Engaging the Salford Orthodox Jewish community in the NHS Health Check Programme

The ambition

To increase uptake of the NHS Health Check programme in Salford's Orthodox Jewish community.

Background

Salford City is part of Greater Manchester. The city expanded as a result of industrialisation and textile production. During the latter part of the 20th Century old industries went into decline and Salford's economy is now largely based on financial and professional services, education and the public sector.

Salford has a population of 233,900. Average life expectancy is 74 years for men and 79 years for women. This is lower than the England average. Salford is ranked 18th on the index of multiple deprivation and has alife expectancy gap of up to12.1 years between the most and least economically deprived areas.

The Orthodox Jewish community in Salford is part of the second largest Orthodox community in the UK. This population has grown by 48% since 2001. Primary care data indicates that the population is younger than the wider Salford profile.

Cultural and religious beliefs of the Orthodox Jewish community have a significant impact on their behaviours both in terms of self-care and engaging with health services. Two health needs assessments carried out with the community highlighted some behaviours are protective for example not smoking. However others are more mixed, for example low levels of exercise and high rates of obesity. Local insight from community representatives suggests a discord between health needs assessment data and peoples' experience which indicates there are hidden groups of people who drink over the recommended

amounts of alcohol. In addition, the proposed project response was to involve effort around increasing social capital within seldom heard groups. Salford city council set out to improve engagement with this underserved population.

How did Salford develop these services?

Insight data highlighted community demand for initiatives on topics including cardio-vascular health and weight management. Access to leisure facilities has historically been limited partly because of religious requirements for single gender sessions.

While there is no religious or cultural requirement for community members to be seen by a practitioner of their faith, patients exercise their choice to be registered with Jewish general practitioners (GP's). This is based on the belief Jewish GP's are better able to understand the cultural requirements of Orthodox Judaism.

Engaging members of the community was key to understanding the needs of this group. Salford City Council commissioned Unique Improvements, a North West social enterprise to develop Salford Healthy Communities Collaborative (SHCC) to support engagement with communities including the Jewish Orthodox community. The SHCC worked with the community and a range of local services using the breakthrough methodology developed by the US Institute of Healthcare Improvement.

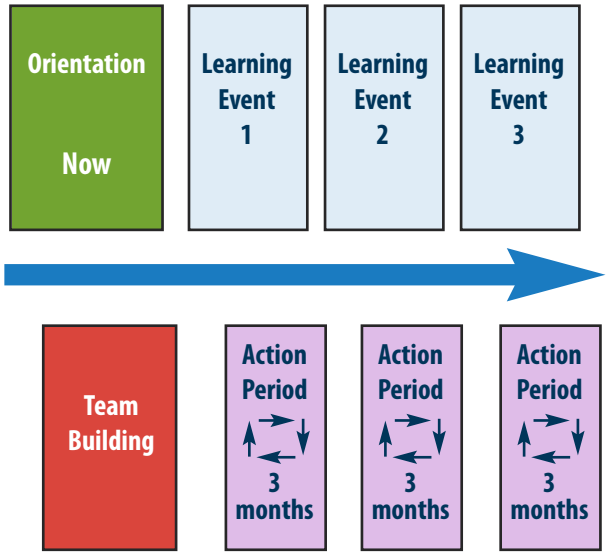
The Orthodox Jewish community was first invited to an 'orientation event' at a local community venue. The aim was to:

- Identify stakeholders with an interest in becoming involved
- Describe the scale of the problem around cardiovascular disease (CVD) for local communities
- Create awareness for the need to change
- Begin to build ownership and involvement within the SHCC
- Recruit to a local community team

Immediately after the orientation event, community members who were keen to be involved were signed up to the Jewish Health Communities Collaborative (JHCC) group. They were then invited to attend a learning session.

SHCC used a rapid evidence review to identify key factors that affected uptake of the NHS Heath Check Programme and this work informed the learning sessions.These sessions reviewed examples of best practice in increasing uptake of the NHS Health Check Programme. These sessions were also attended by a wide range of local stakeholders including commissioners, community members, lead GPs, public health specialists and other health care providers. Nine community members signed up to the initial JHCC team and after additional recruitment efforts, the numbers grew to fourteen active team members.

A structured approach was then used where the JHCC would plan small scale changes to trial in their community using 'plan, do, study, act (PDSA)' change cycles. These plans cover a range of community facing interventions from testing the best methods of engagement at synagogues to designing community specific resources. The Jewish team meets every 6 weeks or so to make further plans and update each other on progress. Following these action periods, the group would then attend a workshop to review the impact of any changes and identify further improvements to try out. This cycle was repeated 3 times over a 12 month period. This follows the Institute of Health Improvement Breakthrough methodology. The diagram below shows the approach used.



Salford Healthy Communities Collaboratives

NHS HEALTH CHECK

Helping you prevent
diabetes
heart disease
kidney disease
stroke & diabetes

In association with NHS Improving Quality

How did Salford achieve their success?

The model of community-led activity involved a strong focus on audience insight, audience testing, and a move towards a model where local people were in charge of the process of generating solutions.

The use of local volunteers allowed the project to link into pre-existing skills and knowledge in the community, bringing with it the social capital and community networks that were already there. This opened up communication between community members and professionals. Within the context of the Orthodox Jewish community, this meant a significant resource and 'passport' into their networks

The key change principles used included working with local residents and local services in order to understand the population. The population was then segmented and targeted with tailored messages and services in order to move them into a state of awareness and then action.

The key critical success factors underpinning this approach included involving local people to understand local needs, developing enaggment approaches, using PDSA cycles and focusing efforts on creating along term impact on cardiovascular health.

Key features involve:

- Developing shared ownership and a move away from service instigated change
- A move from service articulation of health and wellbeing and towards community articulation
- Supporting communities to understand their needs and how to develop solutions
- Developing the skills, confidence and environment to enabling communities to try out ideas
- An acknowledgement of the importance of local experience and local knowledge

- Placing a value on tacit knowledge (as well as explicit knowledge) and investing in human capital and lateral communication to support it

Examples of interventions planned and executed as a result of the project included:

- Publicising through community media - Jewish Telegraph and community members speaking on Jewish Hour on Salford Radio
- Writing to trusted Jewish figures for endorsement - for example the Chief Rabbi. All local rabbis were contacted and given short messages to share with congregations in advance of the Jewish team visiting and having brief advice conversations
- Holding women-only events in private homes and events organised with the wives of Rabbis who are influential figures in communities Engaging men at morning prayer in synagogues
- Linking with local community providers (Salford Health Improvement Team) to identify venues where their mobile bus can be sited to offer NHS Health Checks. Publicising the bus and its offer, engaging members of the community to 'get on board'

- Designing specific publicity and resources for Jewish teams - such as the blessing card which most Jewish people will carry and use as part of their religious adherence
- Mapping local assets and places of congregation for different parts of the Orthodox community

Monthly NHS Health Check reporting figures were shared with the JHCC. This created a greater sense of ownership and increased commitment as team members could see their actions were having an effect.

The project outcomes

SHCC engagement events produced 16 community teams and 200 peer to peer volunteers. They developed the JHCC team which consisted of 14 residents from the local Orthodox Jewish community. Since April 2013 the Jewish team members have achieved the following:

- 39 awareness events
- 9 events shared with other services
- 1188 brief interventions
- 355 lifestyle risk assessments
- 98 signposts to primary care services
- 27 signposts to a community service

Future plans

The project has been commissioned to March 2015 and at the time of publication, future commissioning intentions are unknown although there has been positive feedback from stakeholders. From April 2014 the teams have engaged in a specific spread and sustainability phase. This involves activity such as:

- Putting 'spread and sustainability' as learning topics at learning events
- Inviting external services and projects to share their examples to stretch thinking around working with new communities, approaches and topics
- Sharing 'spread' stories between teams. For example, the Jewish team have worked with local business around healthier food options at local Jewish delis. Although designed as a means of engaging wider community conversation around CVD and the NHS Health Check, it is also a positive example of spread into new topics
- Exploring external funding and grant opportunities
- Training team members to develop skills and confidence

Lessons learned

What worked well?

- **'Doing' is key to sustained ownership and involvement.** The JHCC work demonstrates that involvement works best when it goes beyond simple consultation into engaging people as active participants within project planning and delivery

- **Demonstrate impact.** People engage when they see their actions having an effect. Demonstrating progress with monthly data, feedback from local stakeholders and case studies, fostered the team members engagement with the programme and made them feel valued

- **Test interventions in small, manageable ways.** This takes away the risk of trying out new ideas as well as enabling people to build confidence and learning in a supportive and sequential way

- **Challenge traditional approaches, get creative.** Teams often start off thinking of leaflets as a means of engaging people in brief advice conversations. Whilst this has a use, the language and cultural barriers with Orthodox Jewish Communities in particular, called for different approaches. Examples used include hand massage, carrying out BMI checks and quizzes.

- **Move from 'expert' to 'facilitator'.** As staff members not part of this community, our knowledge and experience is different. By supporting the release of local knowledge, we use the insight and experience of communities

- **Link with other services.** Collaborating with other services has enabled the team to link up across the whole of the NHS Health Check Service framework and refer across the patient pathway. In addition, their contribution to supporting other service agendas has been valued and welcomed. A recent example has been supporting the uptake of flu jabs which are low in the Jewish Community

What didn't work as well?

- **Community leaders are important but not the only route.** As valuable as it was to engage the Rabbis, they are not the only influence on people's behaviours. Relying on them as a means of communication and influence shouldn't be to the detriment of exploring other routes. Moreover, different Rabbis have different levels of influence depending on the orthodoxy of the community

- **Simplify ways to collect measures.** Teams are responsible for collecting brief advice data at each community facing event. Getting processes right as soon as possible in the project life is important to avoid frustrations.

Contact

Siobhan Farmer
Acting Consultant in Public Health
Public Health: Salford City Council
Email: siobhan.farmer@salford.gov.uk
Telephone: 0161 607 6938

Adrian Smith
Assistant Director at Unique Improvements
Email: adrian@uni.uk.net
Telephone: 07894 264 062

To find out more about the 'Living Longer Lives' Programme:

www.nhsiq.nhs.uk | enquiries@nhsiq.nhs.uk
@NHSIQ

Improving health outcomes across England by providing improvement and change expertise