

**THE BEST OF ZEST:
EVALUATION FOR HEALTH AND
SUSTAINABILITY**

**Sheila Colman/Judith Emanuel
Final Report - May 2008**

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Evaluation can be uncomfortable at times and the co-operation of those being evaluated is especially appreciated. The findings are our responsibility. While at times they may be challenging, we hope they are helpful and enable Zest, a dynamic, valued and important project to maintain its contribution to community engagement and health in North Manchester.

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Acronyms and abbreviations

BME	Black and Ethnic Minority
HLN	Healthy Living Network
IMD	Index of Multiple Deprivation. Statistics collected nationally on seven social and economic factors are used to develop an Index of Multiple Deprivation
LINKs	Local Involvement Networks. These are operational from April 1 st 2008 and replace the Patient Forums. They aim to simplify and strengthen the current system by being able to hold NHS and social care commissioners to account and refer services to overview and scrutiny committees.
NHS	National Health Service
PACE	Physical Activity and Community Exercise; They aim to improve the health and well-being of people in North Manchester by increased physical activity
PPI	Patient and Public Involvement
PCT	Primary Care Trust
SMHLN	South Manchester Healthy Living Network
SMR	Standardised mortality ratio – (see footnote on page 11 for definition)
SOA's	Super Output areas. Name given to areas described in census information
VO P	Valuing Older People Network

Geographical areas:

MPAC	Ancoats, Miles Platting and Collyhurst
CH/HB	Charlestown and Higher Blackley wards
CH/CR	Cheetham and Crumpsall wards
HA/MO	Harpurhey and Moston wards

Executive Summary

This report documents the progress that Zest has made since its inception in 2004. It was a Healthy Living Initiative set up to fund community interventions to address health inequalities and improve health and well-being in innovative ways.

The project covers the old North Manchester PCT area of:

- Ancoats, Miles Platting and Collyhurst
- Charlestown and Higher Blackley wards
- Cheetham and Crumpsall wards
- Harpuhey and Moston wards
- Beswick, Clayton and Openshaw (the Beacons)

Zest has hub co-ordinators in the first four areas, a health trainer who works in Cheetham and Crumpsall specifically with BME communities and funding for a post in the Beacons.

Zest's programme of work includes:

- Organising and supporting a programme of health related activities and events which involve delivery of holistic health programmes
- Social activities, addressing social isolation and social exclusion
- Engagement of individuals in health related activities through health forums, consultation structures and support to other agencies
- Networking by building close working relationships with local groups and organisations, including the statutory sector.

The project worked very positively with local people, in focused and pragmatic ways to develop local communities' skills and abilities that enable them to take control of issues affecting their health.

Zest has delivered effectively on a range of functions, including:

- Developing good networks and a unique level of knowledge about networks and how things operate in each hub area
- Supporting the well-being function of regeneration
- Engaging people with the health agenda in areas where health inequalities are greatest.
- Delivering health improvement work in local communities
- Providing information from local communities to inform strategic thinking and service development
- Promoting health and developing early intervention services
- Enabling PPI and some health services to engage more effectively with communities
- Developing networks that can be used as models in other areas
- Providing agencies with access to a wide audience in communities
- Recruiting local people for health related interventions.
- Promoting partnership work between regeneration, health workers, the voluntary and community sectors.

One of Zest's strengths is enabling people to take the first step in health related activities; people who may gain the interest and confidence to engage in further activities

A key theme that emerged from the evaluation was Zest's ability to work flexibly, adapting activities and approaches to changing circumstances within the local communities. It was effective in improving coordination and cooperation between existing services, and providing a link between these and the local community.

It is also important not to underestimate the challenge, skills and time involved in achieving any of these results. Commissioners need to appreciate and understand how Zest successfully engages with communities and agencies in order to ensure the maintenance and development of their unique role; building involvement, partnership, confidence and communities, a pre-requisite for more effective engagement to address health inequalities

Recommendations include:

- The 'core' of Zest should form the backbone of the proposed new service in the north of the city. These fundamental principles are:
 - Work in localities
 - Partnership working
 - Engagement with communities
 - Raising the health agenda
 - Broad view of health
 - Knowledge of communities
 - Autonomy.
- The vision for the future focus of the Healthy Living Network should be developing awareness and engagement in health related activity through building:
 - Involvement
 - Partnership
 - Confidence
 - Communities.
- The strong relationships with regeneration should be maintained
- The 'Zest' brand should be continued.
- The focus of the work should be understood, influenced, supported and promoted by all stakeholders
- The work that is going well should be continued and new priorities set within the hubs within the limitations of the resources.
- Specialised staff are needed to work with some groups eg men and BME communities
- The localities model and responsiveness to local needs should be continued
- Health Forums require clear terms of reference and better links to service development
- Commissioners, users and workers should be involved in developing targets and indicators for:
 - What HLN does - involvement, partnership, confidence and community building
 - How HLN work contributes to national and local health targets.

1. Introduction

This report documents the progress that Zest has made since its inception in 2004. It follows and builds on:

- A Scoping Report which summarised an interim evaluation of the Zest Project
- An initial report (Appendix 1) that gave an overview of the existing evaluation material and identified potential gaps
- A report of a stakeholder workshop (Appendix 2).

Zest was established by local health forums, North Manchester PCT and Manchester City Council. It is Big Lottery funded for 5 years (April 04-March 09), with funding and support from Manchester PCT and Manchester City Council, who are also members of the steering group. The accountable body is Manchester City Council; the project is managed through North Manchester Regeneration.

1.1 Structure of the report

Section 1 sets out the methodology and purpose of the evaluation. It outlines the areas covered and main areas for consideration.

Section 2 refers to contextual factors and the remit of the Healthy Living Networks.

Section 3 briefly describes the background to Zest; its overall aims and discusses its approach. It also reviews the management arrangements.

Section 4 reviews the findings from the evaluation. It includes examples illustrating Zest's work. It details the contributions which Zest makes in North Manchester.

Section 5 outlines the core of Zest; the areas which stakeholders saw as being essential for the continuation of the work.

Section 6 considers the vision for the future, an evaluation framework and other issues which emerged from the stakeholders' workshop and conclusions from the evaluation as a whole.

The final section (section 7) consists of recommendations

1.2 Scope of the evaluation

Zest's Steering Group commissioned the evaluation to.

- Determine the extent to which the project is meeting its aims
- Assess how the project is impacting on health and well-being in North Manchester
- Identify elements of the project which should be sustained, and possibly mainstreamed, whilst retaining the Zest brand name and image
- Help inform an outline business case for the future that will include options for development of the work and focus of Zest.

1.3 Methodology

Appreciative Inquiry

Appreciative Inquiry underpinned the evaluation. It is used to assist and empower participants to identify their own solutions. It is based on a critique of problem focussed thinking believing that problems which attract attention and resources encourage a search for further problems. Appreciative Inquiry assumes that if we look for solutions we will be more successful; and that the best way to sustain change is to:

- Identify things that work well
- Conserve what works
- Build on what is working to create a vision for the future and how to get there.

Stories and conversations are key methods of Appreciative Inquiry. By collecting success stories key stakeholders work together to create a realistic and desired model for change¹. Although Appreciative Inquiry focuses on positive aspects of the programme, the process also identifies areas for development.

Process

The evaluation was designed around three complementary processes:

- A review of existing evaluation material
- In-depth interviews with key stakeholders
- A stakeholders' event.

A review of existing evaluation material

Zest had undertaken an internal evaluation of its work in 2007. This included quantitative information on its activities over the lifetime of the project and over sixty focus groups with more than 500 people, representing 50% of those who had attended Zest activities for over 6 months.

¹ See <http://appreciativeinquiry.case.edu/> for more information.

There was also a review of the health forums and questionnaires from stakeholders some of whom attended a celebratory event. This information was used as a starting point for this evaluation (Appendix 1)

Stakeholder interviews

Interviews were carried out with over thirty stakeholders; including:

- People in local community organisations who had worked with Zest and forum members
- Other partners of Zest including local and citywide voluntary organisations, and frontline Surestart workers
- Steering group members
- Officers from regeneration agencies and those with public health remits.

The aim was to:

- Understand the different communities' perspectives
- Discuss how needs are best met
- Understand the driving forces of commissioners
- Better understand how the above factors link together.
- Develop case studies illustrating Zest's work.

The interviews used an Appreciative Inquiry approach. They explored aspects of Zest's work which stakeholders thought had gone particularly well. Appendix 3 outlines some of these accounts.

The interviews included stakeholders from a range of different organisations both community and city-wide; consequently it did not have the resources to cover the wide spectrum of front-line health workers.

Stakeholders' event

A stakeholders event was held in January 2008 involving over thirty people. The purpose was:

To share the evaluation findings so far with the Zest steering group and key stakeholders and to involve participants in identifying and planning priorities for the rest of the evaluation in the context of a sustainability strategy.

Discussions from the event have been integrated into this report.²

² Appendix 4 is a report of the workshop.

1.4 Challenges

There are specific challenges in evaluating a programme such as Zest because it can be difficult to establish clear relationships between interventions and outcomes. Reasons for this include:

- The initiatives have multiple, broad goals
- The work is highly complex often with multiple strands of activities operating at many different levels
- If projects are reflective and adapt to changing circumstances and understanding; initial objectives and strategies will need to be continuously reviewed and may change.
- It is not possible to control all the variables that may influence the conduct and outcome of the work, so wider contextual issues such as economic and social conditions may change making it easier or harder to achieve the desired outcomes
- Improving health outcomes which are socially determined takes longer than the lifespan of an evaluation and often of a programme
- There are multiple programmes and initiatives taking place in the area eg regeneration, which may also influence project outcomes
- The population in an area changes so that people who benefit from a project may no longer be in the area and/or new residents may not have had access to the project.

In addition it is important to remember that when considering local action to reduce health inequalities, community-based interventions are the least likely to be understood in environments where a medical model is dominant.

2. Context

This next section examines the health of the population in North Manchester and discusses HLN's.

2.1 Health in Manchester

Zest is the Healthy Living Network which was established to cover the North Manchester PCT area. The North Manchester PCT existed until April 2006 when re-organisation led to its disbandment and integration into a new Manchester wide PCT.

Zest works in some of the areas with the highest Index of Multiple Deprivation (IMD) in North Manchester, including Cheetham and Harpuhey. It also works in places with the lowest IMD's, such as Moston, but even in these areas, over half the super output areas in the wards are in the 10% most deprived in the country³.

³ Manchester City Council and Manchester North, Central and South PCT's Manchester's Health (2005) A Picture of Progress, Compendium of Statistics 2005, Table 2b(i)

In mid 2003 North Manchester PCT had an estimated population of 133,464; with 90 more women than men.⁴ By 2007 the estimated population for the same area had fallen by nearly 20,000 to 113,858⁵. In 2006, 18% of the population of the wards covered by the old North Manchester PCT was estimated to be from minority ethnic groups⁶.

The City of Manchester ranked the 3rd most deprived area in England in 2004 using the Index of Multiple Deprivation (IMD)⁷. The aggregate IMD 2004 value for Manchester as a whole, was 48.91. For North Manchester PCT it was considerably higher at 57.54. In addition it varied within North Manchester between 40.55 in Moston and 75.17 in Bradford ward. The relationship between deprivation and health is illustrated by the standardised mortality ratio (SMR).⁸ For 1998-2002, Manchester had an SMR from all causes of 168 whereas North Manchester's SMR was 190.6, nearly double the national average. This figure starkly shows the impact of inequity on health in North Manchester.

In 2004, nearly 80% of the super output areas (SOA's)⁹ in North Manchester PCT were in the 10% most deprived areas in England. This compares to 60% in the City of Manchester. Again the proportion varied within North Manchester PCT from 50% in Central Ward and 55% in Crumpsall to 100% in 4 wards; Beswick and Clayton, Bradford, Cheetham and Harpurhey.

The 2004 IMD was updated in 2007 by Oxford University. This showed that the pattern of deprivation remained primarily in the North and East of the city, but there were improvements across the New East Manchester area. However, SOAs in Harpurhey remained at the top of the ranking for most deprived.

The dissolution of North PCT and the creation of Manchester PCT led to many changes of senior PCT workers and vacant posts. Non-PCT stakeholders often commented on a resulting lack of strategic direction which limited the work of the PCT and led to a difficulty of partnership work on health related issues during 2006-7.

⁴ op-cit Table 1b(i)

⁵ Based on Derived mid-Year Estimates to Wards accessed on 19th February 2007 from http://www.manchester.gov.uk/downloads/A7_EMG_Wards06_4_.pdf Figures are derived by Policy Analysis from the 2001 Census by Output Area and aggregated by best fit to 2004 ward boundaries. Ward distribution using Electoral Register and Child Health System. Applied to ONS 2006 Mid-Year Estimate. Ethnic Groups from 2001 Census and ONS Table EE1: Estimated resident population by ethnic group, mid-2005, (experimental statistics). Source of all data ONS © Crown Copyright.

⁶ Derived Ethnic estimates based on Derived mid-Year Estimates to Wards accessed on 19th February 2007 as footnote 4 above

⁷ Manchester Factsheet, http://www.manchester.gov.uk/downloads/A1_ManFacts07.pdf accessed on 19th February 2008. Statistics collected nationally on seven social and economic factors are used to develop and Index of Multiple Deprivation.

⁸ From Manchester City Council et al (2005) Table6g (i)

A standardised mortality ratio is calculated by comparing the actual number of deaths with the number of deaths that would have been expected in that ward, if its population had conformed to England and Wales average age and sex specific death rates. So in North Manchester in this period there were 90.6% more deaths than would have been expected for the same groups in England and Wales as a whole.

⁹ Super output areas are how areas are described when census information is presented. Figures on SOA's from Manchester City Council et al (2005) Table2b(i)

2.2 Healthy Living Networks

The Zest Project was one of 350 Healthy Living Networks (HLNs) in the UK supported through the New Opportunities Fund (Big Lottery funding). HLNs were the response to the Government White Paper “Health of the Nation”¹⁰. It stated that the government and individuals alone cannot make progress on healthier choices but that:

“... Real progress depends on effective partnerships across communities, including local government, the NHS, business, advertisers, retailers, the voluntary sector, communities, the media, faith organisations, and many others”. It also states that “success will only come through a radical change in the way the public are engaged in their own health”.

Appendix 4 gives more background information about HLNs.

2.3 Healthy Living Networks in Manchester

Zest was the last of three Healthy Living Networks established in the city. South Manchester Healthy Living Network (SMHLN) was mainstreamed in April 2007 as part of Manchester PCT. Bloom was the name for the HLN in part of Central Manchester and Trafford and was discontinued when lottery funding ran out.

This evaluation has also considered the future amalgamation of Zest and SMHLN and the proposed development of a citywide Healthy Living Network.

3. Background

Section 3 briefly describes the background to Zest; its overall aims and discusses its approach. It also reviews the management arrangements.

3.1 Zest's aims

The project's main aims are to:

- Support involvement of local people and communities in health and well being through Health Forums eg networks, local meetings, consultations etc
- Initiate and support healthy living activities which increase physical activity, improve nutrition and help to reduce stress and social isolation
- Build and support partnerships and networks around health
- Pilot new ideas, projects and instigate change and improvements in service provision
- Engage local people and communities to make changes to their lifestyle to improve their health and well-being.

¹⁰ Our Healthier Nation, a Contract for Health DoH 1997

The project covers the old North PCT area of:

- Ancoats, Miles Platting and Collyhurst
- Charlestown and Higher Blackley wards
- Cheetham and Crumpsall wards
- Harpuhey and Moston wards
- Beswick, Clayton and Openshaw (the Beacons)

There are currently hub co-ordinators in the first four areas and a health trainer who works in Cheetham and Crumpsall specifically with BME communities. There was a health worker post in the Beacons funded until March 2006 and funding has now been identified for a Zest co-ordinator post.

3.2 Zest's approach

Zest sought to deliver innovative services for promoting healthy lifestyles. The project encouraged people who had not previously been involved to participate in physical activities. Getting people on the first rung of the ladder is accepted as being more difficult than getting people who are involved to do more. As well as promoting specific activities the emphasis has been on developing people's personal confidence and supportive social networks.

The project promotes a holistic approach to health and well-being. It recognises the importance of initiatives that focus on specific health issues such as stopping smoking and improved body mass, but believes that it is important to take into account the whole person. Better health can result from participation in activities that develop general well-being and can improve and boost the resilience factors that prevent a negative cycle of decline in the quality of life.

Consequently, Zest like many of the HLNs adopted a 'cycle of well-being' (diagram 1) approach. This emphasises the close relationship between personal, social and health circumstances – and the importance of participation in social activities¹¹.

2. SEU [Social Exclusion Unit] (2006) Sure Start to Later Life: ending inequalities for older people. Office of the Deputy Prime Minister.

Cycle of well-being

Diagram 1

Zest programme of work includes:

- Organising and supporting a programme of health related activities and events which involve delivery of holistic health programmes by 'experts'
- Social activities, addressing social isolation and social exclusion
- Engagement of individuals in health related activities through forums, consultation structures and support to events organised by other agencies
- Networking by building close working relationships with local groups and organisations, including the statutory sector.

3.3 Management and resources

'The steering group has delivered what it said it would do; it has ensured the day to day operation of Zest and that there has been due diligence. The representatives are in strategic rather than operational roles so it has not been very hands on'
(statutory stakeholder)

The PCT and the city council developed the Big Lottery bid with the council as the employer and accountable body. Management was undertaken through North Manchester Regeneration where health and well-being is: 'a massive part of the regeneration agenda' (statutory stakeholder), especially, in relation to worklessness. With the re-structuring of the PCT, it is anticipated that the main elements of Zest will be absorbed within a citywide Health Living Network within the PCT.

Steering group

The chair and deputy chair of Zest's steering group are lead officers at North Manchester regeneration. There are representatives from East Manchester regeneration, the Joint Health Unit, PCT Patient and Public Involvement and Public Health Development and the health forums.

Like many multi-agency steering groups attendance can be poor and the steering group has struggled to obtain active involvement from non-managing partners. Some steering group members have associated changes in PCT representatives, as a result of NHS re-organisation, with reduced input from the PCT.

A common view of steering group members was that: *'The steering group should be providing the strategic links more; this is not always done. Often these groups tend to get bogged down with business and the more strategic focus of the work gets lost. The steering group needs improving – it doesn't work properly; it should have more strategic links with the partners'* (statutory stakeholder).

Any future steering group should adopt a strategic overview and promote the work at policy level both within the city council and the PCT. It should enable the HLN to develop its priorities and focus for the work linked into a co-ordinated approach at both a local and city level.

Base

There was consensus within the PCT and regeneration that:

- Basing Zest in regeneration had been positive. For regeneration it has enabled them to work better on their well-being agenda and for the PCT it highlighted health awareness within the regeneration agenda.
- For the future, Zest should be mainstreamed by the NHS.

However, there is a danger that mainstreaming within the PCT will damage the positive work developed with regeneration. But it does offer an opportunity to develop a structure that will strengthen partnership working at a strategic level within Public Health.

Ownership should be shared, for example Zest could continue to be physically based within regeneration whilst managed by the PCT.

Staffing

Zest has six staff, four co-ordinators based in localities, a manager and an administrator. Both users and stakeholders were overwhelmingly positive about project staff. They recognised and appreciated the service ethos and values of Zest workers and the well-managed nature of the activities. However, Zest programme users were often unclear about Zest's role in developing the activities, illustrating how Zest often supports partners in ways that are not very visible.

Stakeholders noted that not only was there a stable staff team but the workers were particularly skilled in developing the work. Both of which enhanced Zest's development.

Budget

The average budget for the Zest project is £310,000pa over 5 years:

Income

Grant	Amount
Big Lottery	£200,000pa
PCT	£45,000pa;
NRF	£65,000pa
PPI Grant	£35,000pa over 2 years

Table 1

There was also £70,000 PPI grant money specifically for use with community groups.

Expenditure

Heading	% of budget
Salaries	55
Project delivery (including health activity publicity, promotion etc)	34
Accommodation	5
Other staff expenses (training, evaluation)	6

Table 2

Anna is lone parent living in Cheetham, who has 4 children and cares for a grandchild. Although she was a volunteer at the Welcome Centre, she displayed symptoms of stress and anxiety.

With encouragement she joined the Zest art group and to her joy sold a painting at an exhibition. As she gained confidence she joined the Zest lone parents group . Through contact with the family the Zest worker referred a relative to the health visitor service and Surestart.

Anna's son attends a Zest self defence class. This is free otherwise he would not be able to attend as money is extremely tight for the family.

3.4 Focus and Measurement

'If I am thinking of developing an initiative, I would go to Zest... and not the PCT for input into health work on the ground' (statutory stakeholder),

Although the majority of stakeholders were positive, a few raised concerns about the impact of Zest's work; *'[I am] unsure what the measurable impact of this kind of work is'* (statutory stakeholder). They felt that Zest's activities were isolated, with little co-ordination between them. They were unsure of how the activities related to specific needs, evidence based practice and people behaving more healthily. Another criticism was that the workers did not seem to follow a project outline and were *'... too keen to set up classes without recognizing that a whole process needed to be gone through, such as health and safety aspects to ensure its success'* (statutory stakeholder). It was felt that the activities needed clearer aims and objectives with precise indicators of their success.

While there were few policies, procedures and practices when Zest began working these have emerged as Zest developed. However, Zest travels a fine line between having policies and procedures and successfully engaging people by its informal approach.

Stakeholders were asked what evidence they felt was important. Responses focussed on three aspects:

- Methods of collection
- Impact and outcome information
- Process.

Stakeholders from community organisations and local partners tended to focus on methods, preferring visual to written documents; they mentioned personal testimonies, before and after photographs and films. Most stakeholders felt qualitative information, especially case studies were crucial. Feedback from local communities and Zest groups were also mentioned. More depth information than just numbers attending were seen as useful, including whether they were from 'hard to reach' groups, and the type of involvement users had.

An interesting theme emerged - whether the focus of the work was community engagement or health promotion and whether these required different types of evaluation. A minority of public health workers argued strongly that health promotion had to be evidence based and directly related to numbers, outcomes and long-term behaviour change; *'Health promotion [in general] needs to be delivered to evidence based practice which doesn't seem to be the case [with Zest] at the moment'* (statutory stakeholder).

Whereas other public health workers saw effective community engagement and partnership work with the 'right' people, in the 'right' areas and the types of interventions as key to the health inequalities agenda.

Commissioners acknowledged the difficulty of tracking lifestyle and well-being changes as they are long term and the population may change. However, it was thought that there are appropriate tools which measure changes in health, training, employment and well-being. Measures suggested included awareness about national health messages and numbers trying to live that way. The adoption of tools will however need to be considered alongside the difficulty of obtaining data, which is considered in more detail later in the report.

In Miles Platting, Ancoats and Collyhurst in partnership with regeneration, Zest produced a 'Guide to a Healthier Me' This was for local residents, groups, community organisations and workers to see what was available in the area. It included a wide range of health related activities such as breast-feeding, walks, exercise classes.

Stakeholders had different ideas about how to improve health of disadvantaged groups. These varied from the belief by a PCT worker that focusing work on a narrower number of evidence based interventions would reduce inequalities; *'Manchester has always tried to do too much; that's why the health statistics are so poor. Doing a little well to improve the health inequalities and statistics should be the priority'* (statutory stakeholder).

Whereas another health worker felt that: *'The best ways to tackle health inequalities are nothing to do with the NHS. Healthy choices need to be accessible choices eg safe streets for jogging'* (statutory stakeholder). Some citywide voluntary sector organisations felt the Zest model should be developed across the city.

A citywide stakeholder said: *'(North Manchester is) not a fertile ground for the voluntary sector. Zest have managed to fill the gap which is impressive; usually it's the voluntary sector which fills that gaps in the statutory sector. They should have the money to invest in local people. Agencies should capitalise on the instincts of a good team. . . . they should get a grant not a contract'* (voluntary sector)

3.5 Summary

Key points from this section include the following points:

- Stakeholders showed that they had different standpoints and expectations of Zest which may be associated with different perspectives eg community, agency, as well as different understandings of how to reduce health inequalities.
- Most stakeholders valued Zest's skills in engaging with communities.
- There is a need to develop a shared understanding, influenced by all stakeholders.
- The stakeholder workshop led to agreement of the future focus for Zest and the need for robust indicators to measure it; these are described in Section 6
- Future management arrangements need a structure that will strengthen partnership working at a strategic level within Public Health, whilst retaining the strong links with regeneration.

4. Findings – What Zest delivers

Betty suffers from several health conditions and is a wheelchair user. She lives in a flat in a sheltered housing scheme. However there is no community room or place to socialise and meet other residents. She was isolated and lonely.

Things began to change when Pamper sessions were set up a couple of years ago in a community venue across the road. Volunteers from the centre collect her and take her home. She said: *'I love the Pamper sessions, it gives me a chance to have some hand massage or foot massage, meet friends, chat and have some fun, but I don't know if I would get there without the volunteers who bring me and take me home'*.

4.1 Introduction

Section 4 considers:

- Zest's programme of activities and events, who uses them and the reported benefits
- Health forums
- Zest's influence and delivery on strategic agendas.

4.2 Activities

Over a four-year period (April 2004 to date) the project delivered over 300 multiple session activity programmes and over 100 single sessions. In January 2007, there were forty-five regular activities, using over 65 venues. Overall it was felt that: *'One of Zest's strengths is that they are not health topic focused but responsive to community identified needs'* (statutory stakeholder).

In Charlestown, Zest formed a partnership with the Nutrition service, Sure Start, a church project and local parents to initiate cook and taste sessions. Families wanted to know how to cook healthy and nutritious meals on a limited budget as many used local takeaways. The course was highly popular and over subscribed. Two parents who attended an early cook and taste course now deliver sessions to other families. Other participants moved on to adult education classes at different venues.

The following table, although from January 2007, shows a typical break down of activities.

Activities in different areas (Jan 2007)

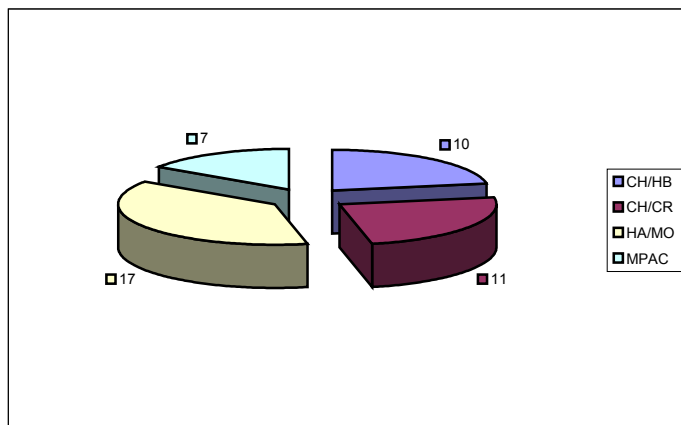


Table 3

In 2005/6 there were over 5,700 attendances, this is more than a threefold increase from the first year of the project (1,700+).

The differences in numbers and types of activities reflect the different communities and various approaches to engaging people. For example more taster sessions and short courses are run in Miles Platting, Ancoats and Collyhurst as it has been difficult to sustain regular classes.

Attendance

From April to June 2007, there were 48 classes averaging 10 people per session. The following table breaks down attendance according to gender, age and race.

Breakdown of attendance (April – June 2007)

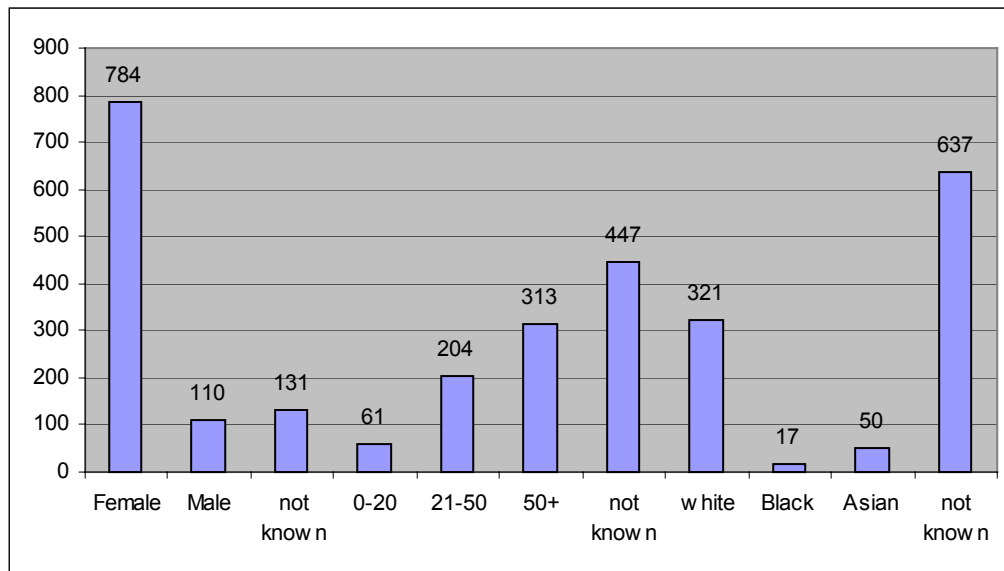


Table 4

The total number of Zest users for the period was 1025

The following table shows the breakdown of classes in January 2007.

Breakdown of classes (Jan 2007)

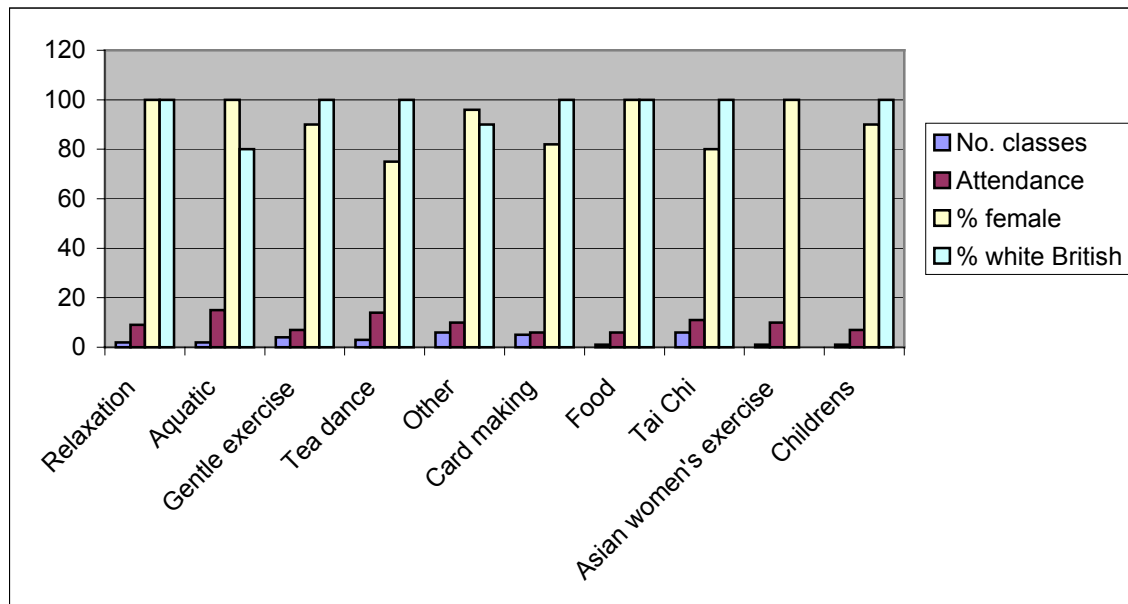


Table 5

The total number of Zest users for the period was 1025

Zest, like similar projects, has struggled to get adequate data about its users. There is a fine balance between collecting information from people and at the same time not alienating them. Information that commissioners require can be seen as intrusive by users. There are also resource implications in collating data and making it meaningful and helpful for the work.

Gender

The two previous tables show that the majority of participants are female. Despite the limitations of the data it is clear that Zest, like many similar projects, reaches a much smaller proportion of men than women. As men are a group with high health needs and limited use of services, there is a need to ensure that they do not 'lose out' in future service developments.

Race

Although the figures suggest that the proportion of Zest users from Black and Minority Ethnic groups in April-June 2007 (17%) is a similar proportion to the 2006 population figures (see p 11), the low level of collection of data on race (38%) make these unreliable. In addition, migrants including asylum seekers, refugees and Europeans have increasingly been settling in North Manchester in recent years. Monitoring data suggested Zest users from Black and Minority Ethnic groups are predominantly from Cheetham and Crumpsall.

Cheetham Hill Welcome Centre supports people and families who are new to the area; an area where over 40 languages are spoken. As well as health, partners include Trinity Church and volunteers, Cheetham Hill advice centre, Surestart local programme and the North Manchester Regeneration team.

The centre now has two paid staff and has supported many people into employment. Zest's help ensured a health promotion focus but this broadened to include: supporting volunteers, through training and recognition, publicity, activities, events, advice and project development.

Zest has been able to introduce a health trainer into the centre and is currently jointly running an arts workshop at the church and developing a healthy cookery workshop. Zest has offered a consistent presence at the welcome drop - ins and contributes to the steering group and as an advisory member of the committee.

Age

The limitations in data make it difficult to make many inferences about the work in relation to age. Although it is clear that Zest works with a large proportion of people over 50 and this age group suffer disproportionately from factors that lead to social exclusion and poor health.

Types of activities

The Zest activities can be divided according to their different focuses:

Breakdown of activities

Project activities	Examples of activities
Community exercise	Tea dances Yoga Aqua-fit
Healthy eating	Cookery workshops Production of books Weight club
Family support	Space for you Baby yoga Healthy kidz Lone parents
Mental health	Card making Art classes A new you Complementary therapy
Young people	Art activities Yoga Street dancing

Table 6

The intergenerational cooking event in Miles Platting, Ancoats and Collyhurst linked to the Manchester Food and Drink Festival in 2007. Partners included a food worker, Sure Start and a church group. The cooking and sharing of a meal not only gave rise to discussions about healthy food but also broke down barriers between different groups. Older women in the sheltered housing would not have made those contacts and links which continued after the project finished.

The work is being developed and it is hoped it will become sustainable. The project was adopted as an example of good practice with the Valuing Older People's strategy.

Initiatives often evolve from the activities. Examples include the publication of cookery books in three areas and the development of an allotment in another. In addition Zest has been able to respond to gaps in provision. For example in Cheetham Hill it set up an arts group specifically for those with mental health issues.

Activities are run at youth centres, nurseries, schools, libraries, community centres, leisure and sport centres, sheltered accommodation, church halls and outdoor areas. This helps support and sustain existing community buildings and contributes to the 'life' of a community by using community spaces. *'Zest uses local venues that people are already familiar with, not health buildings'* (voluntary sector stakeholder). The downside can be the lack of control over venues and occasional difficulties with poor quality premises.

Some stakeholders felt that community groups could take over the delivery of the activities: *'Some [activities] could levy a charge which could be managed by community groups or leisure. Those that can't are either not popular or are so specialised that they could be absorbed within the PCT. The council might also be able to take on some aspects'* (statutory stakeholder). However, this may exclude people that the HLN is targeting, those who engage least in health related activity and are a greatest risk of poor health.

Rohina is a female asylum seeker and single mother with 4 children. She attended the Welcome centre as she was concerned with her safety and well-being rather than her health.

She was accommodated in a racist area where she lived in fear for herself and her children. The local youths bullied her, swore at her and threw things at her. Consequently, she does not let her children out of the house. She also faces language barriers and feels very isolated as she has no family nor friends.

Her children were given a places at a school far away and they also get bullied. The youths outside the school have set dogs on her and they have pulled her scarf from her head.

This has all contributed to health problem including sickness and depression. The health trainer with Zest is only able to help with diet and exercise. Unsurprisingly, Rohina was not interested in these. However, she has attended activity sessions funded by Zest.

4.3 Impact on health

This next section discusses findings from 60+ focus groups, held in 2007. Five hundred people, 50% of those who had attended Zest activities for over 6 months took part.

The following shows the proportions who reported having health problems.

In 15 groups – 75% of people reported having a health problem
 In 25 groups – over half reported having a health problem.
 75% of those attending chair-based exercises reported having a health problem

All attending Pamper sessions said it reduced their stress and helped with mobility problems. In 22 focus groups all who reported health problems said they experienced relief from symptoms.

Some focus group participants attributed sustained transformations in their health due to project participation. The following diagram illustrates some of the comments:

Comments from focus group participants

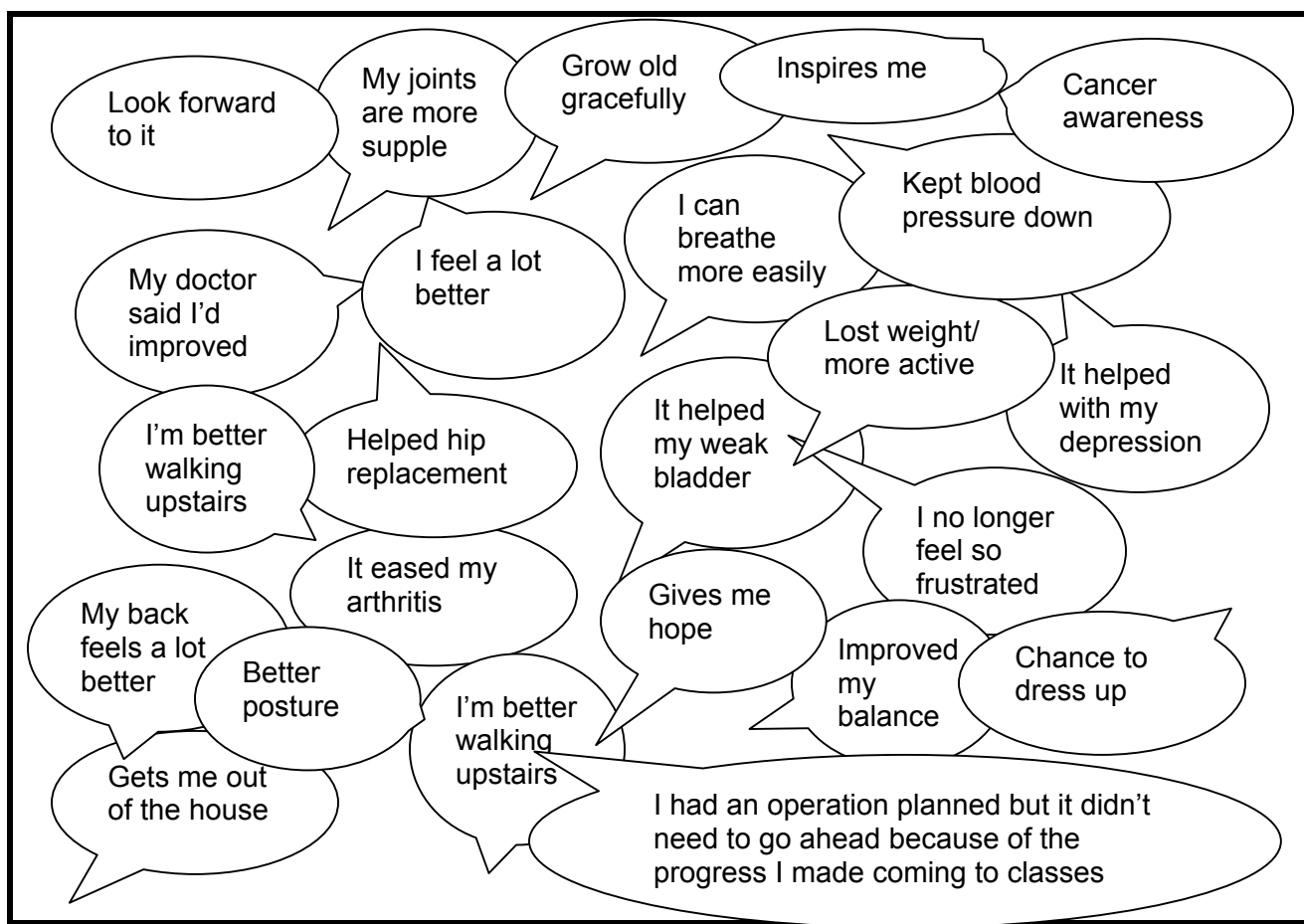


Diagram 2

Social inclusion

Sixty per cent of focus group participants (out of a total of 500) had not attended any Zest activity for two years prior to their involvement with Zest. Forty per cent of people attending a Zest activity stated that they were motivated to attend other activities. This is impressive however, the data is insufficient to analyse the degree to which these people participate in their community and are isolated.

Realistic indicators focussing on levels of social inclusion/ engagement of people who participate in Healthy Living Network activities should be developed. These should recognise the priority and challenge of encouraging people who participate very little (eg 0 to 1 activity) in their communities.

4.4 Events

Health Weeks have become an annual event in Harpurhey and Moston. Since the first trial 3 years ago, Zest has worked with Council Departments and the PCT to deliver a programme of healthy activities. Each year, the choice grows and the whole community is catered for. From babies to grandparents, from healthy eating to Tai Chi, the list is endless and the accent is on having fun. Residents help with the planning, generally through the local Health Forums.

Up to February 07, Zest helped organise over 100 events, with the majority in 2006/7 (over sixty). These included family fun days, healthy living events, festivals and health weeks. Feedback from these was very positive, they gave people access to new activities and information about health related issues. However, they are very time consuming and often create a demand, especially in areas where there are few opportunities for large community activities.

4.5 Health forums

There are health forums in each of the areas; they have developed differently; three predated the Zest project, Cheetham Hill, North City (ie Harpurhey) and Miles Platting and Ancoats. The current aims of the health forums are¹²:

- Gathering community views about health need
- Coordinating local activity around health
- Informing local people about local services and activities
- Influencing services and service providers
- Increasing healthy activity in the area through working in partnership.

The following table shows attendance at the health forums (Jan 2007)

¹² These are from the Miles Platting, Ancoats and Collyhurst Forum. (Appendix 7) but are similar to the others.

Attendance at health forums¹³

Hub Area	Approx no. per year attending	Average per meeting	Comments
Ch/Hr BL	20	8	Nos fluctuate. Core group usually attend
CH/CR	54	15	Wide range of people; different each time
HA/MO*	28	12	Nos. declining. Splitting into 2 forums in 2007/8
MPAC	40	12	Maintaining numbers.

Table 7

It was estimated that:

- 40-75% of attendees are from the statutory sector
- 20-30% from voluntary sector
- 8-25% are local residents.

Forums enable local people and workers to discuss how services can be delivered to best meet the needs of the local community. They and volunteers help support many of the ongoing activities in their areas.

However, there were differing views about the effectiveness of forums. Although they provide information and co-ordinate some health work in the areas, several stakeholders felt that more health providers should attend meetings. Whereas, others felt the meetings should be resident led and over-involvement of professionals would compromise this. Some stakeholders, familiar with the forums, noted: *'They would collapse without the input from Zest; I am not sure they are value for money'* (statutory stakeholder).

It was recognized that; *'Getting people to meetings in disadvantaged communities is hard'* (statutory stakeholder). There was also concern that some important service providers did not participate, particularly the PCT. As one stakeholder commented: *'The PCT [has not really acted] as a strategic partner for the last 18 months or so as it has been tied up with its own re-organisation'* (statutory stakeholder).

Another noted that; *'Forums are a strength of Zest, although they do not always work'*; (statutory stakeholder). Forums undoubtedly require intense support from Zest staff and can be problematic.

However, they are valued as a key to community engagement by a range of agencies and for their ability and potential to influence services. *'We have just started a forum in [area]; this is important to tackle the health issues at a local level'* (voluntary sector stakeholder).

¹³ The figures in here are an average across the 3 years.

Benefits of these forums were seen as:

- Reinforcing communication between communities and public agencies
- Discussing health issues
- Local accountability for Zest's programme
- Input from specific speakers
- Used for 'consultation' by health providers and commissioners
- Sharing of information.

Zest workers see the forums as essential for accountability. The following table illustrates how their work flows from discussions at forum meetings and are part of a longer-term strategy to address specific health issues.

Examples of work developed at health forums

Area	Example of activities
Miles Platting +	<ul style="list-style-type: none"> * Mental health event in partnership with the library for over 30 young people. Three main activities were: pamper/relaxation sessions, making diaries where young people had the opportunity to discuss and record their feelings and a food and mood activity with an additive quiz. This work kick-started other work with the area youth forum including mental health training for youth workers, distribution of information and developing self-esteem work with the young people. * Three years involvement and development of a programme of local activities for the Manchester Food and Drink Festival.
Moston	<ul style="list-style-type: none"> * 'Teddy Bears Picnic' organised with Sure Start * 'Happy Feet' day for the Over 50s
Harpurhey	<ul style="list-style-type: none"> * 'Open Your Mind' day highlighting the issue of good mental health. * Instrumental in starting a Diabetes Support Group * Started a cardio-vascular group called Harpurhey Hearty Blues * Members have supported Zest to develop Tai Chi and aerobics sessions
Cheetham Hill	<ul style="list-style-type: none"> * Organised health events including sessions on diabetes, mental health and heart disease. Attendances 300-500. * Arranged free food hygiene course - from this volunteers cook healthy food at Welcome Centre.

Table 7

Forums do act as accountable bodies for Zest and they are positive for those who attend. Yet, ultimately their worth needs to be measured against the resources involved in their upkeep. At present, the forums do not fit into a formal structure so there is no avenue for them to influence services or service providers; as one stakeholder noted: *'The forums beg the question of what they can do especially if no-one is listening. At the end of the day you need to think about where things go from the forum and how they influence policy'* (statutory stakeholder).

The forums need clear terms of reference and a link into service development. Improved reporting arrangements should be developed with ward co-ordination, the new LINKs and Public Service Boards. There may be other local networks that could take on some of the more strategic work.

4.6 Influencing strategy

Zest covers a number of core and cross-thematic work which underpin the promotion of health and well-being. The following table outlines some of these with examples of the work.

Core and cross-cutting areas of work

Core and cross-thematic work	Examples
Strategy	Health forums
Community engagement	Community consultation exercises on healthy living activities – 580 + questionnaires in 2005
Health promotion	Health Forums Joint working to produce materials Participation in workshops One off tasters Events such as the annual health week in Moston/ Harpurhey, where all services promote 'healthy living' Leaflets Production of healthy eating books
Inter-generational work	Events Courses
Community and partner agency support	Support and delivery of local events and campaigns Support in the development of major initiatives in areas including regeneration
Community cohesion and social capital	Activities targeted at specific groups Projects targeting 'new arrivals' to geographical areas Work with whole communities

Table 8

Zest has been instrumental in disseminating information from a wide range of sources to a large number of people within different organisations. It acts as a catalyst in specific geographical areas for the development of health initiatives. For example Zest has supported the implementation of the Food Future Strategy, and the Valuing Older People Forum (VOP) Strategy, The PCT's Health Inequalities Strategy and has contributed to a number of NHS consultations.

The forums have influenced strategy and the delivery of services at a local level and ensured health was on the agenda at ward meetings. Zest was also instrumental in the development of a local 'food' strategy in Miles Platting, concerned with the shortage of places in the area which sold healthy food.

4.7 Summary

The data suggests that support to local communities should be continued especially,

- The work with women
- Developing work with all men, and both genders in Black and Minority Ethnic communities
- Identifying realistic indicators and measurements for including people who do not engage or engage little with other people and community activities and services
- Reviewing the quality and scope of information collected to ensure a picture of users is available.

The strengths and weaknesses of forums are identified and the need for clear terms of reference and better links to service development are recommended through development of:

- Reporting arrangements from the forums to ward co-ordination and Public Service Boards
- Work with and through the new LINKs

The following needs to be considered:

1. What would HLN look like if delivery was separated from community engagement? Do we know whether target groups in the communities that Zest are reaching would use PCT services? What needs to happen to make this attractive and/or acceptable to local communities?
2. What would demonstrate effectiveness for the PCT if the HLN role was essentially community engagement?
3. If change in working of Zest happens without understanding the complex web of how they operate not only will the whole essence of the work be destroyed but so will its effectiveness.

5. Core of Zest

This section outlines the core of Zest; the areas are the fundamental principles which stakeholders saw as being essential for the continuation of the work. It looks at examples of good practice in each of the sections illustrated with case studies.

5.1 Work in localities

'Zest are grounded within their local communities; if I am going to develop a piece of work, Zest is always my first port of call; the {worker} has a wealth of knowledge about the area' (statutory stakeholder).

Zest operates in areas with different histories of voluntary and community sector provision. Some such as Miles Platting and Charlestown have few established groups. Where there has been little capacity building, there is nothing to build upon to develop the communities' resources. So for many stakeholders Zest was crucial in filling this vacuum.

There is a Zest hub co-ordinator in each of the areas. Most of the stakeholders interviewed felt this 'locality' working is one of the keys to Zest's success. It meant the Zest workers can build up positive relationships in communities and develop their resources and contacts. As one stakeholder noted: *'Zest has the ability to respond at a very local level, this has been lost with the PCT'* (voluntary sector stakeholder). Zest's work enhances the development of services and gives them access to local information. *'They get to hear what people think about [health] services'* (statutory stakeholder).

Frequently, stakeholders noted how Zest workers connected different activities in an area. For example, in Miles Platting the worker linked food activity running at one venue with an exercise class at sheltered accommodation. Being involved broadens people's social networks and helps reduce social isolation. Both of these can contribute to improved health within disadvantaged communities. *'The different activities are not isolated pockets, their impact is wider than the sum of the different parts'* (statutory stakeholder).

The workers have gained respect from community groups and local people so *'There is ownership by the communities [of Zest's work],'* (statutory stakeholder). and *'Their work carries weight'* (statutory stakeholder). Zest's grass route understanding of communities means it is able to respond flexibly and appropriately, recognising that a 'one size fit-all' approach is not effective. As one stakeholder commented: *'They know [their] communities, so when a supermarket closed down they organised transport to take people shopping'* (statutory stakeholder).

Zahida has diabetes. When she first contacted Zest she had a poor diet and mental health issues including depression. Nor did she do any exercise. She now attends the Welcome Centre drop-in sessions and events in the area. She now controls her diabetes by exercising and monitoring her diet. When she changed her diet her family also changed their life style.

5.2 Partnership working

'Zest helped establish credibility for us in North Manchester. (voluntary sector stakeholder).

Zest is able to bring disparate agencies together to develop initiatives. Partnership working is seen as key for policy implementation at a local level. It is felt that a single agency working in isolation will have little impact upon improving people's health.

Zest's leadership was critical to the quality and development of some partnerships such as the health forums. Other agencies frequently use the infrastructures which Zest have developed, as one stakeholder remarked: *'Zest provided resources and their contacts in the communities, they enabled us to address our [clients]; without Zest's support we would not have been able to develop the work as effectively'* (voluntary sector stakeholder).

The majority of the stakeholders interviewed commended Zest on its responsive to needs and partnership working. This was seen as facilitating a qualitative difference on the ground. Zest's nurturing of communities, contacts and workers enabled them to call upon a broad spectrum of people in developing initiatives. One stakeholder commented that; *'As people have been brought into networks and started working together they have seen the benefits of collaborative working and this has influenced other areas of work. It means there has been a better sharing of resources and intelligence'* (statutory stakeholder).

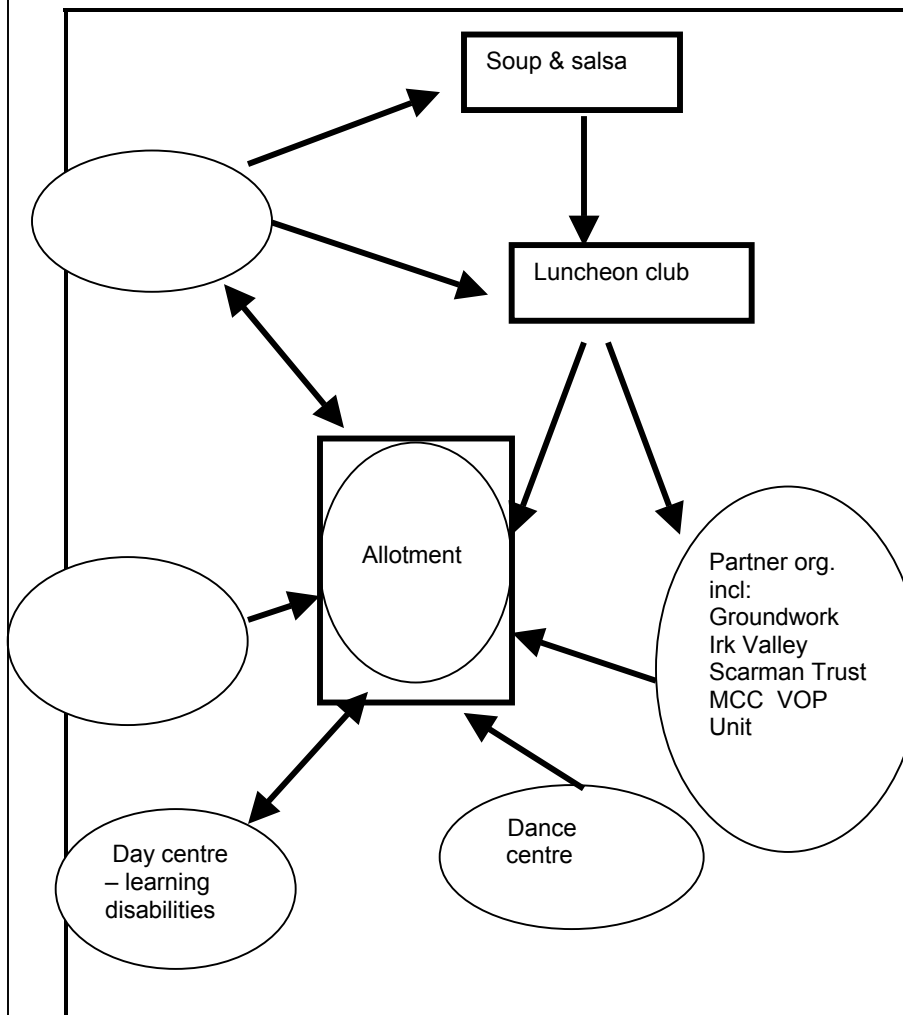
Across the area Zest workers formed a partnership with a city wide voluntary organisation to set up a North Manchester support group. By sharing resources they were able to address the needs of the target group so participants are now able to:

- Access relevant training
- Receive information relevant to their specific needs
- Find out about relevant changes in policy and how it will affect them
- Link into local, regional and national networks.

In one area Zest helped a group develop a luncheon club. The volunteers had initially thought it was too much responsibility but Zest supported them including help with funding. The luncheon club has had a wide range of spin-offs as illustrated on the next page.

Development of NEFRA project from an activity – soup and salsa

Zest worked in partnership with NEFRA, a local organisation, to help develop this work. Any partner organisation brought into this project via Zest, now work directly with NEFRA. Zest still supports the luncheon club and allotment, but the NEFRA volunteers having taken full control of planning and delivery of both projects.



Links into:

- Social inclusion
- Healthy eating
- Exercise
- Capacity building
- Mental health

Developments:

- Local privately owned Dance Centre has Zest activities, and accommodates the luncheon club, they now offer fruit and flavoured water for the children rather than just the usual sweets and fizzy drinks
- There is a lot of contact between the day centre for people with learning disabilities (known as students) & the residents involved in the allotment. Consequently, there is greater understanding of learning disabilities within the community
- Adults with learning disabilities play an equal and valued role within a community venture
- Unused space around the day centre has a new lease of life as the allotment
- The food from the allotment is used in the luncheon club
- Local residents and students from the day centre benefit from all the food grown on the allotment, and the students use the produce in healthy eating and cook & taste sessions.
- The students from the day centre work on the allotment and understand all the processes for growing the food. They can explain these to any visitors to the project.
- Cook and taste sessions are planned for the future

5.3 Engagement with communities

'You can't tackle health improvements unless you have effective routes to engage with local people' (statutory stakeholder)..

Activities alone are insufficient to engage some sections of the community, particularly where other factors such as social isolation, poverty and lack of services, remain a major obstacle to health and well-being. Over time Zest has engaged with community organisations and enabled workers to set up informal and welcoming activities; as one stakeholder: *'[Zest] come in, help you set up [activities] then they pull out and before long you realise that you are running it yourselves!'* (voluntary sector stakeholder).

Irene and Andy didn't cook any meals, they didn't know how to and got into the habit of eating mainly take-aways and ready meals. They spent at least £30 a week between them on buying lunches for work. Irene was a few months pregnant and heard about the "cook & taste" course near her home. She persuaded Andy to go along with her, luckily Andy worked shifts and had some spare time during the day.

They learned how to cook nutritious, quick meals on a low budget. Irene was amazed at how much money they could save by making lunches for work. She said; *'I've really enjoyed cooking, it's not just about learning how to cook, we made friends, shared experiences and worked together to make the meal. I pass on what I've learnt to my family and friends'*.

Zest has adopted a community development approach, increasing the capacity of local people to take control of their own health by increasing people's skills and knowledge. Significantly, this includes building self-confidence and self-esteem, so that local people value their own health and give priority to leading healthy lifestyles. As one stakeholder noted *'Unfortunately people in this community have very poor aspirations, they do not value education and feel they have a limited capacity to take control over their own lives'* (voluntary sector stakeholder).

Zest's programme of activities¹⁴, in the first instance, offers local people opportunities to meet and develop their awareness. As people's confidence and knowledge increase they feel more in charge of their own health. This leads them to engage in more health related activities and creates a demand for effective and accessible health services.

Zest's approach was also seen as non-judgmental, often in contrast to statutory health workers. As one stakeholder commented: *'Zest works with us to develop services, not like other organisations which tell us how issues ought to be tackled, not letting us, the organisation on the ground, have any impact upon delivery'* (voluntary sector stakeholder).

¹⁴ Section 4.2 has more information on the activities work.

Community development was seen as the priority in those areas where there is little sense of community; *'If you told people you would buy them a meal and asked whether they wanted a healthy meal . . . or . . . a McDonalds or fish and chips; most would choose the latter. . .for me, the most important aspect would be people's involvement rather than what they want to eat'* (evaluator's stress). . . *Focusing on health might not be so initially attractive to people and if they aren't engaged in the first place, the potential for more constructive work is diminished'* (voluntary sector stakeholder).

5.4 Raising the health agenda

'Without Zest [we] may not have understood the whole impact of food until a bit later down the line. Zest saved us time' (voluntary sector stakeholder)

Health prevention is not just about targeting individuals it is also about working with communities and raising awareness of healthy life styles. And Zest was also praised for building the capacity of fieldworkers and partner organisations to address community health needs. However, that support for local people who act as volunteers is seen as crucial; *'We're just volunteers and although our confidence has grown we need Zest; they are our backbone'* (voluntary sector stakeholder).

Zest also increased organisations' understanding of health and of how health services operate. A neighbourhood where people feel safe, trust one another and have good social networks is a positive factor in promoting better health.

Zest were seen as invaluable in helping with the local implementation of a cancer initiative. Christie's Hospital, the Greater Manchester PCT's and a social marketing company developed a campaign focusing on early presentation of the three main cancers, lung, bowel and breast. The campaign was piloted in Harpurhey and two other wards in Oldham and Wigan.

Zest used its existing infrastructures and contacts within the community. They promoted the campaign, recruited people to get involved as well as raising the profile and distributing the material. An external evaluation showed Harpurhey was the most successful in raising the awareness. Because work in Harpurhey was so successful, the campaign is being rolled out across North Manchester in 2008. (The pilot took place in 2007).

5.5 Broad view of health

'Zest fits into a holistic approach to health; it recognizes the impact of transport, unemployment and food to people's lives' (statutory stakeholder).

The Zest Programme acknowledges the close link between improved health and empowerment of people within disadvantaged communities¹⁵. And stakeholders acknowledged Zest's ability to present the health agenda in a non-threatening and innovative way.

The World Health Organisation defined health as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'- this allows for much more emphasis within health policy on public health, prevention and holistic forms of treatment. There is also a growing political interest in the notion of 'well-being' that was reflected in the setting up of the HLN. As one stakeholder noted: *'The things that improve health are the issues that make sustainable communities, reduced crime, better social networks...'* (statutory stakeholder).

Sheila became isolated when her husband passed away, she lost her confidence and stayed at home most days feeling depressed and lonely. She saw information on activities in the GP surgery. After finding the courage to telephone a worker arranged to meet her outside the church hall where the over 50's club meet every week.

Since that day she has met new friends, attends several activities, has a social network and volunteers at events. She said; *'I'm a different person now, there's so much to do, I've made new friends and feel confident to try new things'*.

This is reflected in Zest's work and its acknowledgement that economic and social factors contribute to people's health; that disadvantage is associated with feelings of isolation and low self esteem. These and other psychosocial risk factors damage physical health both directly and indirectly; for example by health damaging behaviours such as drug and alcohol abuse and smoking. To improve health therefore it is necessary to build community capacity, develop networks and address the broad range of factors that impinge upon people's health.

¹⁵ As discussed by Allison, Carpenter and Imtiaz,(2001), Building on Success, University of Warwick

5.6 Knowledge of communities

'The workers are brilliant; roll up their sleeves and get stuck in' (voluntary sector stakeholder).

The majority of stakeholders commented upon the workers' skills, commitment and knowledge of the communities. The workers were seen as the great strength of the project. The Zest team have a strong sense of shared values, which has enabled them to develop a clear identity in the different communities. This is supported by good management, and a culture that enables the workers to develop their own initiatives.

Zest helped produce three cookbooks. Each of these is different as they have responded to the specific community needs. This demonstrates that the project does not use a 'same size fits all' model. Within Cheetham Hill there were workshops for the different communities where they shared recipes, including some from Afghanistan, Albania, Pakistan, Iran, India, Kurdistan, Ghana, Thailand ...

All the cookbooks are very professionally produced, and involved local people in their production such as taking the photographs to include in the publication. They are well-written, and easy to follow. One includes a diagram about healthy eating, and another has different foods to appeal to different groups from babies to teenagers, including the costs.

Workers were also praised for their knowledge and reflective understanding of the areas and their user's perspective. Some felt that their wealth of knowledge about funding and contacts made the whole process of developing initiatives easier. They were seen as completely reliable and able to; *'Think outside the box'* (voluntary sector stakeholder) and; *'The workers do what they say they will and if she can't do it because it is outside her remit she says so but then she will tell you someone who can do it!'* (voluntary sector stakeholder).

In partnership with Adult Education, a local church and Studio 116, Zest set up an art group. This targeted people with mental health issues. To attract Asian women it initially focused on fabrics and forty women came to the first event. It is planning to hold an exhibition later in the year.

It was felt that the specific skills of the staff, which had developed over time, were crucial. They were seen as educators and trainers as well as having the ability to involve people and groups.

¹⁶ An art project based in Wythenshawe

5.7 Autonomy

'They behave and feel like a voluntary organisation that is at arms length to the statutory services' (statutory stakeholder).

Although stakeholders knew that Zest was part of local authority and managed by a regeneration team it was still seen as being independent; neither part of the PCT, nor the local authority. A number of stakeholders described how Zest operates with more flexibility than large statutory services, because of its size and structure. It was seen as having a local perspective that the town hall and the PCT don't have. Consequently; *'They are able to go out there and meet people in their own settings'* (statutory stakeholder).

In working with one organisation they *'Acted as the glue between the statutory, voluntary and community sectors'* (statutory stakeholder). They are not as restricted as many statutory services and constrained by targets. This means they often have access to the wider community without institutional baggage. Public service workers are often perceived as representatives of an authority that certain groups may mistrust. Often small organisations are more effective in reaching the 'hard to reach' groups and as one stakeholder observed; *'They enable the council to work directly with the communities'* (statutory stakeholder).

For many stakeholders this sense of autonomy was particularly important and needs to continue. There is increasing likelihood that the PCT will fund a citywide Health Living Service. Stakeholders have identified a number of aspects of Zest that they feel ought to be integrated into the new service. As one stakeholder said: *'I am 100% behind mainstreaming of HLN without too much change . . . It's a fragile project and it would be easy to nullify the effect and create a free for all. (There is a danger in trying to) 'shrink the organisation down into quantifiable products'* (statutory stakeholder).

5.8 Summary

The learning from the project, relating to the core of Zest, need to form the backbone of the proposed new service. These are:

Work in localities
Partnership working
Engagement with communities
Raising the health agenda
Broad view of health
Knowledge of communities
Autonomy.

In addition the 'Zest' brand is widely known, trusted and credible both amongst local residents and agencies and consideration should be given to maintaining it in North Manchester.

6. Vision for the future

This section considers the vision for the future, an evaluation framework and other issues which emerged from the stakeholders' workshop and conclusions from the evaluation as a whole.

6.1 Vision from the stakeholder event

The stakeholders workshop gave strong support for the continuation of the core of Zest, within a citywide structure mainstreamed by the PCT; it foresaw that:

In 2013, Manchester Healthy Living Network is well known and respected. The focus of work is involvement, partnership, confidence and community building.

There are health forums throughout the city, learning from Zest's experience. The structure of the forums are well understood and influence the local authority and PCT. The work of the HLN integrates well with primary health services, including GPs. Health improvement is high on the health service agenda as can be seen by commissioning and service improvement work. All local authority staff understand how important health is and how they can promote it.

Communities, especially those that are hard to reach, feel equal partners in determining their health and use services because they meet their needs. Mental illness will no longer be stigmatised.

The funding and management of the HLN is on a long term basis. Local people and volunteers are resourced, supported and trained to continue initiatives and ensure sustainability.

Decisions agreed at the stakeholder workshop, include:

- A consensus that a citywide service should be developed. This evaluation focuses on the lessons from Zest that might inform such a citywide service. This will be complemented by an evaluation of SMHLN (forthcoming) and lessons from Central Manchester's HLN.
- The focus should be involvement, partnership, confidence and community building. Health engagement should happen at a local and citywide level especially in areas where engagement with services is lowest. The evaluation has shown Zest's skills and ability in these areas. This is valued by both communities and statutory agencies.

6.2 Indicators

The workshop also identified 2 sets of **robust indicators** which should be agreed at the beginning of the new service:

- For what the healthy living networks do – involvement, partnership, confidence and community building
- What the healthy living network contributes to health indicators.

Obtaining appropriate information to measure outcomes requires a balance between answering questions commissioners want and their acceptability to (potential) users. Zest's experience (p22) indicates that even the collection of minimal data can be difficult. Consequently, the collection of data needs to be sensitive and not resource intensive. Data collection may be more successful if commissioners, users and workers understand, influence and support the process from the beginning.

One of Zest's strengths may be enabling people to take the first step in health related activities; people who may gain the interest and confidence to engage in evidence based activities in the future. Consequently, two areas need to be considered:

- How the new service provides scaffolding to engage individuals, communities and agencies in health activities
- The relationship this has with better health outcomes including engagement with evidence based activities in the future.

6.3 Sustainability

The sustainability of Zest can be considered at two levels:

- Sustainability of the project, as a whole or in a slightly different form
- Continuation of some or all of the work established.

The distinction between these is important. It raises the key question of whether it is important to sustain the whole of Zest or the different aspects of the project. It begs the question of whether the infrastructure is the driving force behind the work.

Sustainability also links into the other core principles: inter-agency and partnership working, and community and user involvement. Some respondents saw the narrow focus of PCT targets as a challenge to the work of ZEST. They saw Zest as opening the door to area-wide collaboration in order to develop the health and well-being agenda.

All stakeholders recognised the limited value of short-term projects. The long-term future needs to ensure that the needs of local people influence changes in how mainstream services are delivered. There needs to be a structure in place to facilitate this process.

This is particularly important in terms of sustaining the work and embedding health improvement in relevant plans and processes. The more the work is recognised as crucial and integral in tackling Manchester's health inequalities issues, the more likely it is that robust and appropriate monitoring mechanisms can be made operational and future funding and resources allocated.

6.4 Conclusion

- The evaluation has illustrated that Zest has initiated and supported a wide range of healthy living activities which increase physical activity, improve nutrition and help to reduce stress and social isolation. They have been successful in building and supporting partnerships and networks around health. Zest is successful because it develops reciprocal relationships with partners and communities, gaining trust, which can open doors to further activities.
- The core of Zest has been identified as:
 - Work in localities
 - Partnership working
 - Engagement with communities
 - Raising the health agenda
 - Broad view of health
 - Knowledge of communities
 - Autonomy

These should be an integral part of any new service.

- The strengths and weaknesses of health forums have been fully explored and while they are resource intensive to maintain, there is a broad consensus that they are worthwhile. Mechanisms to strengthen their influence should be reviewed and developed.
- The project needs to consider the long-term sustainability of its activities as it is not clear whether revenue generation from activities would be possible. As many of the participants are on restricted or very restricted incomes. Charging may be a barrier to those who do not engage and are most at risk of ill health as a result of inequity.
- While there is limited data on how people have changed their lifestyle, Zest has been instrumental in creating greater awareness about and interest in health related activity: *'Without Zest [we] may not have understood the whole impact of food until a bit later down the line. Zest saved us time'* (voluntary sector stakeholder).

- The stakeholder workshop identified a focus for the new service based on the unique contribution of the current service; this is building involvement, partnerships, confidence and capacity for health related activity. Since Zest's aims were established there is greater likelihood of mainstreaming. The core of Zest has been identified and this should be sustained. Zest has been broadly successful in marketing itself and it may be damaging to lose its brand name and image. Potential for holding on to this should be considered while integrating Zest into a citywide service.
- Stakeholders agreed that Zest plays a crucial community engagement role in developing awareness and interest in health issues in some of the areas experiencing the worst health in the country. This results in the development of services and policies that tackle health inequalities and community health issues.
- To succeed in the task of engaging the community and sustaining that engagement requires continuous and consistent effort, even after the work has become fully operational. Developing work with 'hard to reach' groups needs a dedicated worker who specialises in making contact with and/or addressing the issues of these groups.
- Little evidence was found of Zest's influence on strategy and suggestions for strengthening the forums strategic influence were recommended. Finally the track record of Zest has shown it is a valued organisation and plans for mainstreaming should ensure sustainability.
- Overall the findings illustrate that Zest is doing a valuable job and following illustrates one of the challenges for the future; *'I am 100% behind mainstreaming of HLN without too much change . . . It's a fragile project and it would be easy to nullify the effect and create a free for all. (There is a danger in trying to) 'shrink the organisation down into quantifiable products'* (statutory stakeholder).

7 Recommendations for sustainability

Integrating Zest into a citywide service, as is currently proposed, will require careful and sensitive management. The locality or neighbourhood structure is a strength and consideration of what works best in particular parts of the city may ensure that Zest's work can grow from strength to strength .

The evaluation has been a participative process where the best qualities of Zest have been identified and tested out with stakeholders. They were:

- Work in localities
- Partnership working
- Engagement with communities
- Raising the health agenda
- Broad view of health
- Knowledge of communities
- Autonomy

It is recommended that the learning from the evaluation including those aspects related to the fundamental principles of Zest form the backbone of the proposed new service in the north of the city.

A vision for the future service has been agreed and this should be a basis for planning and further consultation especially in other areas of the city. The strong relationships with regeneration should be maintained. Consideration of continuing to base the service within regeneration should be considered alongside keeping the name Zest in the north of the city. This vision clarifies the focus for the work of the Healthy Living Network; developing awareness and engagement in health related activity through building:

- Involvement,
- Partnership,
- Confidence and
- Communities.

Focus

It is important that the future focus is shared, understood, supported and promoted by all stakeholders, including managers.

Priorities

The priority should be to continue the work that is going well – this is predominantly work with women and in some Black and Minority Ethnic communities especially in Cheetham and Crumpsall. Specific priorities for new work should be set at hub level recognising the specific health needs of men, Black and minority ethnic communities in other areas and young people whilst at the same time, working within the limitations of the resources.

Management and team development

Zest should be mainstreamed with shared ownership. Zest could continue to be physically based within regeneration whilst managed by the PCT. Specialised staff may be needed to work with some groups eg men and BME communities. A future steering group should adopt a strategic overview and promote the work at policy level both within the city council and the PCT. It should enable the HLN to develop its priorities and focus linked into a co-ordinated approach at both a local and city level

Resources

Any new service needs a budget that reflects the scope of the work. Provision needs to be made for continuation of salary and office costs as well as project development, including finance for sessional workers and rental of community buildings. The specific skills of the staff as educator, trainer and community worker need to be reflected in the job descriptions.

Activities

The activities need to be reviewed in terms of their costing, target group, objectives and sustainability. The review would determine whether activities can be self-sustaining or would need continued funding and /or other support.

Locality work and forums

The model of working in localities through hubs is a particularly quality of Zest has helped develop local knowledge and tailoring of provision for specific communities. This responsiveness to local needs should be continued.

So that the Healthy Living Network can have greater impact on service improvement, the forums require clear terms of reference and better links to service development through:

- Terms of reference
- Better reporting arrangements from the forums to ward co-ordination and Public Service Boards
- Working with and through the new LINKs

Targets and indicators

In order to ensure that the new Healthy Living Network is successful, targets should be developed that relate to expectations. Zest's quality of providing a platform for health should be recognised in the future service. Measures for success need to be collected within limited resources and without alienating users. Indicators should be developed for:

- What HLN does - involvement, partnership, confidence and community building
- How the HLN contribute to meeting national and local health targets

Commissioners, users and workers collecting data should be involved in developing these tools so that they can all understand, influence and support the process from the beginning. These should include indicators measuring people who start engaging in positive health related activity who have not done so previously.

8. Appendices

Appendix 1	Initial Report
Appendix 2	Report of the stakeholder workshop
Appendix 3	Accounts of stakeholders
Appendix 4	HLN - discussion and context
Appendix 5	Health forum terms of reference

9. List of diagrams and tables

Diagram 1	Cycle of well-being
Diagram 2	Comments from focus group participants
Table 1	Budget – income
Table 2	Budget – expenditure
Table 3	Activities in different areas (January 2007)
Table 4	Breakdown of attendance (April – June 2007)
Table 5	Breakdown of attendance (April – June 2007)
Table 6	Breakdown of activities
Table 6	Attendance at health forums
Table 7	Examples of work developed at health forums
Table 8	Core and cross-cutting areas of work

Initial report

INTERIM EVALUATION – OUTLINE OF FIRST REPORT, OCT 2007

This paper outlines the framework for the first interim evaluation report. It focuses on:

- Identifying aspects of the Zest programme which have been evaluated
- Pinpointing areas where there appears to be gaps in the evaluation material.

The issues identified will be used as the basis for the next stage of the work.

This report is a consultation document for the Zest Evaluation and the Zest Steering Group. It aims to canvass opinion on the framework and the evidence base before the next stage of the work. It is important to note that it is not an evaluation of the Zest programme per se.

The following key principles underpin the evaluation; these are that all work should:

- * Fit into the ongoing planning and development of the overall Zest programme
- * Involve stakeholders and be relevant to them
- * Be part of a learning and sharing process which includes successes and difficulties
- * Be aware of the political and social context in which it takes place paying particular attention to current ideas of social capital, health inequalities and government's priorities.

Why evaluate?

An evaluation can:

- Show that Zest is meeting its aims and objectives
- Determine what has worked and what hasn't
- Identify learning and give an opportunity to reflect on practice
- Establish the effectiveness of the implementation processes
- Link into future planning
- Provide funders with evidence
- Assist in attracting new funding
- Help value the work
- Provide feedback for the community, agencies, ...
- Show accountability and transparency.

The merit of any evaluation is what happens with the results; which in turn link into how the evaluation is carried out, how it is presented and how the findings are disseminated.

Current Evaluation Data

An interim evaluation has been carried out; it recommended that 'a more in-depth, professional evaluation of Zest needs to be carried out over the final 2 years of the Project'. The tender lists key questions to be investigated¹⁷.

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- ¹⁷ To what extent has the Zest project achieved what it was established to do?
 - What, if any, is the added value of Zest?

The interim evaluation took into account the complexity of the Zest programme and answered some of these questions. Appendix A (at end of document) is a summary of the evaluation work carried out so far; it identifies a number of areas where there appeared to be no evidence. It will be necessary to prioritise these areas for the next stage of this work and agree the main purpose of the process as this will determine the approach, model and framework used.

This needs to take into account the different interests and concerns of the various stakeholders; acknowledging that different stakeholders will be at different levels of awareness about the Zest programme and its work. In addition there needs to be a balance between this and overloading stakeholders with information, instead it will be important to be succinct and address their specific concerns.

First Interim Report Outline

The following is a draft outline for the first interim report:

Section	Heading	Content
1	Background and purpose	Rationale and context of Zest
2	Approach	Methodology used Explanation of terminology
3.	Why evaluate	Reasons Who for Link in with sustainability Dissemination
4.	Review of evidence	How carried out Who involved Key findings Good practice
5.	Identification of gaps	What's missing within the evaluation Link with strategies
6.	Ways forward	Identification of priorities Action plan

Action plan

Before an action plan is determined it is important to agree on:

- The main purpose of the reports
- Who they are for
- How they are to be presented
- Who needs to be involved and how
- Which areas to focus upon
- If there is anything missing

-
- What, if any, have been the additional outputs and outcomes of the Project?
 - What good practice has been identified?
 - What are the opportunities and options for sustainability?
 - What potential is there for future development(s)?

- If this is what was envisaged.

Method

The tender for this work acknowledged the importance of identifying priorities for the evaluation. We suggest holding a workshop with key stakeholders, to identify these. This will help stakeholders clarify not only the final outcomes and impacts they hope to achieve from the evaluation but also how they would like to achieve them. As this knowledge will be used to plan the next stages of the evaluation, if acceptable, we would like to hold the workshop within the next few weeks.

Suggested time-scale:

November/ December	Agree way forward and time scale through workshop of stakeholders Collate any existing data missing from initial overview Produce first interim report
January	Collect new data related to the gaps.
February	Draft second interim report
March	Final second interim report, with sustainability strategy
April	Agree sustainability strategy
May	Development of sustainability strategy
June	Final report.

Report of the stakeholder workshop

**THE BEST OF ZEST:
EVALUATION FOR HEALTH AND SUSTAINABILITY**

**Report of a workshop held on
Tuesday 22nd January 2008
Orangery, Heaton Park**

Sheila Colman/Judith Emanuel

1.0 Introduction

Debra Pearson, Zest Manager welcomed everyone¹⁸ and outlined the purpose of the day:

To share the evaluation findings so far with the Zest steering group and key stakeholders and to involve participants in identifying and planning priorities for the rest of the evaluation in the context of a sustainability strategy.

Judith Emanuel (Evaluator) outlined the principles of Appreciative Inquiry, the method being used to underpin the evaluation and the workshop. She drew attention to the focus for the workshop:

The Best of Zest: Evaluation for health and sustainability

2.0 The core of Zest

The first part of the workshop focussed on identifying the positive core of Zest which stakeholders want to be maintained in the future.

Four Zest users gave short presentations about what Zest had enabled them to do:

Shireen Azam – NEESA / Steering Group
 Justine Baines – Public health Co-ordinator – Sure Start
 Brenda Fawcett - Moston Health Forum
 Chris Gibbs – Chatterbox

The core of what they said was that Zest's support and resources enabled their organisations to involve the groups they work with in a range of health related activities which were wanted by local people. There were several examples of how developments grew from small beginnings.

Sheila Colman, Evaluator, outlined the evaluation so far with a particular focus on analysis of the data concerning the core of Zest (see Appendix, p8)

Qualities of Zest agreed to be the core

<ul style="list-style-type: none"> • Work in localities • Partnership • Engagement with communities 	<ul style="list-style-type: none"> • Broad view of health • Knowledge of communities • Independence of Zest
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¹⁸ For list of participants, see p7)

3.0 Vision for the future

The workshop agreed the following vision:

In 2013, Manchester Healthy Living Network is well known and respected. The focus of work is involvement, partnership, confidence and community building.

There are health forums throughout the city, learning from Zest's experience. The structure of the forums are well understood and influence the local authority and PCT. The work of the HLN integrates well with primary health services, including GPs. Health improvement is high on the health service agenda as can be seen by commissioning and service improvement work. All local authority staff understand how important health is and how they can promote it.

Communities, especially those that are hard to reach, feel equal partners in determining their health and use services because they meet their needs. Mental illness will no longer be stigmatised.

The funding and management of the HLN is on a long term basis. Local people and volunteers are resourced, supported and trained to continue initiatives and ensure sustainability.

4.0 Designing for the future

Participants identified the following areas which need to be addressed to get from the best of where Zest is now, to the vision. The areas fell into two sections, issues specific to the Healthy Living Network and broader issues.

4.1 For the Healthy Living Network

4.1.1 Forums

Develop the **health forums** citywide and address the following:

- they should be more influential - A clear/ simplified pathway should be identified so that they influence council (including regeneration) and health services. This should be overarching, concern wellbeing, visible, well understood, sustainable and fed from communities into a clear partnership structure e.g. through to the Public Service Boards via ward co-ordination and LINKs. This needs to be based on Zest being seen as independent.

This will provide **stronger integration** between the Healthy Living Network, PCT and Local Authority and partnerships, enhanced by improved understanding of the Healthy Living Network by statutory agencies.

- Improve understanding of their role and independence within the council and PCT - as expert witnesses
- Review makeup eg GP input
- Develop clear aims and objectives which determine priorities.
- Stronger, better resourced and supported health forums

- Consider how forums relate to other structures eg LINKs
- Budget for each hub/ forum
- Good links between new forums and voluntary organisations in their area.

4.1.2 Activities

- Ensure programmes are developed in communities, run in community buildings, using community resources and people in the community to deliver for themselves
- Ensure that activities reach wider groups of people to engage people in health issues, although the starting point may be social engagement. Different and new people to now, will be thinking health and engaging in activities
- Visible well established services – in evenings as well

4.1.3 Human resources

Recruit, retain and support the 'right' **workers**

4.1.4 Monitoring & Evaluation

- At the beginning of the new service agree 2 sets of **robust indicators**
 - for what the healthy living network do – involvement, partnership, confidence and community building
 - what Zest contributes to (health indicators)

4.1.5 Long term funding as short termism reduces the ability to develop sustainable activities

4.1.6 A new **organisational structure** and development plan based on the best of the two health living networks, including retaining independence (owned by LA/PCT/PB) and filling in the gaps in the central area

4.1.7 Decide whether the work of HLN's should be area or issue based approach

4.1.8 Volunteers

- Resource the local community with proper support (training, including volunteers)
- A volunteer co-ordinator in each area of the city

4.2 Broader issues

4.2.1 Volunteers

- Influence the benefits agency to increase the number of hours people can volunteer
- Big agencies should value volunteers

4.2.2 Mental Health will no longer be stigmatised.

4.2.3 Communities

- Confident voice and know how to use it
- Communities are able to repair and rejuvenate; sense of place - renaissance

4.2.4 Area/ health

- More mixed affluent community
- Social mobility driven by better educational opportunities
- Demographic change
- More facilities
- People do and can influence services

4.2.5 LHA are better able to achieve aspirations of patient choice. There is a shared broad view of health

4.2.6 Local people engage in local democracy and development of services
There is a greater focus on prevention

4.2.7 Services are more responsive and meet needs of local community rather than providers

5.0 Review of the evaluation so far

The final session of the workshop considered the evaluation so far. Participants felt:

5.1 What is demonstrated:

What is the core of Zest; what Zest does well

Overview – 80% there

Make sure evaluation stays close to locality

5.2 Gaps that can be filled in the current evaluation

- Details of evaluation process
- Make the user presentations into hard evidence via case studies showing the story of how involvement improved wellbeing
- Learn lessons from flops as there have been some
- More on what should not do
- Identify opportunities to develop in services
- Include costings and cost effectiveness information
- Review services against evidence on effectiveness identified by NICE
- The current evaluation identified the number of people directly involved in Zest activities. This could be enhanced by looking at the broader impact eg how many people are contacted in organisations that Zest supports.
- Identify the number of people who prior to becoming involved in Zest were not involved in any groups
- Management/ steering group

5.3 Learning for future projects:

Quality indicators are important

Statistics on GP referrals

5.4 Other

- Review how Zest fits in with other services including potential expansion of food co-ordinators and health trainers (not for this evaluation, for other organisations to do)
- Need to ensure that assumptions are not made about extending HLN across Manchester without involving and consulting with key stakeholders in Central
- There seems to be a role for community development workers to ensure participation in formal programmes delivered by health and local authority and to provide interface for feedback about services
- Ensure learning from South and Central Manchester are used in developing the HLN.
- Maximise opportunity presented by current improving health in Manchester)

Accounts of stakeholders

'[The group] took the idea to Zest who provided everything else, including all the paperwork. It has been very successful.' (community stakeholder)

During their interviews, stakeholders were asked to recount a story which illustrated their working relationship with Zest. The variety of the stories demonstrated the breadth of work held in high regard by stakeholders. A number felt that that how Zest worked was very important. They cited a number of aspects including¹⁹:

- Development of positive relationships with a range of people, particularly their local communities
- Partnership working
- Development of networks
- Knowledge of the areas
- Skills in working with groups
- Workers' reliability
- Development of well attended, quality provision
- Encouragement of links between different activities and groups
- Enabling projects to grow and become sustainable.
- Supporting community group achieve their aims.

Stories narrated by stakeholders illustrated both the breadth of Zest's work and the knowledge, skills and credibility associated with Zest especially in relation to community engagement. The stories included;

- Specific health related projects for example:
 - a range of food related activities with all age groups and intergenerational including cook and taste, health eating events, development of cook books
 - development of health guides of health related activities.
- Initiatives involving people from BME communities including work at the Welcome Centre, healthy walks and swimming sessions. These were highlighted by people from local BME communities and from statutory agencies
- Agencies gave examples of how Zest enabled them to engage with local communities including: undertaking surveys, responding to Department of Health initiatives and involvement in piloting a cancer prevention initiative organised by Christie Hospital. Zest was seen to have an invaluable combination of skills, knowledge and networks for consultation and services development which included:
 - Infrastructure for reaching communities (meetings, bulletins and contacts)
 - Knowledge of what is going on in their communities
 - Understanding of the health and well being agenda
 - Credibility with local communities, councillors and citywide agencies across all sectors.
 - Ability to develop workable proposals.

As one worker remarked: *'Zest acts like a conduit to take forward the health and well being programme. It has become invaluable. You often don't see these things until they go'* (statutory stakeholder).

¹⁹ These are discussed in more detail within this section.

Most felt that Zest's role is about community engagement allowing for PCT services to deliver evidence based interventions. They identified the need for greater clarification of roles and responsibilities between Zest and Public Health providers including Community Nursing, Public Health Development, the Community Nutrition Service and PACE. Whilst this may be desirable, other stakeholders felt the PCT's agenda was too focussed on PCT targets and failed to engage the confidence of partners.

Particularly good working relationships have developed between PCT and Zest staff around patient and public involvement issues, for example Zest involving communities on service development issues. Some stakeholders saw Zest as having a role in developing PCT workers approaches to working with people in local communities.

Some commissioning stakeholders thought that, if effectiveness can be demonstrated, for example with people presenting earlier with cancer symptoms or wanting to give up smoking, there was a role for direct delivery. Consequently, Zest should work with a wider group of providers including GPs, Health Centres and health trainers. It was suggested that GPs might directly commission Zest's work.

The stakeholder interviews and workshop helped identify the core of Zest; in other words - what gives life to the project, its value and uniqueness. This helped develop a clear understanding of what stakeholders believed should be maintained for the future.

The following areas emerged as the core of Zest.

- Work in localities
- Partnership working
- Engagement with communities
- Raising the health agenda
- Broad view of health
- Knowledge of communities
- Independence

Many of these are indicated in central government policy as integral to the development of health and well-being. The next section discusses Zest's work in relation to these and includes case histories detailing key aspects.

One of the Zest workers is piloting a course for parents who attend a children's centre. A three month weekly course will cover exercise, diet, weight management and cooking. The course is so popular that there is a waiting list.

Healthy Living Networks Discussion and Context

HLNs were intended to help people of all ages improve their well-being, both physical and mental, and get the most out of life. The focus was on the wider determinants of health, such as social isolation, mental health, inappropriate services and the social and economic aspects of deprivation.

HLNs were to respond to the specific needs of their local communities, and test out innovative ways of working. Consequently, there was no standard blueprint. The government also stressed the importance of partnership working and co-ordinated services. However, as 'Learning from Healthy Living Centres'²⁰ noted most government functions remain firmly located in silos, which is reinforced by a target-driven culture.

Policy

By 2003, the government thinking had shifted; the focus of health prevention was on individual lifestyle choices²¹ with less emphasis upon the social/ economic determinants of health. This shifts the focus from the government's role in tackling structural factors such as poverty to changing people's personal lifestyles. It also puts the NHS in the forefront **"eclipsing more broad based interventions ...aimed at tackling some of the longer standing causes of health inequalities"**.²²

The national evaluation²³ of HLN also showed that managing effective and sustainable partnerships is time consuming and not always productive; development and support of networks is resource intensive. Partnership working is also assumed to be the way forward but how this should happen is in most instances left to organisations to decide.

Community based initiatives

For community-based initiatives to take root effectively, there needs to be a foundation of community resources to build upon. Where an area has no history of capacity building this groundwork needs to take place. Becoming familiar with the needs of local communities involves considerable effort, the ability to be approachable and able to offer informal support to local people – all aspects which Zest has demonstrated.

However, building the base from which to develop effective strategies that tackle health inequalities takes time. It can be argued that this process should be recognized as important in itself. However, this has less recognized targets/ milestones as compared with medical outputs.

Effective community engagement requires persistence, patience and flexibility, and the recognition that different approaches work for different groups. Underlying this approach is the need to develop trust, at which Zest has been very successful, which can be more difficult for statutory service providers. Zest's independence was seen as a particularly important core of Zest which needs to be maintained in the future.

²⁰ op-cit

²¹ White paper, Choosing Health, published in 2004. quoted in Learning from Healthy Living Centres: The changing policy context Dec 2007

²² op-cit

²³ op-cit

The HLN approach

The central aims of HLN's were to:

- Promote health in the widest sense
- Target the most disadvantaged groups
- Reduce health inequalities
- Improve the health of the worst-off in society.

HLN's were heralded as local flagships for health in the community reaching out to people who had been excluded from opportunities for better health. They were to be powerful catalysts for change in their neighbourhoods. Consequently, HLN's were to enable people achieve their optimum state of health and well-being.

HLN's were intended to complement the Government's health strategies and were designed to provide innovative and holistic approaches to healthy living. Their central principles were that projects should:

- Add value and complement existing public health activities without duplicating statutory services
- Develop innovative services and services not necessarily 'tried and tested'
- Develop local solutions to local problems
- Promote healthier lifestyles by working both with individual behaviours and through changing the social context of peoples' lives
- Focus on promoting well-being and preventing ill-health, rather than providing healthcare and addressing illness.

The fundamental priorities of HLN's were:

- To address health inequalities – which should be based on evidence of needs; with targeted interventions leading to evidence of impact
- A co-ordinated approach – partnership working with links to other strategies
- Positive involvement of the community - there should be work with 'hard to reach' groups, as well as capacity building and development of skills
- The importance of influencing decision making
- The building in of sustainability.

Health forum terms of reference
Miles Platting, Ancoats and Collyhurst Health Forum
Aims and Objectives Adopted and Agreed 2005

The Health forum aims to tackle the main health issues in the area by

Aim: Gathering Community views about health need

- Listening to local people
- Consulting local people about their health needs
- Consulting local people about the priorities of the health forum
- Being accountable to the local residents about the work of the Health forum
- Encouraging local residents to participate in the health forum

Aim: Coordinating Local Activity around health

- Providing a forum for information sharing
- An opportunity for networking
- Promoting partnership working to achieve the aims of the health forum
- Linking with other local forums for example the Youth Activities Forum, the Valuing Older People Forum and Ward Coordination

Aim: Inform Local people about local services and activities

- Working with other agencies to produce joint information
- Pioneering new ways of sharing information
- Consulting residents about how they would like to receive information
- Targeting hard to reach groups

Aim: Influencing services and service providers

- Feeding local issues to service providers and strategic decision makers For example New East Manchester, The Primary Care Trust and Manchester City Council
- Working together to ensure local people are able to get views about health services they receive to relevant providers and are aware of, and able to access feedback and complaints procedures where necessary.
- Being a bridge between local people and service providers
- Contributing to the implementation of the local Ward plan

Aim: Increase healthy activity in the area through working in partnership

- Trying out new activities
- Being responsive to local need
- Analysing local statistics about health and action planning to tackle this

The Forum will develop an annual plan and ensure accountability by sharing this information with the community and being accountable through regular healthy consultation events and an Annual Review that will be open to the whole community.

Membership of the forum:

Members will be committed to the aims of the forum. The forum will be made up of :

- Local residents and resident representatives who are committed to the aims of the forum
- Local health practitioners and agencies working in the area who have a commitment to the aims of the forum

Membership will be encouraged through publicity of the forum, Funding for expenses and childcare and meeting in accessible venues.

Initial Analysis of Evaluation Material for Zest Programme

This table has been drawn up from a review of the work previously undertaken. It identifies a number of areas where there appears to be gaps in the evaluation data. However, it is important to note that this does not mean that these areas have not been evaluated.

What has been evaluated	How has it been evaluated	Who was involved	Key findings from the evaluation	Gaps in the evaluation (NOT THE WORK)
<p>Five aims: * Support involvement of local people & communities in health & well-being through Health Forums & eg networks, local meetings, consultations etc * Initiate & support healthy living activities which increase physical activity, improve nutrition & help reduce stress & social isolation * Build & support partnerships & networks around health * Pilot new ideas & instigate change & improvements in service provision * Engage local people & communities to make changes to their lifestyle to improve their health & well-being.</p>	<p>* Each aim was considered (06/07) under the following headings: how it had been met; proof; problems/issues; conclusions/actions. Broke aims down into different components linking to programmes below. Those who attended 'Celebration' event completed questionnaire & also sent to agencies. Questions on how agencies perceive Zest & its activities. Also see below</p>	<p>Workers Organisations (40+) Attendees (see below)</p>	<p>* Aims being met on whole * Good feedback on role of Zest workers * Difficult to measure exact impact * Need to sustain activities (see below)</p>	<p>* Focus on operational activities – gap in 'process' * More strategic aspect of Zest's work * How local people involved in development of services * Needs assessment and how work addresses these & other gaps in services * How agencies perceive Zest's strengths; its role within communities * Specific identification of good practice * Co-ordinated & joined up approach to work * Context in which work takes place * How health inequalities addressed * Whether aims still relevant * If the on-going work the most effective way of meeting aims</p>

What has been evaluated	How has it been evaluated	Who was involved	Key findings from the evaluation	Gaps in the evaluation (NOT THE WORK)
Health Forums	<ul style="list-style-type: none"> * Visit & interview with attendees & questionnaires sent to those not attending * Focused on role of Zest co-ordinators 	<ul style="list-style-type: none"> * Participants who at meeting * Observations * Those who had attended in past * Monitoring records/ quarterly returns 	<ul style="list-style-type: none"> * Poor attendance at times – but organisations feel get benefit * Key stakeholders not attending * Dependent upon Zest workers * Not many local people involved * Involved with numerous grant funding initiatives * Needs link with PCT's community engagement strategy 	<ul style="list-style-type: none"> * Relevance of original forum's aims * Strategic role of group * 'Fit' with other partnership /networks * How local people are actively involved
Activities	<ul style="list-style-type: none"> * Evaluator attended each activity & held focus group 	<ul style="list-style-type: none"> * Over 50% of participants who had attended Zest activities for 6 months + * Data base produced with activity, day, time, average attendance, no. interviewed, % of attendees interviewed, average age, gender, ethnicity, reason for attending, % of people noticing health benefits, % with health condition, % experience relief from symptoms 	<ul style="list-style-type: none"> * Very positive from participants * Large coverage * Wealth of data from attendees * People report health benefit from attendance * Creche provision sometimes an issue * Need more 'nutrition' & specific mental health activities * Under-representation of some groups * Lot of support needed * Numbers drop off after a while * Need for more detailed costings 	<ul style="list-style-type: none"> * How activities chosen so although they linked into results of questionnaire undertaken at beginning of project, yet health days demonstrated different concerns. * How activities 'fit in' with wider strategies * If & who targeted & why * Sustainability strategy

What has been evaluated	How has it been evaluated	Who was involved	Key findings from the evaluation	Gaps in the evaluation (NOT THE WORK)
Events	Evaluation from 'event' itself & feedback afterwards	Analysis of monitoring reports	<ul style="list-style-type: none"> * No. of local events Zest has been involved in / supported or organised 2004/5 – 8; 2006/7 over 60. includes links with local events * More joint planning /ownership needed rather than Zest take lead * Positive feedback 	<ul style="list-style-type: none"> * Examples of links with city wide days eg mental health day * User involvement * Follow-up strategy
Improving/ influencing services	<ul style="list-style-type: none"> * Issues discussed at Zest steering group * Examples 	<ul style="list-style-type: none"> * Discussions with some agencies including PCT, Ward Co-ordinators * Questionnaires completed (see above) 	<ul style="list-style-type: none"> * Difficulty of influencing mainstream provision * Difficulty in measuring impact 	<ul style="list-style-type: none"> * If any activities mainstreamed or delivery taken on by other agencies * Case-studies * Link with regen work * Tie in with strategies – local, regional & national * Networking
Partnership/networking	* Database of over 600 organisations	<ul style="list-style-type: none"> * Questionnaire at Zest Celebration event , June 06 (see above) * Questionnaire sent to those not attended (65 responses from 40 org) 	<ul style="list-style-type: none"> * Act as a link between partners & community & partners * Zest workers – community development trained rather than health * Different organisation's priorities etc 	* Detailed case studies of partnership working
Development work/ new projects	<ul style="list-style-type: none"> * Examples of projects * Hub co-ordinators reports 	Workers?	<ul style="list-style-type: none"> * Inflexibility of mainstream services * Professional barriers * Resources eg funding, crèche, capacity of groups <ul style="list-style-type: none"> • Lack of co-ordination • 	<ul style="list-style-type: none"> * Detailed case studies * Link with strategies * Sustainability strategy

What has been evaluated	How has it been evaluated	Who was involved	Key findings from the evaluation	Gaps in the evaluation (NOT THE WORK)
Identity and reputation	From above evaluation processes	As above	<ul style="list-style-type: none"> * Good reputation * Zest well-known * Not all know activities run by Zest * Good publicity * Zest needs web-site 	<ul style="list-style-type: none"> * Case studies * How agencies perceive Zest's strengths; its role within communities