

Building a Sustainable Health Community: Using RE-AIM to Evaluate the Growing Health Together Programme

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The ‘Golden Thread’ of connection emerged as the central active ingredient underpinning the success of Growing Health Together (GHT). Strong, reciprocal relationships across communities, health services, and voluntary groups drove programme reach, successful implementation and impact.

Background

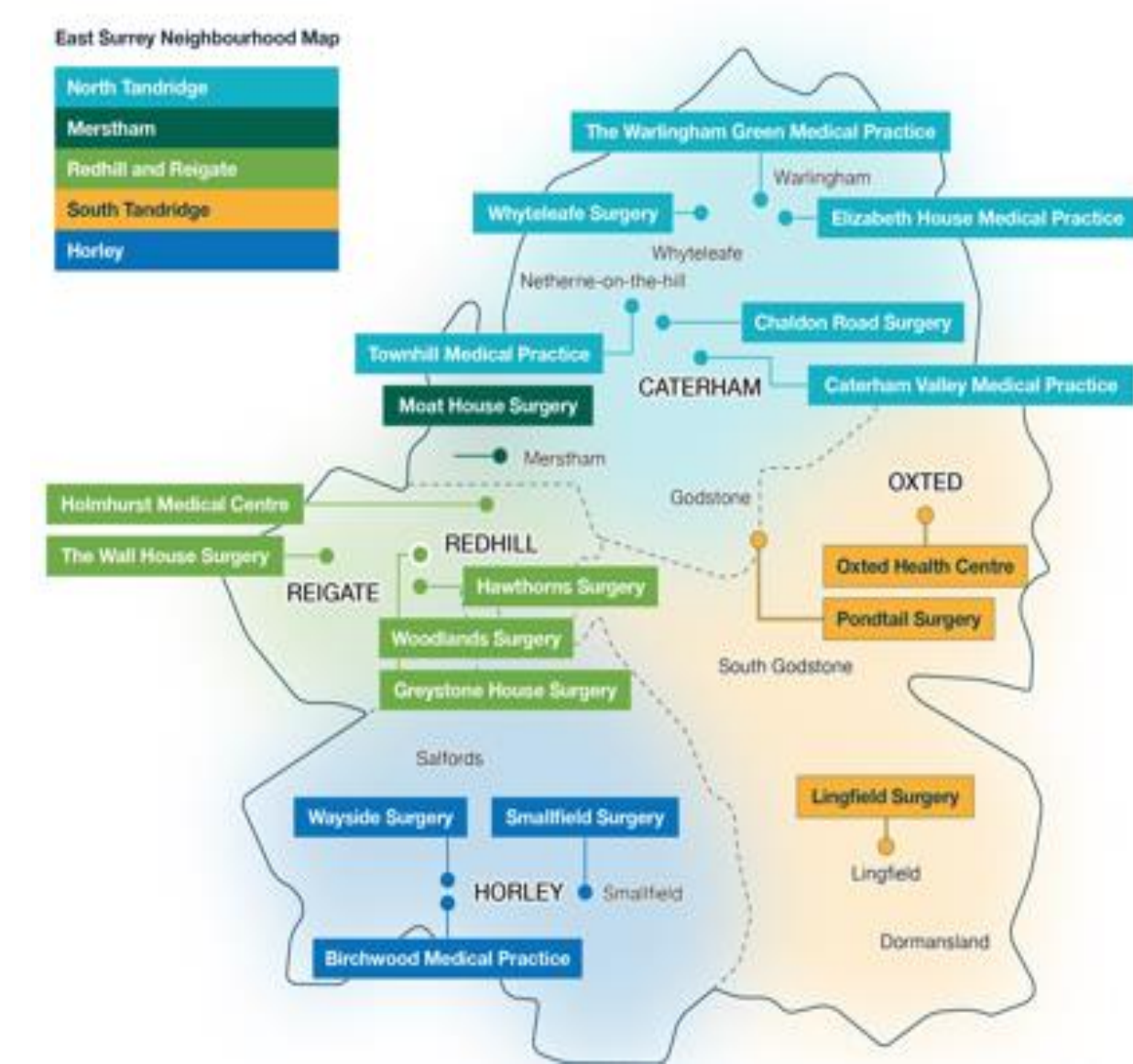
Based in East Surrey in the UK, Growing Health Together (‘GHT’) uses a place-based partnership approach to generate community solutions that improve health, reduce health inequalities, and support **health creation**.

Health Creation describes the need to ‘create and develop healthy and sustainable places and communities’

GHT differs from the conventional organisation of health and care services as it emphasises collaborative partnerships to provide the conditions for local people to improve their health and well-being.

All five Primary Care Networks (PCNs) in East Surrey engaged with GHT, and programmes/interventions developed in each place reflect the needs of the local community and the resources in the area. The programme has three core priorities:

1. Health – supporting social, mental, and physical health for people of all ages and backgrounds in East Surrey
2. Equity – improving equity of access to the wider determinants of health
3. Sustainability – reducing waste and supporting a healthy natural environment, recognising this is critical to human health; also supporting workforce and financial sustainability of the NHS



Why did we do an evaluation?

Place-based approaches to improving population health and tackling inequalities are gaining attention, though evidence on their implementation and overall effectiveness remains limited.

Growing Health Together (GHT) in East Surrey, UK, applies a collaborative, asset-based, neighbourhood model to co-create local health solutions. This mixed-methods evaluation explored GHT’s implementation and impact, contributing to the growing evidence base on neighbourhood health creation.

How did we do it?

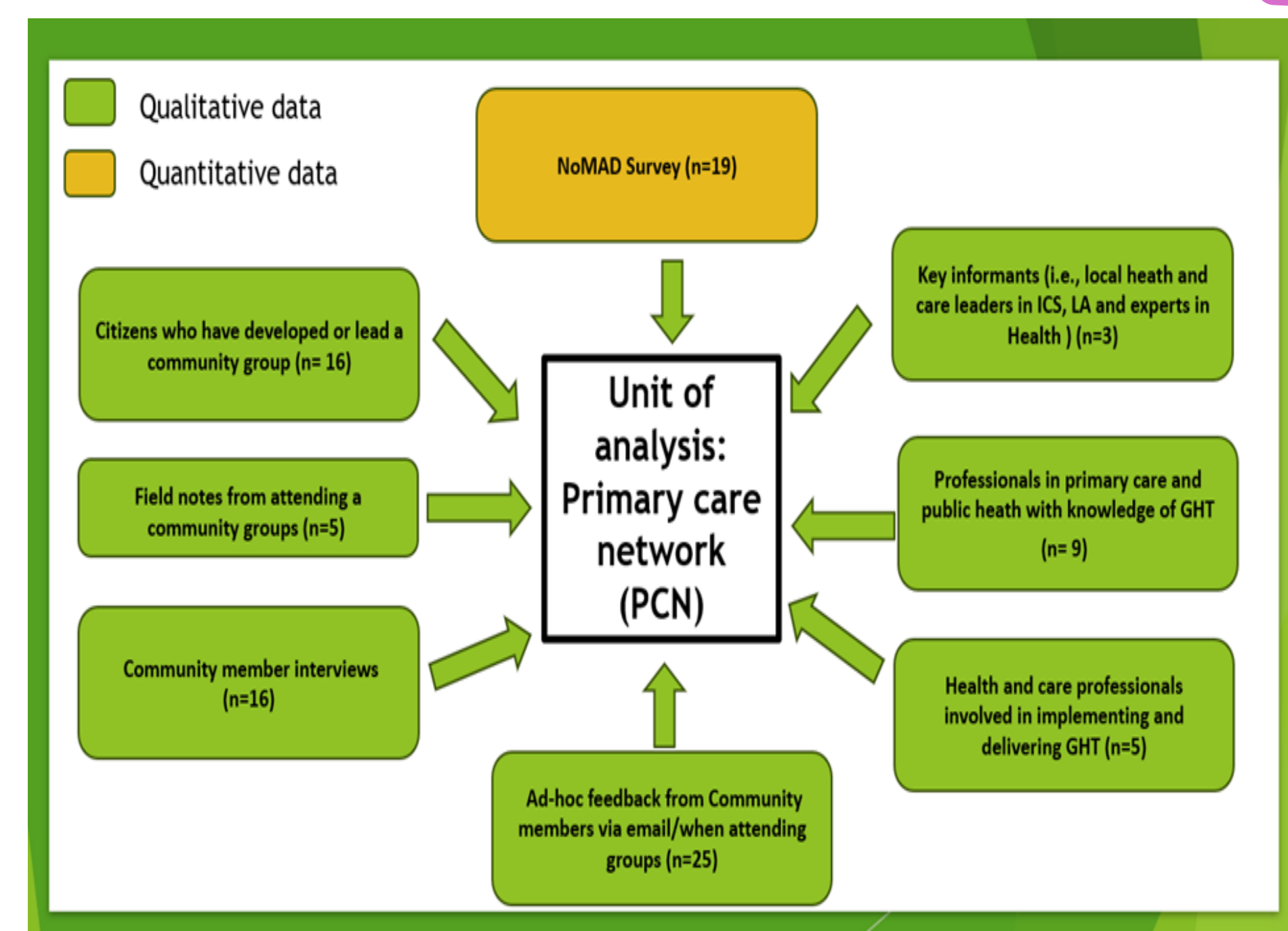
Exploratory case study design across three of East Surrey’s five PCNs: Horley, Redhill, South Tandridge

RE-AIM Evaluation Framework informed design of **qualitative data** collection tools and analysis

Reach	Who gets involved? What makes it harder/easier?
Efficacy	What is the impact on individuals?
Adoption	What effects organisational involvement?
Implementation	What are enablers and barriers to implementing?
Maintenance	How can something be sustained?

Quantitative data provided through use of Normalisation Process Theory (NPT) and NoMAD questionnaire. Captured data on adoption, implementation, and maintenance.

Data collection included 49 semi-structured interviews with healthcare professionals, activity leads, and community members and group observations. 19 participants completed the NoMAD questionnaire.



What did we find?

Impact on individuals

Improvements in wellbeing: community members spoke about positive changes in confidence and self-esteem due to involvement in community groups.

Learning new skills: Reported feelings of pride and satisfaction with achievements in the groups and how involvement gave them people a sense of purpose.

Social health: Forming and maintaining positive relationships through community groups was a commonly cited impact. Instances of people coming together outside of the group. Attending activities helped people feel less lonely as meeting people in similar position/experiences.

“It has made a huge difference. Just chatting to people again. You realise you’re not alone” (Community Member)

Impact on community groups

Building of social capital: Organisations, community groups and GP Leads were introduced to new groups and networks. Improving knowledge about the opportunities for health creation available in local areas.

Reach into wider community: GPs provided health check sessions and discussions on different conditions in community settings. Participants felt this helped to reach a wider audience and build trust with GPs, Local Authority staff and healthcare organisations.

Strengthening relationships: Leaders of community groups experienced stronger connections with GPs through working more closely.

“It just helped us to see the GPs more as partners” (Community Group Leader)

Impact on health and care system

For GPs and primary care, the benefits included being more proactively involved in patient care and being able to influence the early intervention and prevention agenda. It was felt that regular returners to surgeries visited less frequently due to being engaged in health-creation activities. Conversely, it was also articulated that those who needed to see GPs but were not routinely doing so were more likely to do so as a result of their improved connection and trust, which could prevent further health issues in the future. It was felt by the GPs involved that taking on a role within GHT also positively impacted staff retention and job satisfaction.

For local authorities, the GHT approach helped build deeper connections with people, and the community was, therefore likely to be more engaged and willing to work collaboratively in the implementation of other initiatives

For borough councils, GHT helped address local issues such as housing, homelessness, antisocial behaviour, drug and substance misuse, and other prevention activities

For county councils, GHT contributed to reducing reliance on social care and improving public health

For wider healthcare and other partners, joined-up working was valuable and resulted in broad improvements by putting the citizen voice at the centre of service delivery

What are the ‘active ingredients’ needed to enable successful health creation?

- **Form a community of practice of NHS professionals** wishing to develop an upstream approach to prevention & health creation at the local level
- Dedicate **time and resources to build relationships** between the **NHS lead** (e.g. GP lead during protected time) and **health creating partners outside the NHS** in each PCN/neighbourhood
- **Cultivate a culture of listening**, especially to those under-served by healthcare in the past
- Take a **strengths-focused approach**, recognising community members’ innate ability to **self-organise**
- Commit to **shifting both power & resources** to enable communities to create health at a local level
- **Ensure the approach is equitable and inclusive**

The key ‘active ingredient’ of GHT and health creation approaches was the importance of **connections**. Evident across all domains of RE-AIM framework

Reach: Connections foster reach to diverse communities and organisations

Efficacy: Connections between organisations and people strengthened

Adoption: Co-create pathways to adopting health creation approaches

Implementation: Building relationships with key connectors and champions in the community vital for success

Maintenance: Improved connections = sustainability

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Want to find our more information on the evaluation? Access the report and executive summary here:



Find out more about Growing Health Together

