



Through eight weekly sessions focusing on developing knowledge and practical skills relating to healthy eating, portion size and gentle exercise, **Good Moves** improves the health, health care utilisation, and self-management behaviours of residents in East London with one or more long-term conditions.

#### Background

In the UK, BME communities can experience not only poorer health, but also poorer access to and quality of services. One of the challenges BME people face is mainstream service provision is often culturally inappropriate or inaccessible due to barriers, for example around language. This is of particular concern within the context of chronic disease management, where unsuitable management of conditions such as diabetes can result in an increased risk of developing cardiovascular disease leading to heart attacks and strokes; kidney disease; retinopathy leading to vision impairment; amputations and depression . Accessing self-management courses which increase patient activation have been shown to significantly improve clinical, economic and patient experience outcomes.

Therefore there is a recognised need for culturally appropriate, community led initiatives which support BME patients to improve their current and future health and well-being through supported self-management of existing chronic conditions. **Good Moves** has been developed to meet this need through provision of high quality, community-led courses in non-clinical settings.

Social Action for Health (SAfH) first started delivering 'Healthy Moves' (as it was known then) in 2000. Healthy Moves emerged out of a health needs assessment of Bangladeshi men on the Ocean Estate in Tower Hamlets, where it emerged that none of the men considered accessing mainstream health and exercise services as they were not sensitive to their cultural background, language needs and their low level of fitness. SAfH developed a new way of promoting physical activity and health within these considerations that was inherently social, rather than clinical. Healthy Moves was then expanded and offered to considerable numbers of Bengali, Somali and white working class on the Ocean Estate for 5 years.

The current structure of **Good Moves** grew from both these beginnings and our expertise as accredited providers of Stanford University Expert Patient Programme, the 'gold-standard' of self-management. We interweave external established best practice and the local expertise of staff, tutors and participants. In 2007 Queen Mary University East London (QMUL) evaluated the programme using the short form 36 (SF-36) and the programme was adjusted to fit the feedback. This amended programme was re-launched as **Good Moves** in 2009.

*“I was in so much pain and felt the doctor just expected me to live with it. I thought before that I was just stuck and things would only get worse from here....now I feel so optimistic in the changes me and my GP have made.”*

*- Good Moves Completer*



## Who is it for?

**Good Moves** delivers in multiple languages including Bengali, Somali, Nepalese, Urdu, Gujarati, Cantonese, Vietnamese, and English.

We work with anybody who fits the criteria and has a long-term health condition, however we focus most on groups who are most at risk of experiencing health inequalities, and the most vulnerable groups, including those with multiple long-term conditions, disabilities including mobility issues, elderly, and those otherwise marginalised from mainstream services. Our staff and tutors are expert at both recruiting and retaining participants, with an 83.2% completion rate last year and many courses at 100%.

**Good Moves** uses partnerships across the community, public and academic sectors. We have excellent relationships with our partners, as evidenced by the length of time we have worked with some of them (including from the earliest conception of the project 18 years ago) and that many are introduced to us by other partners. Social Action for Health supports small or new volunteer and grass roots led organisations as well as local branches of larger national bodies.





## Good Friends

There is follow-up support for **Good Moves** completers through our **Good Friends** project, which offers Peer Support groups in multiple languages to keep building on action-planning, walking groups to explore the local area in a friendly, sociable environment, and more intensive 1-2-1 befriending for those most isolated and vulnerable.

Identified as having particular need for **Good Friends** were participants who:

- are isolated due to their long-term condition(s) and/or disabilities affecting their ability or confidence to navigate the outside world
- have become overly dependent on busy family members and feel 'burdensome' or disempowered
- are fearful to leave the house due to language skills and, as migrants or refugees, not feeling fully settled or comfortable in their local area yet

Our work so far has shown that **Good Moves** is an opportunity to reach and engage a wide variety of people who do not necessarily have access to the mainstream of society. The courses provide a rare chance to build trust and a relationship over two months, which is then an excellent platform on which to focus and develop the support for those most vulnerable.

*"I made many friends in this group. I previously did no exercise. We now go for swimming and walking together. This has helped me to increase my confidence level like other participants. Now I am very happy person compared to when I joined!"*

## What are the benefits?

### Significant and lasting improvement in PAM scores

A critical outcome is the 'activation' of patients, which has been shown to generate and improve positive behaviours, including patient attendance at appointments including for preventative procedures such as screenings and immunisations; patient willingness and ability to prepare for appointments and be persistent in clarifying advice; and adoption of healthy lifestyle changes around eating and exercising. The Patient Activation Measure (PAM) assesses the level to which an intervention improves patient activation. Every course has shown an average improvement in PAM scores. In 2016/17, on average, PAM scores increased so much participants went from Level 1 (the lowest possible score, indicating the participant is 'disengaged', 'overwhelmed', 'passive', or 'lacking a good understanding' of managing their own health) to Level 3 (the second highest level). Observed increased confidence to become active participant in own healthcare, e.g. asking GP for medication review which often results in a decrease of number or dose of medications being taken (under supervision) and confidence to request referrals e.g. to a dietician.

### Change in healthy behaviours

Good Moves sessions include thirty minutes of gentle, low-impact exercise, the regularity of which incrementally increases confidence and contributes the formation of healthy habits. Week seven includes a healthy cooking session, providing participants with practical skills to help improve their cooking and eating decisions and skills. Content is based on the most up-to-date research and has been developed in consultation with nutritionists, nurses and personal trainers. Good Moves is not just an education programme where participants are passively taught by an expert. It is delivered at the most appropriate level to empower participants to really understand their condition and their health, and the action plan and peer support element ensure participants are supported to actually *implement* necessary long-term changes.

### Improvement in well-being and loneliness

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) measures mental wellbeing, encompassing both feeling and functioning. In 2016/17 the mean overall Wellbeing score increased by over 10 points. Thematic analysis of qualitative data collected showed huge benefits to loneliness, confidence and management of whole family health.

### Cost effective to commission and resulting in long-term savings

With seven in every ten pounds spent by the NHS being spent on long term conditions it is an issue that impacts everyone. An increase in PAM scores correlates with less frequent hospital admissions, patients choosing fewer treatments, and fewer episodes of emergency care. It also has a significant impact on healthy eating and exercise behaviours<sup>1</sup>. Activated patients who co-produce their own healthcare and are supported to implement their plans means a low incidence of secondary complications and a lower risk of developing multiple chronic conditions. One particular large-scale study showed patient activation to be a 'significant indicator' of cost, with less activated patients having 8 percent higher costs in the base year and 21 percent higher costs in the following year than more activated patients<sup>2</sup>.

1 Studies summarised in Kings Fund: Supporting people to manage their health: An introduction to patient activation, 2014: [www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/supporting-people-manage-health-patient-activation-may14.pdf](http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/supporting-people-manage-health-patient-activation-may14.pdf)  
2 'Patients with lower activation associated with higher costs; delivery systems should know their patients' 'scores' Hibbard et al 2013 [www.ncbi.nlm.nih.gov/pubmed/23381513](http://www.ncbi.nlm.nih.gov/pubmed/23381513)

*“Due to my illness I had to take early retirement and being ill at home all day I developed low self esteem, low confidence and social anxiety. I developed depression and became isolated. This course and particularly the week to week discussions have been very positive for me. It has helped me overcome my depression. Now I am more positive about life and moving forward. The classes have been really positive and encouraging. If I had been sent to these classes earlier, I think I wouldn’t have needed medication for my depression. Because we benefitted from the session so much, as a group we are continuing to meet once a month to support each other”*

