



Kensington & Chelsea Community Health Consortium



PROSPECTUS

July 2010

A person's social environment includes their living and working conditions, income level, educational background and the communities they are part of. All these have a powerful effect on health. The big differences in social environments within Europe contribute to wide disparities in health. There are big gaps in life expectancy and disease rates between rich and poor, the well and the poorly educated and manual workers and professionals.

EU public health portal, 2010

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Article 25, Universal Declaration of Human Rights, 1946

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Prospectus

Lev Pedro and Melanie Nock, July 2010

Introduction

Kensington & Chelsea Community Health Consortium has been founded with the specific remit of promoting a holistic approach to health and well-being, and to work in partnership with the NHS.

This document sets out our approach to health and identifies the ways in which voluntary sector involvement would improve the health and well-being of residents, adding value to clinical services. We believe that the voluntary and community sector has an important contribution to make in developing resilient individuals able to take responsibility for their own health and to support their neighbours in a spirit of mutualism. Such mutualism is the building block of community cohesion now established as an important indicator of a healthy neighbourhood.

Context

The original context for the development of a community health consortium in Kensington & Chelsea was the 'Healthcare for London' plan, which advocated a consolidation of health services across London, moving some services from hospitals into primary care and community settings. This would have a double benefit, first giving patients a better experience, and secondly saving the NHS money. Against this policy background, NHS Kensington & Chelsea has been developing a 'polysystem' approach to primary care, where services work together holistically and seamlessly, supporting patients to receive a wide range of health and social care services, and associated services, through a unified system.

Despite a change in direction since the change of government, and the dropping of the 'polysystem' concept, we believe that some of the main principles of the approach are still very relevant. Health and social care professionals and services should work much better together and offer a more holistic service to local people, which can also save public money. And the Voluntary and Community Sector can be an integral part of such a system through its provision of health and social support that is specifically geared toward the needs of the local community, and through its 'community development' approach.

Community development involves changing the relationships between ordinary people and people in positions of power, so that everyone can take part in the issues that affect their lives. It starts from the principle that within any community there is a wealth of knowledge and experience, which, if used in creative ways, can be channelled into collective action to achieve the communities' desired goals.

Community development practitioners work alongside people in communities to help build relationships with key people and organisations and to identify common concerns. They create opportunities for the community to learn new skills and, by enabling people to act together, community development practitioners help to foster social inclusion and equality.¹



¹ Community Development Exchange: <http://www.cdx.org.uk/community-development/what-communitydevelopment>

Core principles

These principles and values are derived from consortium building meetings that have been held so far, in particular an 'Open Space' on 11 February 2010.

Equality

The longevity of life expectancy and the excellent health outcomes that are enjoyed by those in the wealthier parts of the borough should be available to all. Reduction of health inequality should be a core element of all services commissioned as part of the polysystems. This is echoed by our local NHS, which has recently produced a 'Health Inequalities Commissioning Framework', and is also signed up to a joint local public health strategy that focuses heavily on reduction of health inequalities.²

Community development

Developing the skills and capabilities of local communities should be central to this scheme. Many of the local projects and organisations that we highlight as case studies below achieve this by using local volunteers, recruiting staff locally, or by training up local people to provide peer support. This approach also has the wider benefit of stimulating local employment and the local economy.

Accountability and governance

There must be a strong emphasis on good governance and accountability. Good clinical governance must be in place where services have a diagnostic or health improvement aspect, and good collaborative (and not competitive) relationships between health professionals of different disciplines should be encouraged. The overall scheme must also remain strongly accountable to local people through a board that operates to best charity practice and has solid rules for dealing with conflict of interest (for example in allocating sub-contracts for service delivery).

Quality

Mechanisms should be in place to promote high quality, and to enable local organisations to improve quality where necessary, and this should be led by the needs of patients/clients. In particular, the client/patient's journey through different services should be seamless and be to a consistently high standard, and organisations delivering services should be encouraged to share good practice, be innovative and learn constructively when something doesn't work out.

² *Choosing Good Health – Together, the Royal Borough of Kensington & Chelsea Public Health and Well-Being Strategy 2007 – 2012*

Key aspects of a service delivery model

We believe that factors including

- access for every resident to inclusive basic services – including housing, training and employment support, childcare and family support
- a healthy environment
- a sense of purpose
- a sense of connection
- a sense of control and opportunities to shape local services
- access to good advice and support
- affordable healthy food

... are very important in enabling people to live fully healthy lives.

• Access to basic services

“Housing has an important role to play in health, well-being and the delivery of health and adult social care services.” (Department of Health)

Although the provision of mainstream basic support services such as social housing and employment services is a Government responsibility, the voluntary sector has an important role to play in three respects:

• Ensuring people have access to appropriate services

Several consortium members currently offer projects that increase access to mainstream health and social care services, particularly to marginalised groups.

Nova New Opportunities supports people back into employment through a range of activities from confidence building to ESOL, interview skills and support to help people stay in jobs.



Westway Community Transport offers a range of transport options for people with special access requirements. Staff and volunteers are also trained to be able to pick up signs of, for example, depression or isolation, and encourage access to other activities or services where appropriate.

- **The direct provision of some of those services**

Local organisations are increasingly delivering public-sector contracts, and are particularly experienced in delivering services which are geared towards disadvantaged or excluded groups, and services where there is as high level of user participation.

Dalgarno Neighbourhood Trust works intensively with local families, helping people to set and reach health goals, through onward referrals and a bespoke activity programme.

- **Associated support**

This is particularly relevant in the case of housing where a house alone does not make a home. Community development work within a locality supports the development of the social cohesion that makes an estate a community and empowers local people to engage with that community.

Al Hasaniya Moroccan Women's Project offers advice and counselling to women to deal with housing and related issues.

A proposed '**School of Well-Being**' will create learning and job opportunities for local people, and stimulate local enterprise. We would like to offer a range of opportunities starting with volunteering and internships, through to accredited training in areas such as public health, expert patient, community research and health training, and support for individuals who want to set up their own health-related enterprises. This way we will create development pathways for people to improve their skills and confidence and eventually find employment.

- **A Healthy Environment**

"Just five minutes of exercise in a 'green space' such as a park can boost mental health, researchers claim." (BBC, May 2010)

There is increasing evidence that some connection with nature benefits health and well being especially amongst children and people with mental health problems. At the same time, increasing numbers of parents are wary of letting children 'play out' for fear for their safety from traffic, bullying and strangers. The voluntary sector can support the creation and use of healthy environments in two key ways:

- The provision of direct services which make outdoor exercise part of people's lives.

Portobello Green Fitness Club offers 'exercise on prescription' which could be expanded to include 'green gym' or exercise in open spaces.

- Development of the physical space.

The development of the gardens at St Charles Hospital could provide opportunities for safe play for young children, a meditation zone or similar for people who need support to relax, green gym sessions, a gardening club to offer exercise, opportunities for creativity and connection with nature, training, social connection and a sense of purpose.

- **A sense of purpose**

"Elderly people with a strong sense of purpose in life face a reduced risk of developing Alzheimer's disease," The Daily Telegraph reports.

When asked why they were blessed with longevity, the people of Laizhou responded with the following reasons: optimism, clean soil, water, air, peaceful mind and regular work. They had a clear sense of purpose.

Having a reason to get up in the morning, a sense of being valued, something engaging to think about are all critical factors in maintaining health.

Access to volunteering opportunities gives everyone, regardless of their status in the employment market, an opportunity to contribute and to feel that they have something important to do. The voluntary sector offers a wealth of opportunities for everyone to do this including professional level involvement (for example via board membership) which may support newly retired people to make the transition from work and opportunities for people simply to offer friendship and companionship to others on a symbiotic basis. For those who find accessing volunteering more difficult there are specialist projects to offer support

Volunteer Centre Kensington and Chelsea's 'Stepping Stones' project which support people with mental and physical health problems into volunteering and supports the organisations providing placements.

New NHS Health and Well-being Centres will themselves offer new opportunities for volunteering – for example, supporting people in accessing community services related to their health condition, providing 'advice on prescription', forming self-help groups for longer term conditions, supporting healthy lifestyle activity – and the voluntary sector has the expertise required to ensure this happens in an inclusive and effective way.

- **A sense of connection**

In one study³ the number and diversity of social relationships was found to be important to one's susceptibility to cold and flu. Of 276 participants in the study, those who had three or fewer types of relationships (i.e., spouse, parents in-law, children, other close family members, close neighbours, friends, workmates, schoolmates, fellow volunteers, religious and non-religious group affiliations) were four times more likely to catch a cold than were persons with six or more relationships! They tested this by injecting all participants with rhinoviruses that cause cold and flu symptoms.

Support, befriending, mentoring, mutual self-help are all important in reducing isolation and anxiety, reducing dependence on formal health services and in encouraging people to commit to healthier lifestyles. Receiving help from someone not paid to offer it but who does it solely because they want to can be an empowering and life enhancing experience.

Projects such as **Family Friends**, which provides mentoring and befriending to families to help them build their coping skills and discover their strengths, are good examples of this kind of approach.

Support for carers

People caring in an unpaid capacity for their family or loved ones are not only often overlooked by services, but face isolation due to their caring responsibilities. Providing support to carers can take the burden away from statutory services.

Examples include **Vitalise**, **Portobello Green Fitness Centre** young carers project, the **Open Age** 'Time for Me' project and the **Kensington & Chelsea Mental Health Carers Association**.

- **A sense of control**

"The Commission on the Social Determinants of Health has echoed at global level the point made in many prior reports – people have a central role to play in achieving better health" (WHO CSDH 2008). This isn't a new perspective. ***"Community involvement in health (CIH) has been recognised as a critical dimension of health systems for many decades."*** (WHO report cited by Health Exchange)

Empowerment is vital to improving individual and community health. People need to feel able to do something to help themselves, their families and others in their community. Building confidence, equipping people with skills and giving them the motivation to bring about change for themselves and others is a slow process requiring a committed engagement with the community in question.

³ Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997

Developing groups of empowered and engaged users to work with health centre managers to ensure that the range of services offered is relevant and accessible to the local community is something the voluntary sector is well placed to undertake.

- **Access to good advice and support**

“Research undertaken with 374 people seeking advice from a UK consumer advice agency found that 62% reported that their debt problems had led to stress, anxiety or depression and over a quarter of the total reported seeing their GP for this.”

(Edwards 2003 cited by Mind In the Red, 2008).

The overwhelming evidence is that difficulties with money, relationships, discrimination and housing are directly related to poorer health both mental and physical. Good advice supports people in dealing with these issues, gives them a restored sense of control over their own lives, improves their health and well-being and reduces dependence on formal health services. The voluntary sector provides advice in a range of ways from Citizens Advice Bureaux to specialist projects focused on specific communities of interest such as specific minority ethnic communities.

Local examples include ‘Wayfinders’ (run by **Age Concern Kensington and Chelsea**) which recruits and trains local volunteers to help people in the community find appropriate services. They have successfully worked in settings such as GP surgeries and community centres. Kensington & Chelsea also boasts a number of local **advice agencies** and **legal centres**.

A number of local organisations engage people at particular times of crisis, such as diagnosis of a medical condition or a trauma.

Rain Trust offers emotional and practical support to African men diagnosed HIV-positive; and undertakes outreach among BME communities to encourage people to come forward for testing at an earlier stage. Where successful, this can not only have a dramatic impact on people’s lives by giving early access to treatment, it offers huge cost savings to the NHS by avoiding late presentation of illness.

The Stroke Association offers a lifeline of advice and support for people who have a stroke and their carers and families. Their service is part of a recognised clinical pathway.

- **Affordable healthy food**

We believe in the importance of not only making fresh food available, and working with people to help them make better choices about food for themselves and their

families. We would advocate working closely with NHS organisations to expand existing services that encourage people to eat more healthily.

Community Markets at Chelsea Theatre and the New Horizons Centre

Produce is bought at wholesale price from wholesalers and sold more or less at cost price, whilst NHS funding pays for the staffing and admin costs. Volunteers, as well as selling fruit, are trained to make low-level interventions that might direct people to other support services or centre activities. And **Dalgarno Neighbourhood Trust** and **Midaye Somali Development Network** run 'cook and taste' workshops as part of their programmes.



People with higher socioeconomic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health.

Department of Health, The Marmot Review, 2010 (p3)

Benefits that voluntary and community organisations will bring to a health and well-being system

The Kensington & Chelsea Community Health Consortium will bring the following benefits to the proposed health and well-being systems:

Reach into communities

Small local organisations are often the first point of contact for marginalised communities, and provide the trust that is necessary to begin to build relationships. Research conducted by WSA Community Consultants⁴ for Kensington & Chelsea Social Council in 2009 showed that the 23 NHS-funded projects reached over 2,000 people in one quarter, and 59% of those monitored were 'non-white'. By working at a grass-roots level, local organisations are able to reach some of the most isolated and disadvantaged members of the community and enable them to make small changes in their health that will have a long-lasting impact. This will make savings to the local health economy many times over in the future.

Offering pathways

- for patients whose symptoms derive as much from social as medical factors, including stress, loneliness, poverty, and so on.

A recent project undertaken by the **BME Health Forum** employed 'access facilitator' representing specific local communities, such as Bangladeshi, Chinese, Arabic-speaking and Somali, who worked closely with GP practices building bridges and enabling their communities to get better access to NHS primary care.⁵

Empowering patients

- who need support, confidence and encouragement to live healthier lives (for example those who need support to make lifestyle changes around diet, exercise, parenting etc);

Providing social support

- to enable other patients to benefit fully from their medical care and to increase their independence – for example, support for carers, mutual support for people with long-term conditions, social support for people with mental health problems, befriending, opportunities for volunteering.

⁴ *Evaluation to demonstrate the impact to date of the two rounds of NHS Kensington & Chelsea investment in Voluntary & Community Sector Services*, WSA Community Consultants, March 2010

⁵ *Good Access In Practice – Promoting Community Development in the Delivery of Healthcare*, BME Health Forum, June 2010

Building social capital

- by engaging, involving, training and employing local people in all aspects of service delivery, not just as 'patients'.

Partnership

Voluntary and community organisations have already built networks that will enable professionals to work together. These include the Voluntary Organisations Forum and its sub-groups, the BME Health Forum, the Sexual Health Provider Forum, and others. Many local organisations have also undertaken contractual partnerships for delivery of services, and therefore the sector is developing a wealth of experience at collaboration. Residents can receive great benefits from this approach, especially if they can complete single registration documents, and can be well directed between services.

Community development approach

This approach works with communities, and builds capacity of communities to help themselves.

Value base

Finally, the value base in which voluntary sector services are rooted, contributes to their positive impact. The ethos of inclusion, mutuality, empowerment are important in making services accessible and supportive and encouraging people to move from using services to participating more fully in delivering them.

Research and evaluation

The model must have a strong focus on evidence and evaluation. Research methods must be built in right from the start, so that good evidence is collected of what works well and what works less well. The methodology must gather both qualitative and quantitative data, and must be relevant to the work – i.e. take account of the social model of care that these services are offering, and the strong focus on community development and engagement. This will need to be properly sourced and resourced.

Conclusion

The local voluntary sector in Kensington & Chelsea has the potential to make a significant contribution to the effectiveness of the borough's Health and Well-Being Centres in promoting well-being and reducing ill-health. Our particular expertise lies in the areas outlined above and in our ability to develop new and creative, people-led responses to the needs of specific communities within our borough. We can make that contribution in a number of ways (the following list is indicative and individual items may not be mutually exclusive):-

- By contributing to the development specification for new primary care centres in terms of services and design

- By contributing to the development and assessment of tender specifications and bids for service providers generally and for larger management contracts particularly
- By tendering to provide specific service elements including management services
- By acting as a sub-contractor for specific elements service delivery
- By advising commissioners or providers on community development / empowerment / engagement approaches
- By acting as an advocate or bridge for local people, supporting them to articulate their views on services and to influence developments.

Further information

Further information about the Community Health Consortium can be found at www.kcsc.org.uk/healthconsortium, or by contacting Lev Pedro or Mary Gardiner, contact details below.

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Appendix 1: Governance

Currently, the Community Health Consortium is in the process of finalising agreement on its structure. The intention is to create a special-purpose contracting vehicle that can hold contracts with public sector organisations and voluntary and commercial partner organisations. This will either be a stand-alone company limited by guarantee or a subsidiary of Kensington & Chelsea Social Council.

Either way, the company will strive to be accountable to local people through a board representing local voluntary and community organisations.

Service delivery will be sub-contracted to member organisations, of which there are currently 36, and there will be a transparent sub-contracting process within the consortium, which accounts for conflicts of interest.

An interim board has been appointed to drive the work of the consortium in its start-up phase, and the board and consortium business is being serviced by staff of Kensington & Chelsea Social Council.

Appendix 2: Current consortium stakeholders

The following organisations have taken part in the consortium development, and/or are currently running a local NHS-funded health project. Membership of this group remains open.

- Action Disability Kensington & Chelsea
- Advocate for Mental Health
- Age Concern Kensington & Chelsea (Inc Sixty Plus)
- Al-Hasaniya Moroccan Women's Centre
- Blenheim CDP
- BME Health Forum
- Chelsea Theatre
- Community Accountancy Self-Help (CASH)
- Dalgarno Neighbourhood Trust
- Earl's Court YMCA
- Family Friends
- Healthier Life 4 You, Family & Community
- Helping Hands Support Association
- Hodan Somali Community
- Inkerman Housing Association / Independent Care Services
- K&C Forum for Older Residents
- Kensington & Chelsea Social Council
- Kongolese Centre For Information & Advice
- London Cyrenians Housing
- Midaye, Somali Development Network
- Migrant And Refugee Communities Forum
- Migrants Resource Centre
- Moroccan Community Project
- MyGeneration
- New Horizons Centre
- Nova New Opportunities
- Nucleus Legal Advice Centre
- Open Age
- Organisation for the Advancement of African Women
- P3 (Rugby Portobello Trust)
- Queen's Park Bangladeshi Association
- Rain Trust
- Stroke Association
- Sudanese Mothers for Peace
- Tenant Management Association (TMO) Kensington & Chelsea
- Terrence Higgins Trust
- Vitalise Home Services
- Volunteer Centre Kensington & Chelsea
- West London Action for Children
- Westway Community Transport
- Westway Development Trust
- Women's Association For African Networking And Development (WAND-UK)

Appendix 3: About the local Voluntary and Community Sector (VCS) in Kensington & Chelsea

The exact number of organisations operating in Kensington & Chelsea varies according to how they are measured. There are 742 registered charities based in the borough although many more unregistered groups also deliver services to local residents. Last year the Office of the Third Sector put the figure at over 900 organisations in total but this does not take into account those based in neighbouring boroughs.

Whilst it is hard to put an exact figure on the number of local residents that engage in voluntary activity of some kind, we know that over 6,000 people registered with Volunteer Centre K&C last year. Voluntary work could include regularly supporting an organisation, sitting on a board of a local charity, or helping at an organisation from which they or a family member has received benefit.

Organisations range from small stand-alone organisations that deal with a single issue such as sexual health or training and employment, or work with a single community such as Somalis or Arabic speakers, which are the two most prevalent ethnic minority groups in parts of the borough. Some large national organisations, such as the Terrence Higgins Trust, also have a base in the borough, and we have organisations such as Age Concern, which are independent, but affiliated to a national body.

The local voluntary and community sector (VCS) has its roots in the social activism of the 1950's and 1960's, particularly in Notting Hill, when local people mobilised to improve local conditions and to campaign against the building of the Westway motorway, police harassment of black people, awful housing conditions, and other major issues. Still to this day, a majority of voluntary-sector activity is located in the four northern wards of the borough, known collectively as North Kensington, as these are among the poorest ten per cent in England across a range of indices. Yet, there are also pockets of disadvantage in Earl's Court and the World's End area of Chelsea. One of the great legacies of that era, the Notting Hill Carnival, remains a strong part of the local community today.

In 1948, the welfare state was created, and it is sometimes forgotten that prior to that time, a great deal of community support was provided through charitable hospitals, schools, settlements and welfare organisations. The policy direction of the new coalition Government is about devolving power and putting control back in the hands of local people at neighbourhood level, and we believe that the local voluntary and community sector, with its diverse array of local organisations, can once again mobilise local people and deliver 'Big Society'.