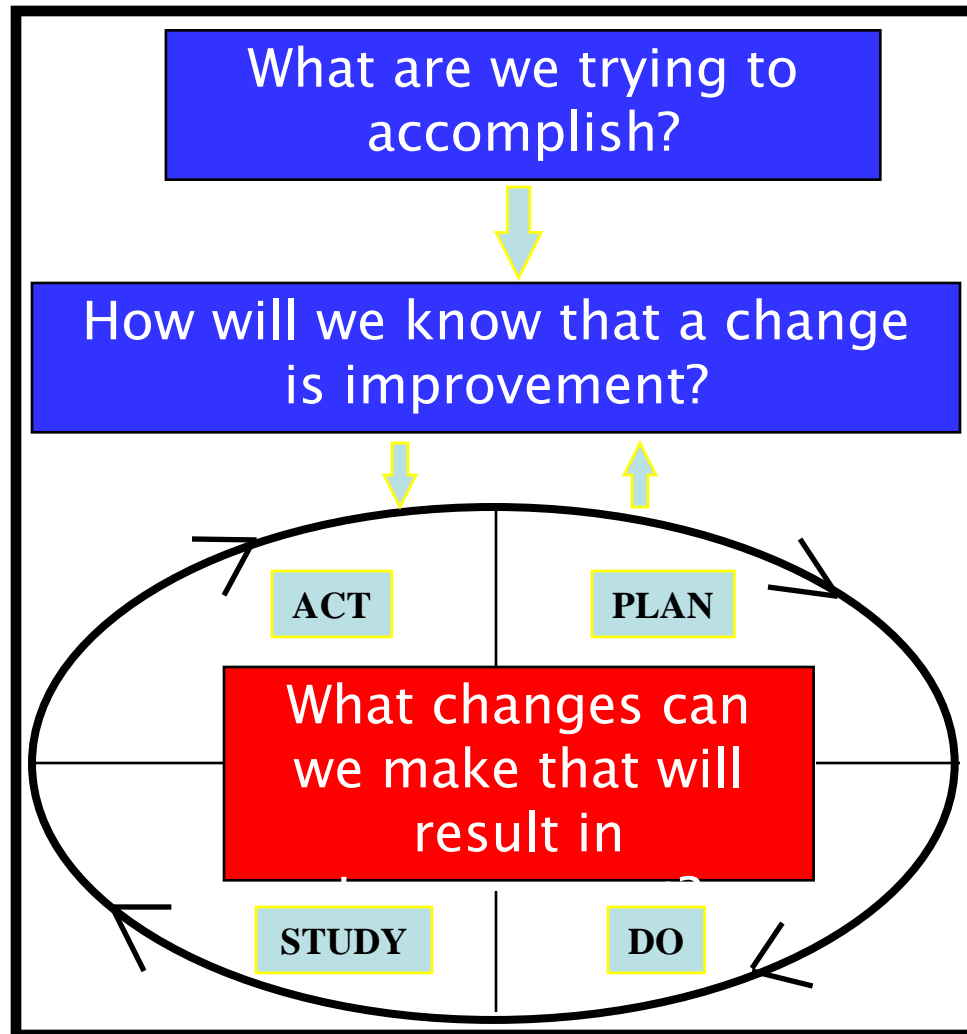
- Understanding of improvement methodology
- Community mapping and health statistics
- Participatory appraisal
- Subject knowledge
- Confidence
- Social marketers

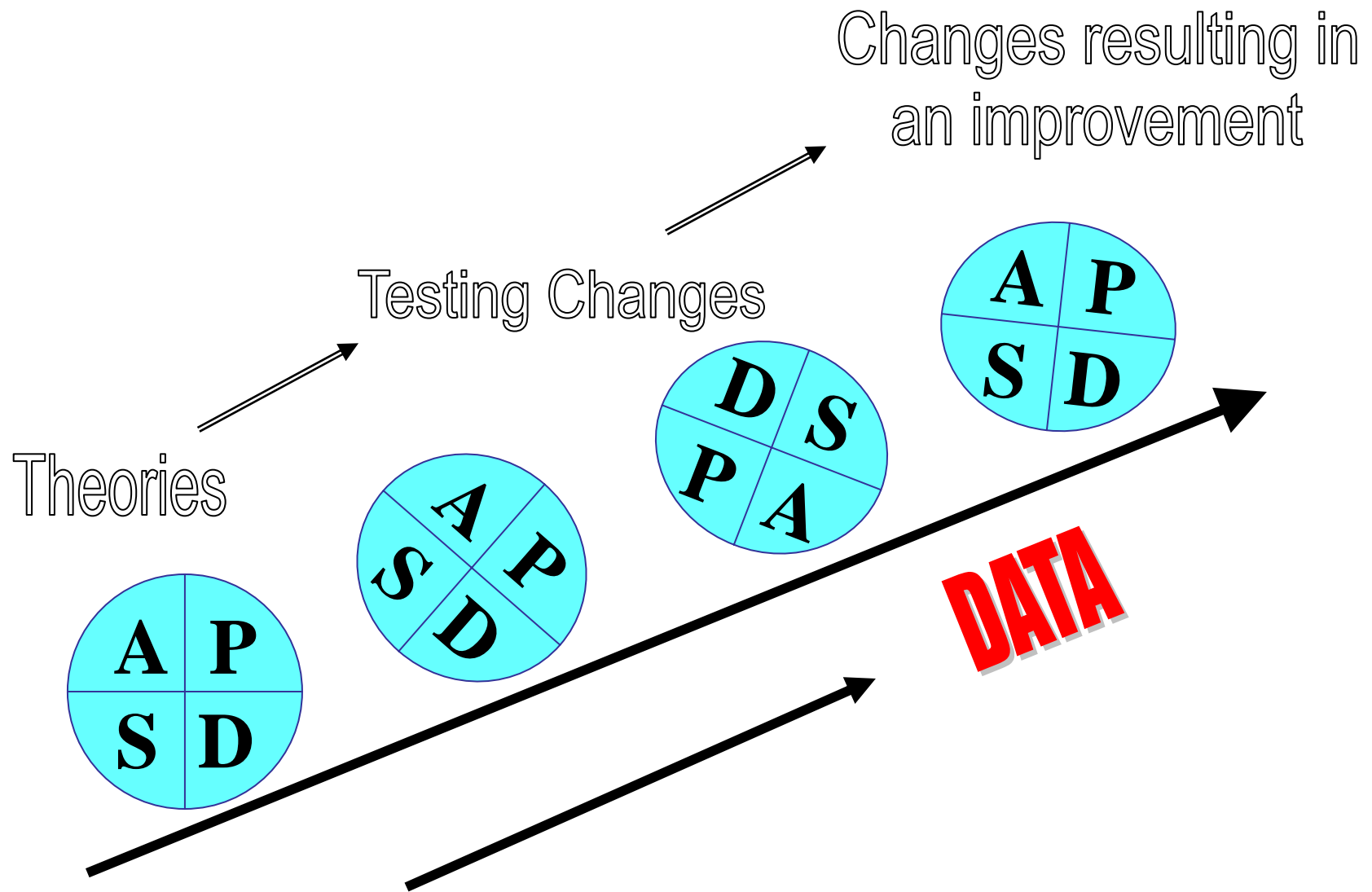












Healthy Communities Collaborative – Falls Programme

- Sloppy Slippers
- Message in a Bottle
- Malcolm and the Night Lights
- How's Your Ferrule, Beryl?
- Tyrone's Thai Chi



Results

Falls

**32% decrease in falls
handled by the ambulance service**

41% reduction in care home falls

**34% improvement in falls
in sheltered accommodation**

Widening Access to a Healthy Diet

**87 new initiatives created
36 of which are permanent fixtures**

**Nearly 1,000 people undertook training
in food and hygiene and cooking skills**

10 new job opportunities

Social Capital

12% increase in people's perception of whether their area was a good place to live

22% increase in no of people who knew where to get advice about falls

**48% increase in no of people who thought they could change and improve things
in their communities**



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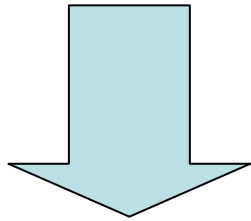
Cancer and CVD Programme with More to Come

Non Clinical:

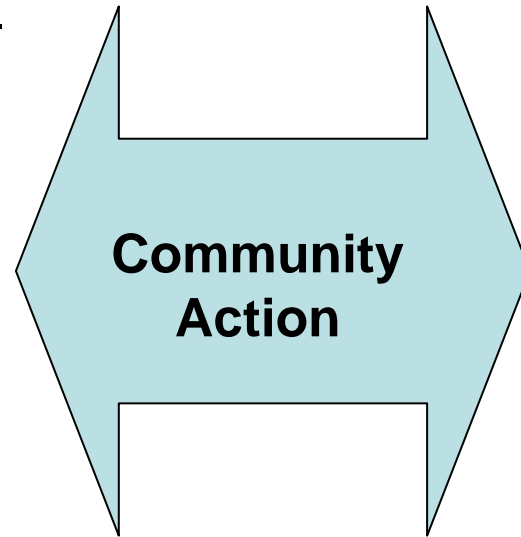
Raising
Awareness

Education

Signposting

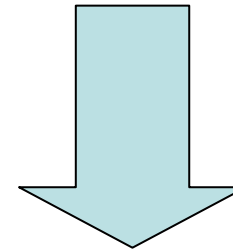


Potential Patients



Clinical:

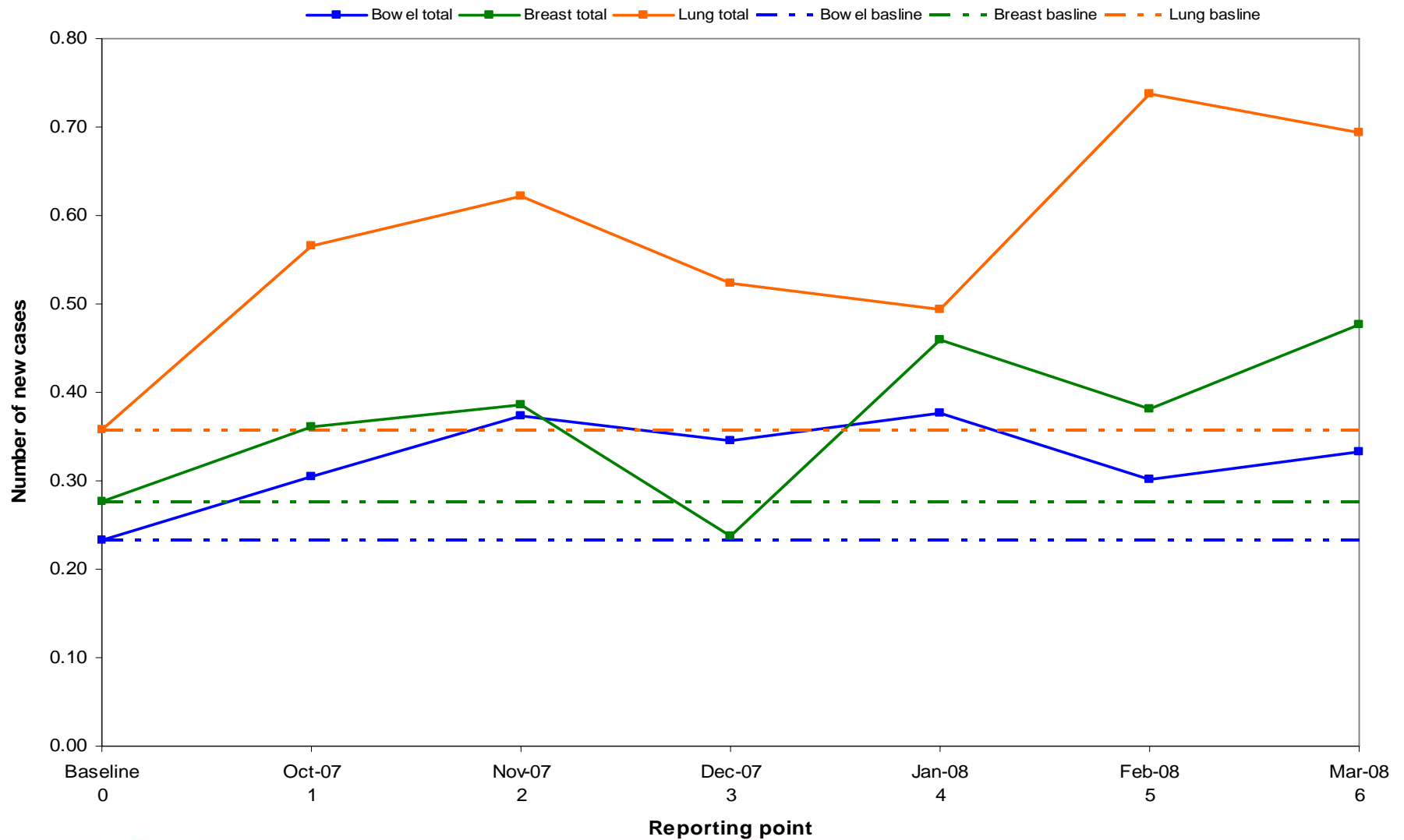
Presenting Patients



Identifying risk

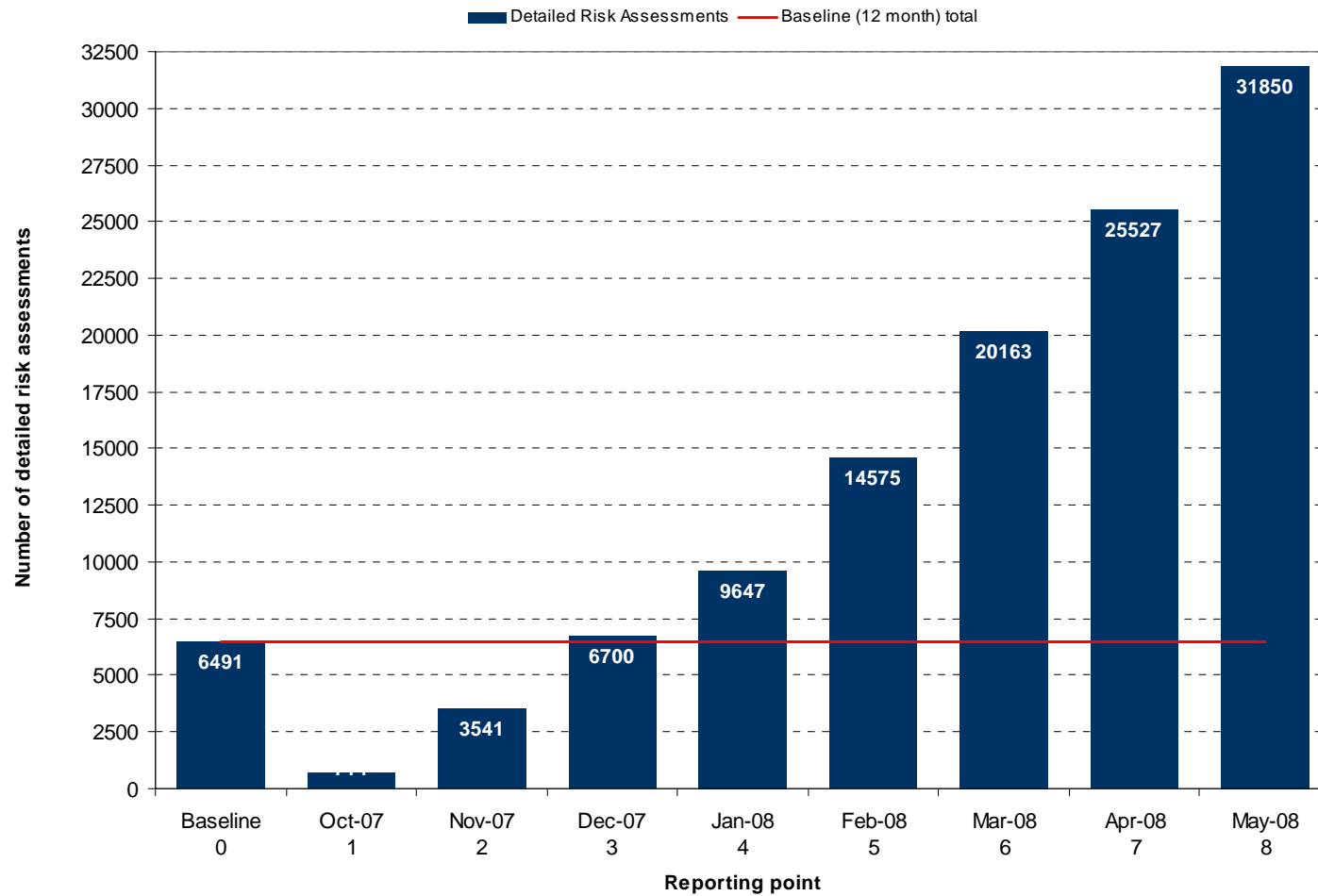
Appropriate
Management

HCC - Promoting early presentation of cancer symptoms
Average number of new bowel, breast and lung cancer cases
from baseline to reporting point 6

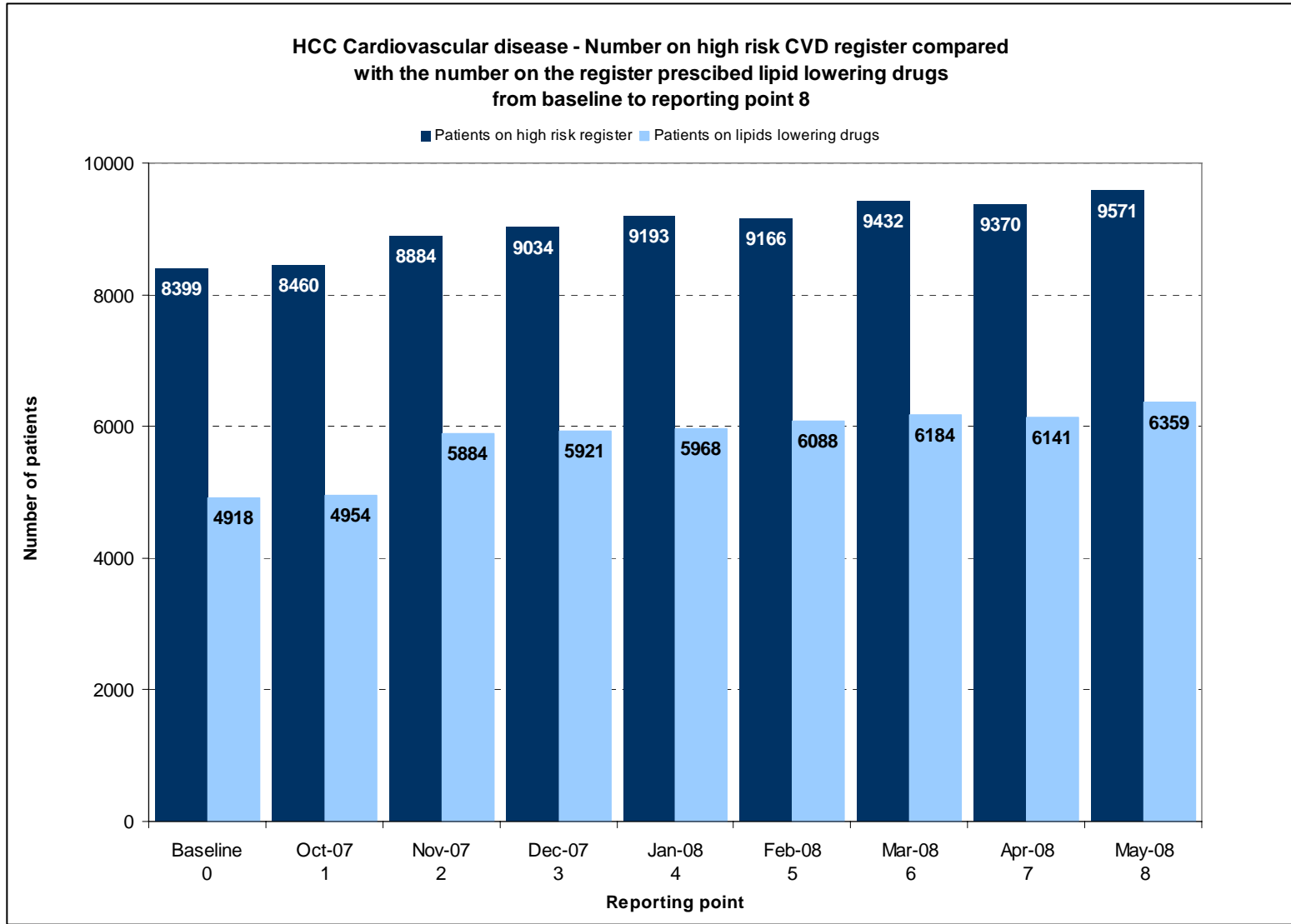


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HCC Cardiovascular disease - Cumulative number of detailed risk assessments from reporting point 1 to reporting point 8 for 90% of participating practices



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Added Value

- Using lay knowledge to segment and target the community population
- Care and improvement organised around real healing relationships
- Reconnection of front-line professionals with the reasons why they came into their profession



“I used to have a job, but gave it up because of a chronic condition. I got quite depressed. Someone told me about the new group of local health care professionals and volunteers who were setting up in my area to raise awareness of cardio vascular disease in the over 40s. She felt it would be the next step for me and she thought I would be good at it. So, after a think I said “yes”.

I loved it — I got so much out of it and learnt such a lot. I feel we bring local knowledge; we look at things from a layman’s perspective. Our ideas and thoughts on how things might happen within our own community – we are that first point of contact. We also have the time that health care professionals might not have to think things through.

What do I get out of doing this? Well a sense of self worth, of being of use again, helping to get things off the ground, making phone calls, meeting people from local groups and the local churches.

I have also gained confidence. Now I can talk to people on all levels, people that I wouldn’t have come into contact with sat at home. After doing blood pressure checks at a soup kitchen and the very first person we tested had such a very high reading, it proved to me that such schemes like this should be rolled out across the whole country.”



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We believe that local people are crucial in making a difference to the problem and have proved they can make a difference....

“People are not the problem they are the solution”
Ed Mayo, National Consumer Council

“The real voyage of discovery lies not in seeking new landscapes but in having new eyes.....”
Proust

