Partners for Health Summary Paper June 2011

What is Partners for Health?

The grants programme "Partners for Health" was established in 2006 as a different approach to funding by the King's Fund. The "Partners for Health" programme was similar to the open grants programme in that it intended to offer 3 years funding for projects from the voluntary sector and NHS with average grants of £50,000 a year. The difference was that the programme only welcomed applications under 3 themes: end of life care, mental health advocacy and sexual health for BME communities. Challenge questions were set under each theme and applicants were asked to address these challenge questions (see under each theme).

The most important element of the "Partners for Health" programme is its emphasis on producing practice based evidence. An integral part of the funding is to produce evaluations of projects and interventions, with some independent support. The framework for evaluation was adapted from realist evaluation (Pawson Tilley 1997). This framework, suited to community based interventions in particular, wanted evaluations designed to answer the question "what works for whom in which circumstances". Results that could identify groups where the intervention did not work well are just as valuable as those that do work (e.g. Newham University Hospital "Testing of Partners at Newham" project). Hypothesis testing, as in most research, is a key element of "Partners for Health". It is important that those delivering the intervention are the ones that articulate how they see the intervention working. Being as specific as possible in terms of the people and social circumstances of beneficiaries is important, as is having clear and measurable research questions. The emphasis is on explanation. The groups have to describe their context – what kind of people do they see, what are their circumstances and what system is the project located in.

What was funded?

20 organisations were funded under the "Partners for Health" programme -5 were mental health advocacy projects, 8 for sexual health for BME communities, and 6 projects on end of life care. There are 9 evaluation reports that could be useful for further dissemination. There are 3 end of life evaluations, 3 mental health advocacy evaluations and 3 sexual health for BME communities evaluations. There are a further 2 end of Life, 1 sexual health and 1 mental health advocacy project being written up.

End of life Care

The challenge was:

Improving the quality of life for dependent adults and their carers facing the impact of end of life

St Christopher's Hospice -Palliative Care in Dementia Project

The Intervention

The Palliative Care in Dementia Project provides specialist palliative care advisory, supportive and educational input to patients with severe dementia, their carers and professionals delivering services to them. St Christopher's outreach service employed a nurse to visit, assess and refer people with dementia in order to identify and treat physical symptoms
The evaluation explored the following questions about the service:

1. Is it possible to support carers in the community to enable dementia sufferers to die in their own surroundings?
2. What were the palliative care needs of dementia sufferers and their carers?
3. Do tools exist to help professionals identify dementia patients who need palliative care?
4. What role does specialist palliative care have with this client group?

Trinity Hospice -End of Life Care for People with Learning Disabilities Project

The Intervention

The project with St Georges Hospital Learning Disabilities Department and the South West London Cancer across South West London, involving four hospices and 228 care homes. The project developed a training programme for both palliative care staff and those who work with people with learning disabilities on end of life care for this group.

Princess Royal Carers Trust Tower Hamlets and Tower Hamlets pct – The Care Plus Project

The Intervention

The Care Plus project provided the co-ordination of services in order to support carers of people with end stage heart failure in Tower Hamlets. The co-ordination service based at the Princess Royal Carers Trust worked closely with community and hospital based heart failure nurses and formed part of the palliative care strategy of Tower Hamlets pct. An independent evaluation was able to compare a group of carers not receiving the co-ordination service with those that did.

Mental Health Advocacy

The Challenge was:

To develop and deliver services that aim to establish how effective mental health advocacy may be in different circumstances

All mental health advocacy projects were asked to describe what an advocate did and how they did it as little research evidence describes in detail what an advocate provides.

<u>Chinese National Healthy Living Centre - Chinese Mental Health Advocacy and Support Project</u>

The Intervention

Three specific groups of Chinese speaking people with mental health problems were identified. These were new migrants from mainland china, 2nd or 3rd generation Chinese people and students. It was felt that the cultural stigma against having mental health problems prevented early access to mental health services.

The aims of the project were to:
1. Improve access to health care services for Chinese people with mental health needs
2. Improve the experiences of Chinese people with mental health needs using health care services

The objectives of the project were to:
1. Enable the voice of the Chinese patient to be heard, through providing language and cultural support, and thus ensure that patients receive appropriate and responsive services
2. Build a two-way bridge between Chinese patients and mental health professionals, providing explanations of Chinese cultural background to professionals and relaying information from professionals to patients to reduce the stigma of mental illness among the community
3. Provide continuity and stability in the support received by Chinese patients that would not be available with the conventional use of interpreters
4. Provide emotional and practical support to Chinese patients and their families, recognising that social welfare is crucial to mental well-being

<u>Mind in Hammersmith and Fulham -Advocacy Service Project</u>

The Intervention

Providing a health advocate was used to improve the use of physical and mental health care services by people with mental health needs. The evaluation was funded partly by the Mental Health Foundation.

Mind in Harrow- Somali Advocacy project

The intervention

A Somali speaking advocate worked with people with mental health problems and families in order to obtain appropriate levels of support.

Sexual health for Black and minority ethnic communities

The Challenge was:

To make the development and delivery of sexual health services more responsive to defined minority ethnic communities

Croydon Drop In and Croydon pct – SHARP Training project

The Intervention

The three year project is designed to deliver comprehensive SRE Training programmes to volunteers/faith leaders from Croydon BME (Black and Minority Ethnic) Voluntary Organisations and Faith Groups. The aim of this intervention is to build capacity in local BME communities, voluntary organisations and faith groups, in order to discuss sex and relationship issues with BME young people. This is achieved through the delivery of 2.5 hour training sessions run over an 8 week period. The aim of this intervention is to build capacity in local BME communities, voluntary organisations and faith groups, in order to discuss sex and relationship issues with BME young people.

Bromley By Bow- Deciding for Ourselves project

The intervention

The project trialled a method to enable Bangladeshi women from Bromley by Bow and surrounding areas to increase their knowledge and confidence to discuss sexual health and access sexual health services. Sexual health

was defined to include cervical cancer, breast cancer, contraception, healthy relationships, sex education and STI's.

Research questions were:
1. Does sexual health promotion embedded in a range of learning, training and childcare services lead to increased knowledge and understanding of sexual health issues and services?

2. Does sexual health promotion embedded in a range of learning, training and childcare services lead to increased confidence in discussing sexual health problems and accessing services?

Voluntary Action Camden – Peer Education project for Young People of Bangladeshi and Somali origin

The Intervention

The project involved:

- developing a programme to train young people of Bangladeshi and Somali origin to become personal and reproductive health Peer Educators;
- delivering health education sessions that are accessible to young people from these communities;
- assessing the acceptability of peer education as a means of engaging young people on sensitive personal and reproductive health issues;
- engaging local service providers, sharing information and advice to help build more culturally aware and appropriate health services.

Newham University Hospitals Trust –Testing of partners at Newham project

The Intervention
The hypothesis was that African men would be more likely to test during a partner's pregnancy due to anxiety about the future and due to their sense of responsibility towards the unborn child. An appointments-based rapid testing service was set up via the antenatal clinic with a backup community education programme run by African male volunteers.

Projects still not published

Roma- Mental Health Advocacy Project

Mental health advocacy service for the Roma community. Report due in autumn.

Brook London -Holla Project
Outreach and counselling on sexual health targeting African Caribbean young adults. Report due end of year.

Jewish Care- End of Life in Advanced Dementia
Training programme for care staff dealing with dementia patients in a Jewish care home. Report due end of year.

British Lung Foundation -End of Life discussions in non malignant respiratory disease
Research on how end of life conversations are handled by nurses supporting people with respiratory disease. Research at data gathering stage.