

**Department of Health Pacesetters Programme
Evaluation of Wave 1 Local Change Ideas**

**Meta Analysis of Issues Arising from the Projects in Yorkshire and Humber
October 2009**

1. Introduction

This report reviews progress and learning within the seven local change projects implemented as part of Wave 1 of the Pacesetters Programme in the Yorkshire and Humber Strategic Health Authority Region.

The report seeks to look back over activity during the lifetime of the projects and extract from the Pacesetter experience in the region, emerging themes, key issues/challenges and significant learning derived from project design, implementation and evaluation in relation to the five Foundations of the Pacesetters programme:

- User involvement from the design stage
- Creative and innovative interventions that test approaches
- Evidence base leading and underpinning the work
- Built in evaluation to measure specified outcomes
- Spread and sustainability through buddy and associate sites

Some of the projects in the region are still at different stages of the project cycle; this reflects different start times, the range of different innovations being piloted, but also the staffing and management issues faced by some of the projects. This report will not attempt, therefore to measure or specifically discuss how far the projects have moved towards achieving their objectives (this has been addressed in the individual project reports) but will review instead issues arising from the process.

2. The Local Change Ideas in Yorkshire and Humber

The three NHS trusts participating in Wave 1 of the Pacesetters Programme in the Yorkshire and Humber region are:

Leeds Partnership Foundation Trust
NHS Sheffield (formerly Sheffield Primary Care Trust)
Yorkshire Ambulance Service NHS Trust

The trusts in Leeds and Sheffield have each implemented 3 local change projects which test approaches to tackling health inequalities in relation to one of the six equality strands. The Yorkshire Ambulance Service NHS Trust has implemented one project. These local change ideas and their equality focus are briefly described below:

Leeds Partnership Foundation Trust	Type of Project	Equality Strand
1. Development of a culturally sensitive range of counselling and therapy services to South Asian women including those who do not speak English or for whom English is nor their first language	Challenge	Gender/ Ethnicity
2. Initiating a system of vocational leads	Stretch	Disability

within clinical mental health teams to promote and offer guidance on vocational/employment issues to service users		
3. Improving the awareness of mental health provision among activists and opinion formers within the Pakistani and Chinese communities	Sustain & Spread	Ethnicity

Sheffield Primary Care Trust	Type of Project	Equality Strand
1. Provision of an information and signposting service for disabled people, their families and service providers.	Challenge	Disability
2. Reducing health inequalities for LGBT communities through awareness-raising of health related issues for clinicians and service providers	Stretch	Sexual Orientation & Gender Identity
3. CABS – Champions for Achieving Better health in Sheffield : Promoting awareness of risks, screening and management of Coronary Heart/Cardiovascular Disease in the South Asian community through training and support of South Asian taxi drivers as informal health champions	Sustain & Spread	Ethnicity

Yorkshire Ambulance Service NHS Trust	Type of Project	Equality Strand
1. Design and piloting of a culturally appropriate Community First Responders Scheme for Muslim communities	Challenge	Religion & Belief

3. Issues emerging

The sections that follow explore achievements and challenges in relation to the five foundations of the Pacesetters programme across the seven local change projects in the Yorkshire and Humber region

3.1 User Involvement from the Design Stage

The seven projects in the Yorkshire and Humber region have approached the issue of service user involvement in a number of different ways and with differing degrees of success.

3.1.1 Achievements

Four of the seven projects in the region are run by organisations that sit outside of the managing trust itself; in three cases these are organisations in the Voluntary and Community Sector and in one case an affiliated NHS organisation leads the project work. These projects and the organisations that lead them are listed below:

Leeds Community Mental Health project – managed and delivered by ‘Touchstone’ – a community based organisation supporting people with mental health difficulties.
Leeds South Asian Women Counsellors project – managed and delivered by the Women’s Counselling and Therapy Service (WCTS)
Sheffield Sexual Orientation and Gender Identity project – managed and delivered by the Centre for HIV and Sexual Health and SHOUT! – an information and support service for gay and bisexual people
The Sheffield Disability Information Service project – managed and delivered by Inclusive Living Sheffield (ILS)

The devolution of these projects to community based organisations has in most cases resulted in a comparatively high level of service user engagement, enabling the trust to tap into the already strong service user networks of the managing agency.

In Sheffield, the Centre for HIV and Sexual Health was able to assemble a broad and enthusiastic partnership of professional and non professional service users to contribute to the design and implementation of the project. The project that emerged from this process had two discrete but related strands: one focussing on awareness-raising for health professionals on trans gender issues; the second parallel strand tackling attitudes and awareness among service providers on Lesbian, Gay and Bisexual (LGB) issues. The project advertised and delivered two well-attended seminar events in June 2008 – each led by LGBT facilitators. In the case of ‘Time for T’ – led by trans facilitators, evaluation of the event clearly demonstrates that the most powerful aspect of the seminar for participants was hearing first hand the experiences of service users in their interaction with health and social care services. The second strand of this project has designed and piloted a training package for health and social care professionals on issues affecting the LGB communities’ interaction with the health service. This too has been led by service users throughout, from the design and delivery of the initial training sessions, to the review and repackaging of the product to enable it to reach a wider audience.

The second Sheffield project which has established an information and signposting service for disabled residents is run by an organisation called Inclusive Living Sheffield which is again coordinated by a committed group of disabled staff and volunteers. In both of these cases – the nature of the organisations which run the projects enables them to be constantly in touch with their service users and opens up potential pathways to the wider communities they serve. As such the issue of service-user engagement has been woven into the fabric of the projects.

In Leeds the Community Mental Health project for Chinese and Pakistani communities, delivered by Touchstone, was designed in response to a need identified by Touchstone’s Community Development Workers who were already deeply engaged with the local community. Engagement with service users has been further strengthened in this project by the recruitment and training of co-facilitators from the Chinese and Pakistani communities to support delivery of the course in community languages.

The Women’s Counselling and Therapy Service (WCTS) project in Leeds appears to have involved less initial service user engagement and the project was largely developed by staff and trustees. However the design was certainly influenced by previous discussions with local community organisations and a service user forum is involved in providing ongoing feedback about the overall services provided by WCTS. Furthermore, the final evaluation of this project has reported a significant

improvement in networking expertise within the lead organisation: WCTS. This strengthening of the relationships between WCTS and a range of community-based organisations has helped WCTS become more 'outward facing' and developed and nurtured an ongoing dialogue about how organisations can work more effectively together for the benefit of women in Leeds.

Where Pacesetters projects have been trust-led community engagement has sometimes been more difficult to achieve and has certainly required different strategies. NHS Sheffield's (formerly Sheffield Primary Care Trust) third project works with a group of local South Asian taxi drivers, offering them screening for Coronary Heart Disease (CHD) and training them to become informal health champions/promoters, both in their taxis and in their communities. This project – though the idea came from the Pacesetters Lead at the PCT – engaged service users at the outset in discussing what was possible and fleshing out the design. The initial idea for the project was to offer training and support to drivers and engage them as health champions. It was the drivers themselves who requested screening and this subsequently became a key component in the project, evidence of the Trust's willingness to go beyond mere consultation and to work towards genuine partnership. This ethos of partnership has remained strong throughout with the drivers involved in decision-making at every stage.

The Pacesetters lead in Sheffield feels strongly that their decision to pay drivers for their attendance at training and workshop events has played an important role in this regard. Whilst acknowledging that this is not necessarily a sustainable or replicable element of the project – offering this incentive enabled the trust to engage with a group of service users who are not only considered 'high risk' in relation to CHD, but who are also highly influential individuals with a wide network through which to disseminate health messages. The payment compensated drivers for lost earnings when they attended training, but also demonstrated the Trust's respect for the drivers and the potential contribution they could make to addressing an important public health issue. As a result, the project has been taken very seriously by the 'champions'. Furthermore – their enthusiasm and interest in the work has continued and a genuinely self-sustaining project appears to have emerged.

The Yorkshire Ambulance Service project, which set out to establish a culturally appropriate Community First Responders Scheme in a predominantly Muslim area of West Yorkshire has also succeeded in finding a pathway into the local community and a powerful launch pad for engagement. In this case the 'way in' was facilitated by a Muslim former paramedic and acquaintance of the Project lead. This resulted in the trust forming a new and very constructive link with the Al Hikmah Community Centre in Batley which has an annual footfall of 250,000 local residents and visitors from further afield. A very successful working relationship has now been formed between the Yorkshire Ambulance Service's Network Response Team and the Muslim communities who use and manage the Centre. **The establishment of a working group which includes community representatives has also enabled the project to elicit and absorb advice/suggestions from the local community**, ensuring that training inputs have been culturally sensitive and appropriate. One result of this dialogue was the gradual phasing in of project inputs and the decision to lay foundations for the eventual establishment of a First Responders scheme through a series of intermediary steps designed to develop trust and partnership between the service providers and the local community. This has included provision of a range of additional courses relating to emergency health issues for the local community in response to local interest and demand. For some of the Network Response Team staff involved, this has been a new way of working and, despite the additional

workload created by genuine engagement, the results produced by this closer relationship with the community have been very much welcomed.

There is clearly then a great deal of positive work going on in this Pacesetters programme in relation to community engagement and a range of approaches to establishing and nurturing the relationship between service providers and users has been adopted.

3.1.2 Challenges

The third Leeds Partnership Foundation Trust project aimed to establish a system of vocational leads within clinical teams to promote and offer guidance on vocational/employment issues for mental health service users. Here the issue of service user engagement has been more minimally addressed and comparatively speaking at a later stage of the project process. The original project was developed as part of a range of initiatives led by the trust's Vocational Support Steering group; although this group includes service user involvement workers alongside clinicians and managers, it is unclear whether service users and/or their carers were involved at this stage. As the project progressed, it invited feedback from service users and carers on the new assessment tool that the project was piloting – though this service user involvement might be seen as more of a 'bolt-on' than core to the project, as intended by the Pacesetters programme. Communications amongst and between other stakeholder individuals and groups, including third sector organisations, have also been challenging within this project and as a result, the broad and engaged partnership originally envisaged has not really materialised.

It has been noted by evaluators in the Region that in some projects, particularly those which have subsequently struggled to get underway, there has been **a lack of awareness of the centrality of service user engagement to the Pacesetters programme and therefore a lack of clarity as to how to proceed**. There was clearly a need for greater communication around the principles of Pacesetters and support in translating those principles into project activity. It should also be noted that **a lack of time is also a major constraining factor for trust and project leads and in these circumstances user involvement, which can be a difficult and time consuming process, is often the first casualty**.

One potential concern should also be recorded here in relation to those projects which have been led by third sector or external organisations. As already discussed, devolution of these projects has, in the majority of cases, enhanced service user engagement and made the management of those projects far less problematic for the trust. However since the projects sit outside of the trust, there is also the risk that the learning derived from them will also be held externally and valuable lessons around service user engagement will not be mainstreamed by the NHS organisation that is intended to change as a result of the programme. There is clearly then a potential trade-off between the quality and extent of user involvement and the institutional learning derived from it.

3.1.3 Key Learning

A number of learning points around user involvement can be gleaned from the experience of implementing the Wave 1 projects in the Yorkshire and Humber region.

- User involvement is not an easy thing to achieve and the approach does not come naturally to all Trusts and the individuals within them.
- Pacesetters has made a great deal of the importance of service user involvement in the project cycle, from design to evaluation. However – trusts and project leads often need guidance, support and time in turning the

- Devolution of projects to trust-affiliated or third sector organisations enables trusts to tap into existing networks of service users and can be a very powerful way of both enhancing user involvement in the project, and forging/strengthening links between the trust and the voluntary and community sector.
- This devolution, however, may compromise the potential for institutional learning and change on the part of the trust, and enable trusts to also devolve their responsibility for engaging service users.
- Where trusts have invested time and energy in genuine community/service user engagement, their efforts appear to have produced results. In some cases these have included a revision or scaling back of original intentions but this willingness to listen, accommodate and at times revisit the plan – has helped develop relationships based on partnership and trust.

3.2 Creative and Innovative Interventions that test approaches

The project development process has also differed across the seven local change ideas in the region. The genesis of the original idea for the project in some cases lies with one individual within the trust or managing organisation, and in others has developed from a genuinely bottom–up recognition of need on the part of community development workers working closely with service users. At times the ideas build on work carried out and documented elsewhere and at times they are truly innovative. What is important however, is that the trust sees the project as an experiment and engages in the Plan, Do, Study Act (PDSA) cycle to understand what has worked, what has not, and why.

3.2.1 Achievements

There are several successful examples in the Yorkshire and Humber region of projects which have tested new approaches to addressing health inequalities for marginalised communities and have done this in a genuinely reflective way, learning as they go.

Yorkshire Ambulance Service’s Community First Responders project in Batley is a key example of the PDSA cycle in action. This project was redesigned, following initial engagement with the community, in three distinct phases, each phase laying the foundations for the one that follows and later phases dependent on the success and learning from previous phases. At the time of writing the project is embarking on the second phase of activity and has already made adjustments based on the learning from phase one.

“Whilst the approach to initiating the project was very similar to previous approaches, the slower pace adopted towards achieving the establishment of a Community First Responders Scheme is unique to this project. Usually the time scale from start to completion is about three months. This project is expected to take twelve to eighteen months to allow for trust to build and additional training to be delivered.”¹

¹ Excerpt from Project Evaluation Report, prepared by Chris Stewart.

In Leeds, The Women's Counselling and Therapy Service (WCTS) moved into previously uncharted territory in its recruitment and support of 2 South Asian volunteer therapists able to offer a first language service to local women. The organisation helped to tackle the financial barriers faced by the trainees through funding their therapy and supervision and also engaged mentoring support for the women from within the trust – a relationship that proved to be extremely constructive. Whilst the project set out to work with only two trainees, their personal journeys have been recorded and reflected on, as have the organisational changes within WCTS itself, so that learning can be derived from the experience. The culture within the organisation is open and conducive to critical reflection and, as a result of learning generated by the project, WCTS is giving thoughtful consideration to a range of changes to its practice.

The mental health awareness project for the Chinese and Pakistani communities in Leeds, led by Touchstone has also pushed the boundaries of what has been tried before through its development of training materials on mental health in community languages and recruitment and training of co-facilitators from within the target communities. In line with the PDSA service improvement approach, the project is already building on its success by exploring the possibility of adapting the training for other local communities.

The Vocational Leads project in Leeds Partnership Foundation Trust has developed and piloted a specific tool to improve service delivery. The Vocational Assessment Form (adapted from a similar tool developed in Sheffield Mental Health Trust) was piloted across a range of sites and mental health services, drawing on feedback from both staff and service users. The results of this process will feed into the final product and it is hoped that this will eventually be formalised as a trust-wide tool for the assessment of vocational needs via the PARIS system.

In Sheffield, the LGB strand of the Sexual Orientation and Gender Identity project has also adopted the PDSA approach and has demonstrated its willingness and ability to learn from and act on challenges as they arise. This strand of the project had originally intended to run short awareness-raising sessions with GP practices but due to poor take-up on the part of practices, was forced to revisit its objectives. With a fully piloted package of training materials already developed, the project took the decision to make this the 'product' for the project. The new training tool was designed so that it could be rolled out in a variety of settings to all health and social care providers and to allow facilitators the flexibility to assemble sessions that best respond to their target audiences' needs. **This capacity within the project team to reflect on the challenges faced and to find new ways to make an impact has enabled a project, which at one point appeared to be failing to deliver a clear and tangible output.**

The Sheffield taxi driver project is another prime example of innovation within the Pacesetters programme. In this case the project began with the relatively modest aim of working with a small group of local taxi drivers (16 in total) and engaged them in the elaboration of the project. The project which has grown from these beginnings has in many ways gone much further than originally envisaged. One of the key achievements of this project is the multi-directional partnership that has developed between a range of NHS and service-user organisations. The dialogue and reflection within this coalition has continued to inform project activity in subsequent rounds of training and screening.

A number of the projects in the region appear genuinely reflective and are willing to spend time looking back in a structured way on what is working and

what is not. Sometimes this process has been facilitated by the evaluator at specific meetings/workshops, but in some cases it is also done as part of the internal day to day running of the project. One example of this is the Sheffield Disability Information and Signposting Service – the staff and volunteers of which have regular meetings to look back on and record progress.

3.2.2 Challenges

In a couple of cases Pacesetters projects in the region have formed part of, or relate to wider initiatives with different funding sources and objectives. Whilst this does not necessarily mean that the initiatives are incompatible it can affect the potential for the Pacesetters project to test out and learn from change at its own pace

In Sheffield it has been important to ensure that the CHD project with taxi drivers has had an opportunity to trial the approach and derive learning from the experience of the pilot group before seeking to roll the project out to a wider group. Momentum generated by and for the project through local media coverage and its productive relationship with the new Sheffield City GP Health Centre has had to be managed in order to ensure that the reflective cycle continues to operate within the project partnership and that learning from each stage is disseminated and considered.

3.2.3 Key Learning

Key learning from the region around the theme of testing innovative approaches is summarised below:

- A number of very innovative approaches to the improvement of health services and outcomes have been developed and trialled within the region.
- The majority of projects are engaged in a reflective learning/PDSA cycle – though they may not always call it that.
- **The ‘process’ projects that have emerged from the PDSA approach often take longer to implement than ‘blueprint’ projects. However, they have generated ownership and commitment along the way.**

3.3 Evidence base leading and underpinning the work

A further key component of the Pacesetters programme has been the need for interventions to demonstrate a clear evidence base, providing both a rationale and a baseline for the project as it unfolds. The extent to which the Yorkshire and Humber projects have fulfilled this is described below.

3.3.1 Achievements

All of the projects in the region were able to present evidence of a need for the intervention in their original submissions. In some cases this evidence base has been carefully researched from a range of relevant primary and secondary sources.

In Leeds, the project proposal for the Community Mental Health project for Chinese and Pakistani communities was supported by evidence from a number of BME focus group facilitated by Touchstone around Mental Health issues. The Vocational Leads project in Leeds was also able to draw on evidence from an audit exercise and focus group with care coordinators which demonstrated that employment was not being systematically addressed by care coordinators when developing care plans with service users. When set alongside national evidence of the benefits of vocational and employment support to people with enduring mental health issues – this formed a powerful rationale for the project. ILS in Sheffield also drew on data from focus

groups they had run over the years in support of their submission to establish an information and signposting service for disabled people in the city.

As the projects have progressed, they have worked with their evaluators in a range of ways to measure their success and record evidence to support their continuing activity. **All the projects in the region have been open to and supportive of the participatory approach to evaluation (even though it came as a surprise to some to begin with)** and have drawn on a range of data sources in documenting their journeys. In general, these **data sources were selected for their ability to contribute to ongoing learning and to inform the future course of project activity** (i.e. formative evaluation) and their findings have been digested and acted on in most cases.

3.3.2 Challenges

A particular challenge for some of the projects has been **a lack of local evidence in relation to their interventions** and many have struggled to drill down from the national data sets to achieve a detailed understanding of the local picture. As a result of this there was a distinct lack of local baseline information for many of the projects and a subsequent reliance on a combination of anecdotal evidence and evidence extrapolated from national data and research.

The gathering of baseline data can itself be a challenging and time consuming task and was not built into or funded through the projects themselves. As a result this aspect was often neglected.

In relation to the ongoing gathering of evidence for evaluation purposes, it has been felt that in the case of the Vocational Leads project in Leeds Partnership Foundation Trust, **learning derived from the project was not used as well as it might have been to inform design of a second related project**, also partly funded through Pacesetters. In particular issues around the lack of user involvement at the design stage of the project were not taken on board and this same issue was, it seems, also neglected in the second project.

3.3.3 Key Learning

Learning points relating to the evidence base for projects are summarised below:

- Projects often need to be supported (in terms of time, money and skills) to enable them to assemble locally relevant baseline data. The fact that Pacesetters funds were only released to projects once their evidence base was established (as described in the Project Checklist) has inevitably resulted in a lack of useful baseline information for some projects.
- Where primary research is carried out locally as part of establishing the evidence base for the project, this can also form an important element of the user engagement process.
- It is important that later phases or spin-offs of existing projects draw, where appropriate, on learning derived from the original project.

3.4 Built in evaluation to measure specified outcomes

As with the other Pacesetters foundations, there is considerable variation in the extent to which the projects have been able to respond to this key aspect of the programme.

3.4.1 Achievements

In some cases evaluators had an opportunity to work with project teams at a relatively early stage of the project cycle in order to ensure that project objectives were designed/ clarified in a participatory way and an integral evaluation process developed to measure those objectives.

Where projects have been slower to get underway e.g. the Yorkshire Ambulance Trust project and the **Sheffield taxi driver project**, there was definitely a greater opportunity for the evaluation team to support the development of clear objectives and ensure that evaluation was woven into the design. In Sheffield, the evaluator was able to facilitate members of the taxi driver group and the Trust Lead in the process of framing objectives for the project and, thereafter, discussing possible sources of data and evaluation methods that could realistically be drawn on in order to capture learning and change, including recording and recounting individual perspectives on the project and its impact from a number of the drivers. There was a real sense here that this was a genuinely useful and helpful contribution to the project process. In Batley too, the phased approach of the Community First Responders project built in very clear and important opportunities for formative evaluation and learning.

In the Women's Counselling project in Leeds, despite the fact that the discussion around evaluation began somewhat late in the day – some excellent and potentially powerful qualitative evaluation has been undertaken with and by the two volunteer therapists through the recording and writing up of their personal stories/accounts of their experience on the project.

A similar process was also undertaken as part of the evaluation of the Disability project in Sheffield with two of the projects disabled volunteers reflecting on their experience of working with the project and its impact on their lives. This outcome of the project, which might easily have been missed with a more traditional evaluation approach, was considered by the project coordinator to be key evidence of the project's success.

All of the projects in the region have collected/ are continuing to collect data on project progress and at the end of the evaluators' contract, it has been possible to assess the extent to which objectives have been/ are being achieved. Furthermore, despite some of the challenges described below, the vast majority of projects in the region recognise the benefit of ongoing evaluation and have appreciated the role of external evaluators in facilitating that process with them.

3.4.2 Challenges

One of the biggest challenges to fulfilling this aspect of the Pacesetters programme was the widely differing nature and timescales of the projects. At the start of the evaluators' contract, a number of the projects in the region were already well underway.

The evaluation team for the region have also found that in many cases project teams were unfamiliar with the principles and practice of participatory evaluation, or of the role of the evaluation team in supporting the process. This lack of awareness around this key principle of the Pacesetters programme was a particular challenge in the earlier stages of our interaction with the projects.

As a result of these different timescales the evaluation process has in some cases been retrospectively ‘super-imposed on’, rather than ‘built into’ the design of the project.

Another challenge here was the initial project documentation or checklist. Whilst these contained a great deal of useful information about the project, its genesis and evidence base – nowhere did it actually require the writer to formulate clear and measurable aims and objectives for the project- the starting point for evaluation. In several cases therefore evaluators were working with project teams to clarify project objectives and develop an evaluation plan when teams were in the thick of implementation; this inevitably meant that objectives were derived from the work already being carried out rather than the other way round.

A further challenge to implementing a participatory evaluation process within the projects has been time constraints on behalf of the project team. The trust leads and partner organisations are extremely busy and often overloaded, combining Pacesetters with a raft of other roles and responsibilities. Finding time to bring people together to design the evaluation in a participatory way was therefore difficult and whilst everyone was willing to espouse the theory of participatory evaluation – it was clearly, in practice, a burden for some.

3.4.3 Key Learning

The following learning points relating to the evaluation process can be drawn from project experience so far:

- If evaluation is truly to be built into the projects, the timescales for the project and any external evaluation need to be more closely aligned.
- Pacesetters projects would benefit from an early introduction to the principles and practice of participatory evaluation.
- Project documentation could better support the evaluation process and help to focus project teams on the evaluation requirements of the programme by including a section for project aims and objectives. This would provide an important starting point for the later development of measurable indicators.
- Good, participatory evaluation can have considerable benefits to the projects themselves, enabling them to adjust and respond to challenges faced and act on learning.
- The evaluation process, even when built-in, can be time-consuming for project teams. The burden can be somewhat, though not entirely, alleviated through external facilitation of the process.

3.5 Spread and sustainability through buddy and associate sites

The issue of spread and sustainability of the interventions is a complex one and is to some extent bound up in the organisational context of the trusts, and the relationship between the trusts and partner organisations.

3.5.1 Achievements

As has already been discussed, the devolution of projects to voluntary and community sector organisations can have the potential to compromise institutional learning and may mean that change ideas are never truly embedded in the NHS trust in question. Having said this, there are exciting examples from within the Yorkshire and Humber region of projects taking on a momentum of their own and appearing to spread and sustain outside of the trust.

Touchstone's project in Leeds, delivering mental health awareness raising workshops to participants from the Pakistani and Chinese communities, is an excellent example of this. In the opinion of the evaluator for that project their **success is due in part to the fact that the project grew out of and built upon existing initiatives, but also to their desire, from the outset, for the learning from this project to inform future work and services.** As a result the project is propagating in a number of ways. Firstly, several additional sessions with different groups from the Chinese and Pakistani communities have been delivered and more are planned. Secondly, the Community Development Workers (CDWs) who ran the pilot project will now run the training for the other 6 CDWs based at Touchstone, enabling them to follow similar models with their target communities: African Caribbean; African; Indian; Kashmiri; Refugees and Asylum Seekers; Irish; Gypsy Roma; and Bangladeshi. Finally, in addition to extending the scope of their work locally, Touchstone have also shared their model with other organisations in the region and nationally through a workshop for Community development Workers in Blackpool.

In Sheffield, the CHD taxi driver project has also put down roots in several ways. Within the trust this has been achieved through the careful and considered management approach of the Pacesetters Lead who sought from the outset, to get **'corporate buy-in' for the work undertaken.** By securing the involvement and support of the trust's 'Long Term Conditions Group' the project now has a **mainstream profile** within the trust and there is a clear commitment to build on its achievements to date. There will be an early opportunity for this to happen through the rollout of the National Vascular Check Programme. Furthermore the trust is funding a part-time BME health trainer post to be based at Sheffield City GP Health Centre, who will continue working with the champions and the wider taxi driver community. The project is also showing clear signs of sustainability and spread outside of the organisation, through the enthusiastic evangelism of the drivers themselves and the support and awareness-raising activity of the Sheffield Taxi Trade Association. This is a project that could easily be replicated in cities all over Britain.

Other project achievements in relation to sustainability and spread include the '10 Top Tips' card produced by the Sheffield LGBT project. This postcard-sized resource lists 10 tips for health and social care providers on how to make services more inclusive and welcoming for trans people. This **simple, tangible output** of the project has been well received and widely distributed. The forthcoming launch of Sheffield's 'In the Pink' guidance is another indirect output of the LGB project in Sheffield, as well as evidence of spread from the original work undertaken in Leicester PCT's Pacesetters project.

Sheffield's disability project has also been successful in forging productive partnerships which will help to sustain the information service and is now a member of DIAL UK. Furthermore, the project has produced, and is continuing to produce a range of factsheets and resources which could be easily replicable in other trusts.

3.5.2 Challenges

A significant challenge faced by many of the projects in relation to sustainability and spread is the organisational context of the trust and **the need for senior-level commitment and engagement with the projects.** Often successful projects have at the helm one or two extremely hardworking and committed members of staff who have the energy and enthusiasm to move things forward. However, when it comes to

embedding change and sustaining those projects – a great deal depends on support from further up the trust hierarchy.

This will be a key challenge for Yorkshire Ambulance Trust's Community First Responders Project. Whilst the Trust Board has supported the project so far, the sustainability of the work and the dissemination of the considerable learning it is generating depends on their ongoing engagement with the work. It will also be important to examine the efficiency and effectiveness of communication channels across and between different teams within the trust so that they can be used to best effect in embedding change within the organisation.

Whilst the devolution of projects to outside organisations can have many benefits, the trust still has an important role to play in supporting and sustaining the work of those projects. Furthermore – it should be noted that where third sector organisations have applied to trusts for project funds – the nature of that funding and the project it supports is time-limited. The sustainability of successful change ideas inevitably depends therefore on either a continuation of funding, or the openness of the trust to mainstreaming interventions. This is clearly an issue for the WCTS project in Leeds where, according to several project stakeholders, the funding period did not allow enough time for the initiative to become embedded. The desire to bring about change is clearly strong within the organisation; however *“this is more likely to happen within a climate of sufficient and secure longer-term funding.”*²

Finally, **opportunities to share good practice** between Pacesetters trusts and regions have been somewhat limited during the period of this evaluation. Regional and national learning and dissemination events have a key role to play in the cross-fertilisation process, enabling projects to find out what is happening elsewhere, to learn from the experience of others and, importantly, to feel part of a wider network of change agents within the NHS. Further events of this kind would certainly help to energise and sustain the work going on regionally and could help stimulate a chain reaction for the more successful and easily replicable projects.

3.5.3 Key Learning

To summarise key learning derived from this aspect of the projects:

- Top level commitment, support and ideally engagement from within the trust is critical to the sustainability of the change ideas.
- Projects can and do take on a life and momentum of their own; this is often achieved through communicating success and the forging of external partnerships.
- The short-term nature of funding to the third sector to take forward initiatives inevitably threatens the long-term sustainability of successful projects. The potential and the mechanisms for mainstreaming therefore need to be considered early on.
- National and Regional Pacesetters events which enable learning to be shared across trust and regional boundaries have an important role to play in the sustainability and spread of successful change initiatives.

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University of Wolverhampton and 'First People'
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² Taken from the WCTS Project Evaluation Report, prepared by Sarah Clay.