



Annual Review 2016 – 2017

Health is
an investment,
not a cost

215

Nurses engaged
through the Healthy
Weight Initiative
for Nurses (WIN.)
project

212

C3 International
Breakfast Seminar
attendees

8

presentations by
C3 in 4 countries

2,553

people in C3's
global
network from
73 countries

5,594

followers of
C3's social media accounts

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Acknowledgements

Particular thanks are due to Garth Stewart for the design and setting of this Annual Review.

Director's report



This year we've made real breakthroughs in two of our most important areas of work.

The cost of healthcare in rich countries continues to worry politicians and citizens

while in resource-poor countries gaining access to healthcare is seen as the main challenge. While the health debate is shaped this way, it is ever harder to see health as an investment and not just a cost. We at C3 continue to push the case for promoting healthier lives as the way to prevent illness, disability and premature death. This year we've made real breakthroughs in two of our most important areas of work.

Using CHESS™ and working with our colleagues in the USA, we are making community engagement come alive in two communities in Britain. Our WIN. project is showing how important it is to work with nurses' own health so that they can promote the message to those with whom they live and work. C3 also now plays a key role in the annual Wellbeing Symposium.

This has been both a challenging and a successful year for C3, with the conclusion of our EU project, Credits4Health, which aims to learn better how to change unhealthy behaviour, and the NCD Global Scorecard, which shows how hard it is for all countries, and especially the poorest, to achieve lasting change. The challenge comes from persuading supporters, and especially funders, of the need to invest in health while so many generously give to those made ill from preventable conditions.

New Trustees have brought energy, enthusiasm and new ideas to our work and we are enjoying working with them. My thanks are due to my hard-working colleagues, and a special thanks to Katy Cooper, who has been with C3 from the start but now wants to freelance so she can pursue other interests. However, she will continue to do some work for us: no one ever leaves the world of collaborating for health!

Christine Hancock

Christine Hancock, director

Letter from the chair

It has been an exciting first six months in my capacity as Chair and we now look forward to the next phase of C3 Collaborating for Health. Our Board comprises eight Trustees in total, four having recently joined bringing with them new skills and connections that complement the existing Trustees and further broadening the C3 network.

Together, we will focus on our strategy and our finances, and identify more sustainable revenue streams that are consistent with our goals.

I would like to thank my predecessor, Robin Stott, and the founding Trustees for the work they did in developing C3 through its first phase. We are now established as a highly-respected organisation in the field of preventative health. I would also like to thank the Board of Trustees who have supported me through my transition from Trustee to Chair and have always been there to give me helpful advice and feedback. It goes without saying that Christine Hancock and her team at C3 deserve a special mention for their continued hard work and to congratulate them on the various successes over the last year.

As our director Christine Hancock says, there is an even greater need to invest in preventative health by those who so 'generously give to those made ill from preventable conditions.' C3 has a pivotal role to play in influencing the public and private sector across the globe in the next decades. Health services around the world have a huge role to play in changing the culture and setting a more preventative health approach. We can assist them in spending more effectively on the prevention of illnesses in the first place, rather than finding themselves in a fragile state having to cure those ill.

I look forward to the next year as we build on our current strategy to secure our future in addressing non-communicable diseases.

Sally Gilding

Sally Gilding



Our vision and how we work

C3 Collaborating for Health (C3)’s vision is for a world where there are no premature or preventable deaths from chronic non-communicable diseases (NCDs) because people find it easier to live healthy lives.

An overlooked epidemic

Each year, **70 per cent of deaths globally** are from just four major NCDs – cardiovascular disease, cancers, type 2 diabetes and chronic lung disease. 17 million of those deaths are of the under-70s, many of working age with families to support. Despite this, NCDs are under-reported, under-acknowledged and under-funded.

Collaboration is the solution

C3 Collaborating for Health fosters multi-sector **Collaboration** to catalyse action in the global community, to address NCDs’ leading **risk factors** by promoting **3** behaviour changes:

- Improving diet and avoiding harmful alcohol use
- Stopping smoking
- Increasing physical activity

Our areas of work

Bringing together ‘unusual suspects’ to encourage behaviour change for NCD prevention is at the core of C3’s work. Our projects focus on:

- **local communities** (pp. 8 – 9);
- **businesses** (pp. 12 – 13);
- **health professionals**, particularly nurses (pp. 10 – 11);
- and **workplace health** (p. 12).

These varied projects are connected by their focus on the three risk factors, and reflect our years of expertise in strategy, consultancy, evaluation, and creation and management of networks, partnerships and collaborations.



Healthy Diet

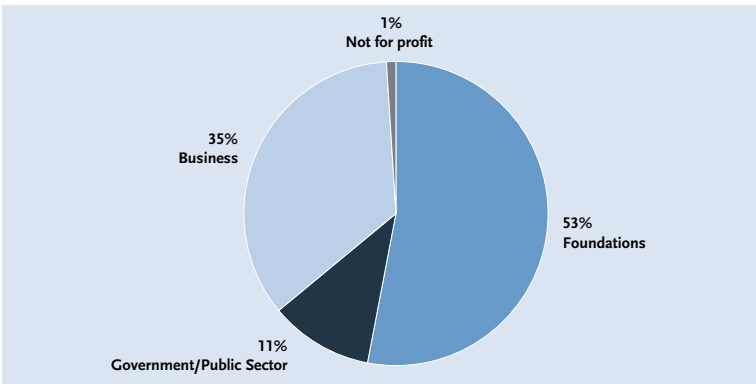


No tobacco



Physical Activity

Our funding sources for 2016



C3's 2016 – 2017 highlights



February 2016: Christine Hancock, C3's director, is selected for the NHS Healthy Workforce Advisory Board, overseeing efforts to create a step-change in the health of the 1.2 million-strong NHS workforce.



May 2016: Christine Hancock presents on NCDs' threat to health security to the 2016 Commonwealth Civil Society Forum in conjunction with the annual Commonwealth Health Ministers' meeting in Geneva on the eve of the World Health Assembly.



May 2016: C3's director gives a presentation at Kellogg's first nutrition summit in Sitges, Spain. The meeting hosted 100 participants from all over Europe and the Middle East. During the summit, Kellogg launched its Food Beliefs series of pledges.



June 2016: C3 facilitates a two-day meeting on behalf of the Health Foundation that brings together experts to identify approaches to help people maintain good health and prevent illness. Participants (pictured: Alonzo Plough, Robert Wood Johnson Foundation; Jo Bibby, the Health Foundation; Christine Hancock, C3) explored the populations and systems-based approaches that could be best supported by the Health Foundation.



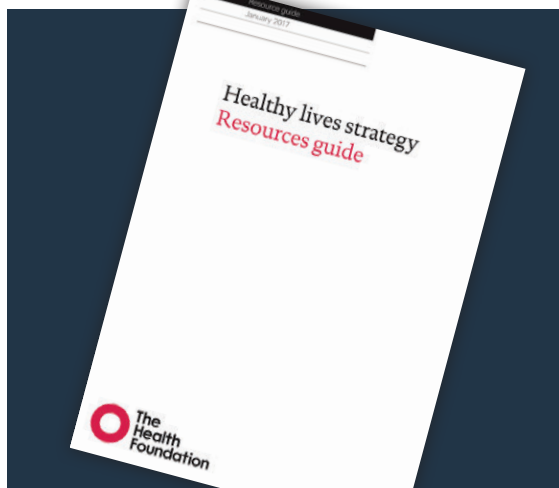
June 2016: Jane Abraham, C3's workplace health associate, is appointed Policy Fellow for the Health and Work Joint Unit of the Department of Work and Pensions and Department of Health, in addition to her work with C3.



November 2016: C3's director chairs part of the Royal College of Nursing's International Centenary Conference, addressing 400 nurses from many countries with the C3 message. Michaela Nuttall, C3's nursing associate, had spoken the previous day on the Healthy Weight Initiative for Nurses (WIN.).



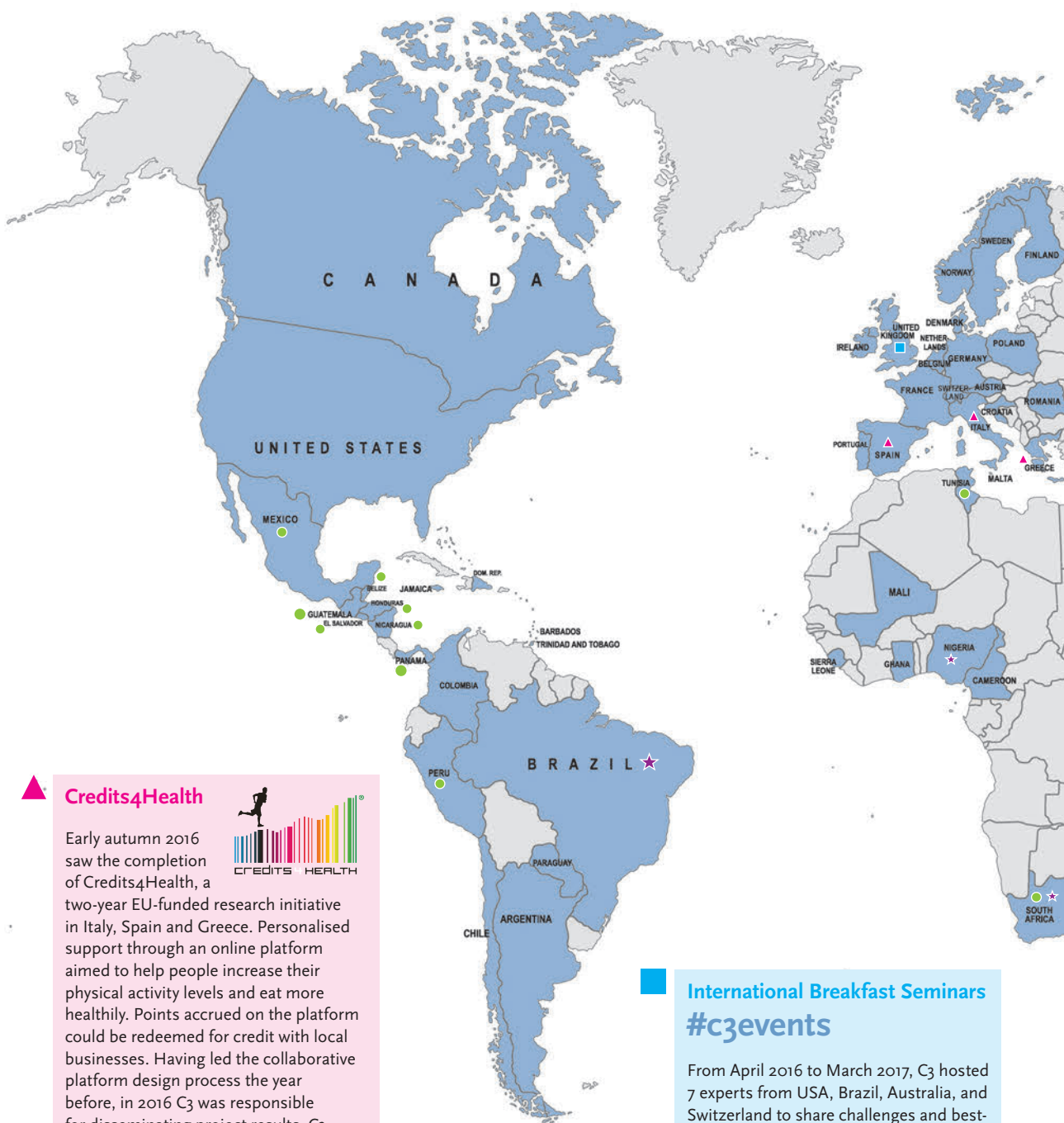
January 2017: Christine Hancock is invited to join an advisory board for WHO/PAHO Collaborating Centre to Advance the Policy on Research for Health, Arizona State University.



January 2017: the Health Foundation publishes their *Healthy Strategy Resources Guide*. The guide was informed by a series of briefing papers that C3 completed in 2016 as part of a scoping exercise to capture existing evidence to support healthier lives in the United Kingdom.

In early 2017, the Health Foundation (THF) published *Healthy lives for people in the UK*, which outlines eight key themes in THF's long-term strategy to improve people's health in the UK. Six public health leaders, including C3, assisted the Health Foundation. Jo Bibby, THF director of strategy and innovation, remarked to the group that, 'we really wouldn't have been able to set out our strategic approach so clearly without your support over the past 12-18 months.'

C3's global reach



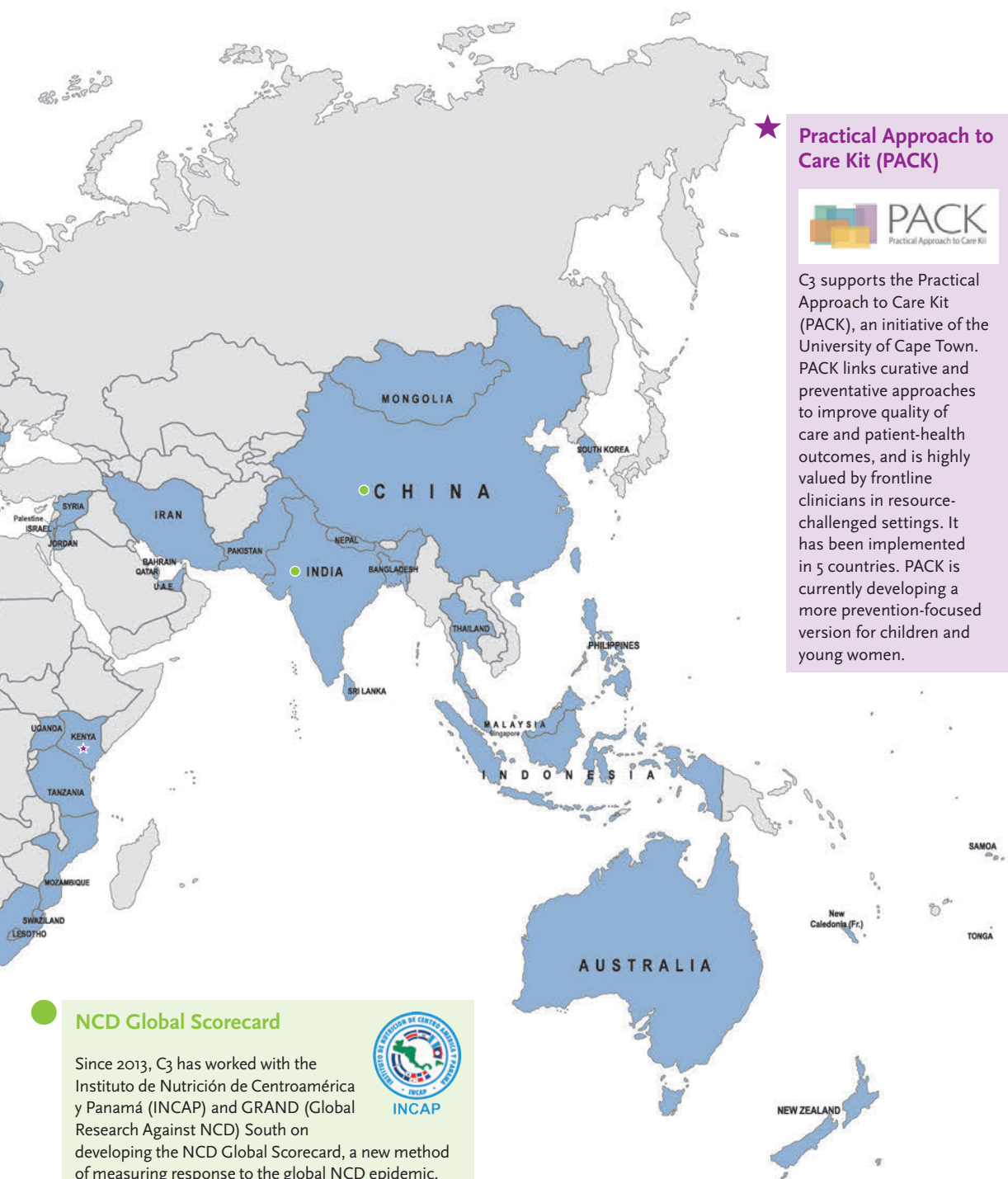
Credits4Health



Early autumn 2016 saw the completion of Credits4Health, a two-year EU-funded research initiative in Italy, Spain and Greece. Personalised support through an online platform aimed to help people increase their physical activity levels and eat more healthily. Points accrued on the platform could be redeemed for credit with local businesses. Having led the collaborative platform design process the year before, in 2016 C3 was responsible for disseminating project results. C3 developed a European digital health and behaviour change professional network in partnership with UCL Centre for Behaviour Change, which includes a weekly blog and LinkedIn group. At the end of C3's time managing the network, the 'digi-hub' had over 430 members from over 30 countries.

International Breakfast Seminars #c3events

From April 2016 to March 2017, C3 hosted 7 experts from USA, Brazil, Australia, and Switzerland to share challenges and best-practice examples of NCD prevention from around the world. We were pleased by a great turnout of over 200 attendees in total. 88% of the 110 surveyed would attend a seminar in the future; 88% would recommend to a colleague; and 90% rated the networking opportunities as good or excellent.



Practical Approach to Care Kit (PACK)



C3 supports the Practical Approach to Care Kit (PACK), an initiative of the University of Cape Town. PACK links curative and preventative approaches to improve quality of care and patient-health outcomes, and is highly valued by frontline clinicians in resource-challenged settings. It has been implemented in 5 countries. PACK is currently developing a more prevention-focused version for children and young women.

NCD Global Scorecard

Since 2013, C3 has worked with the Instituto de Nutrición de Centroamérica y Panamá (INCAP) and GRAND (Global Research Against NCD) South on developing the NCD Global Scorecard, a new method of measuring response to the global NCD epidemic. Scorecard asked 429 representatives of government, academia, NGOs, and the private sector how their 23 countries are addressing NCDs in practice using 51 indicators. C3 supported the data collection to evaluate the NCD Scorecard's impact in 14 countries. Data analysis is underway by INCAP.

www.ncdglobalscorecard.org



Healthy Communities: community engagement

Why invest in community health?

C3's senior project manager, Hester Rice, knows the importance of healthy communities: 'Communities are made up of the places we live, and they also provide the context for our ability (or not) to lead a healthy life. People are the greatest asset in any community, but if the environment doesn't promote a healthful way of living then it becomes harder for the community to realise its full potential.' This takes a significant social and financial toll on community members, the local health systems and the economy.

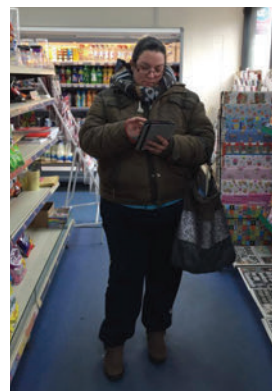
What is the Healthy Communities project?

From July 2016 to September 2017, with funding from Nestlé UK and Ireland, C3 is working with community members to enable healthier lifestyles near two of Nestlé's factories: Girvan, Scotland and Halifax, England.

In Girvan, we are working on the Glendoune estate through the Glendoune Community Association. The GCA centre has seen fewer estate community activities and increased financial struggles; partly, participants contend, because Girvan is 'often left out for political funding from local authorities.' The second location is Ovenden ward in Halifax, centred at the St George's Community Trust. Using innovative mobile technology, C3 aims to address both the causes of chronic disease and equity issues within these two communities.

CHESS™: the community mapping app

CHESS™ (Community Health Engagement Survey Solutions) is a mobile app created by US-based social enterprise MATRIX Public Health Solutions. Using this m-health tool, C3 shows individuals how to audit their communities' health assets and barriers. 'Realising how hard it is to be healthy in your neighbourhood opens up the possibility to discuss who is responsible for creating good health – the individual or society? And how come accessing a healthy lifestyle is easier in some areas and more difficult in others?' explains Ina Andersson, C3's research and projects officer. Follow-up insight sessions with community members then inform co-produced recommendations for local change.



Healthy Communities participant scoring a local store using the CHESS™ app

It's the little things

C3 spent 2016 building partnerships between elected representatives, public-health practitioners, voluntary and neighbourhood organisations, and the people who call Girvan and Halifax home. Cold days in February* saw participants gamely investigating their surroundings with the CHESS™ app, an experience they described as 'eye-opening'. Looking at a local supermarket's food promotions someone exclaimed, 'all you see is junk food – it's like "oh my gosh!"' Seemingly small issues are creating unnecessary barriers to healthy lifestyles.

Community change?

The two communities are already seeing positive changes. The Halifax CHESS™ walk inspired a community member to contact a local gym and conference centre about the abundance of litter on the pathway nearby. The centre responded by engaging youth from a charity in a clean-up. In Girvan, the struggling Community Association has been revitalised. Scheduled to close this year, the Community Association instead remains open and has re-established its importance in the community. As one resident noted:



The Glendoune estate community members, ready to change Girvan from the inside out

'The health of Girvan matters and each one of us who lives here needs to look at and absorb the reality of our lives – our health, our strengths and weaknesses – so that Girvan can be changed from the inside out!'

*Please note that these took place after the end of our financial year (see p. 17).

In their own words:

Healthy Communities local project managers



'I am Trust Manager of a small local charity based in North Halifax, Calderdale. I am a North Halifax lass, through and through. We are classed as a deprived community with low aspirations and self-esteem. I do my job to prove that everyone can make a difference! Small steps to life-changing big ones, it all starts off with believing in yourself. I am so excited about the Healthy Communities project. I know the project can enhance the work that we've done on the ground already. The most memorable moment for me so far is looking at the distance one member of the steering group has come. She is so engaged in the project and involved in all the sessions with her children – it is fantastic to see. The project has a buzz about it in North Halifax and people are talking positively about it. The impact so far is mainly around the local residents in the steering group and how it is moving them out of their comfort zone and making them look at their own diet and physical activity. I want the project just to be the beginning, the springboard, catalyst to other funding to take the project further and build on what we have started.'



'I am currently Managing Director of MACDONALD Partnerships which offers support to individuals, community groups and communities to meet their full potential. This project is just what Glendoune and the Community Association (CA) need to jumpstart the whole community. I got to know C3 and was taken by their enthusiasm and authenticity. The project's most memorable moment was when the CA secured £1,000 at a Participatory Budgeting Event in Girvan. It took real courage for [a CA member] to stand up in front of over a hundred people and make a case for funding. She is now the Chair of the Association and keeping me on my toes so two great moments wrapped up as one! This project has re-energised a tired and perhaps flagging Community Association. The biggest challenge had been securing the trust and buy-in from the Community Association. This has been secured by the way in which the CA has been engaged by C3 in a respectful way, so that the ownership of the project remains with the locals. From this project, I hope to see a healthier and happier Glendoune led by a re-invigorated group of community activists who will continue the benefits of the programme post-September.'

Objectives of the Healthy Communities project

1. To support people who live in Ovenden and Glendoune to answer two questions:
 - a. how can we become more physically active?
 - b. how can we eat a healthy diet?
2. To work with the communities and partners to implement their suggested solutions.

WIN., the Healthy Weight Initiative for Nurses

Why invest in health professionals?

'The Burdett Trust for Nursing acknowledges that while nurses play a pivotal role in caring for patients and families and helping them lead healthier lives, they often neglect their own health. We are delighted to support the Healthy Weight Initiative for Nurses (WIN.) and we believe this will have an impact on nurses' own health and wellbeing as well as on the care they provide,' writes Chief Executive Shirley Baines.

Janet Davies, Chief Executive and General Secretary of the Royal College of Nursing, adds: 'Nurses work hard, frequently doing long shifts with little time for breaks. Many are so used to putting their patients' needs first they neglect their own wellbeing, leading to a variety of health problems. This is why projects such as WIN. are so vital. Obesity is a sensitive subject, but the advantages of helping nurses reach and maintain a healthy weight are clear, both for nurses themselves, and the patients they treat.'

Prevalence study results

One-in-four nurses in England are estimated to have a BMI of 30 or more.**

This high prevalence is...

- significantly higher than for those in other health care professions.
- no greater than amongst the general population.

**Based on analysis of nationally representative data aggregated from the Health Survey for England (2008-2012)

WIN. – Designed by nurses, for nurses

Since 2015, the Healthy Weight Initiative for Nurses (WIN.) has been working with registered nurses in England who are obese to design initiatives to help nurses to achieve and maintain a healthy weight. WIN. is a collaboration between C3 Collaborating for Health, London South Bank University, the Royal College of Nursing (RCN), the Royal College of Nursing Foundation and the Burdett Trust for Nursing. This project is providing a unique opportunity to hear what nurses who are obese say about their own self-care and to work with them in delivering interventions they would find most helpful.



From April 2016 to March 2017 WIN. completed:

- a prevalence study of obesity in nurses in England (in collaboration with Edinburgh Napier University);
- an evidence review of workplace interventions to help nurses maintain a healthy weight;
- a survey of 197 nurses at the RCN Congress 2016; and
- held 4 focus groups and 3 workshops across the country with 55 participants.

Co-designing the interventions

WIN. partnered with design company, Uscreates, to facilitate co-design workshops* with nurses in London, Tameside and Bradford. Rich discussion yielded three proposed hospital-wide interventions:

1. NURSING YOU – An interactive PDF tool to help nurses who are obese to understand their decisions around unhealthy behaviours, particularly relating to their experiences at work.
2. My Health appraisal – A 'My Health' page added to the Trust Appraisal form to enable nurses to set their own personal health objectives, and training for managers on having a healthy conversation about obesity.
3. Eating healthily at work – Restricted access to healthy food and drinking water was consistently described as a significant obstacle. This issue requires further investigation to identify the barriers to nurses eating healthily at work.



WIN. participants co-designing interventions / Photo courtesy of Uscreates

What's next?

The rest of 2017 will be the testing and evaluation phase of the interventions, along with conducting a survey about access to food at work.

*Please note that these took place after the end of our financial year (see p. 17).

Hearing nurses' views

'I believe that the WIN. project is a really important initiative for nurses because it recognises that although we take amazing care of our patients, we often forget to take the same care of ourselves. To function at our best, we need to find ways to improve our physical, mental and social health and WIN. can help us to achieve this.'

Heather, WIN. participant

'As a nurse, it is hard to struggle with your weight and fitness because there never seems to be enough time to focus on my needs. Helping with the WIN. project has let me work with other nurses to identify the issues we face and think in a creative way to help myself and other nurses to make healthy choices.'

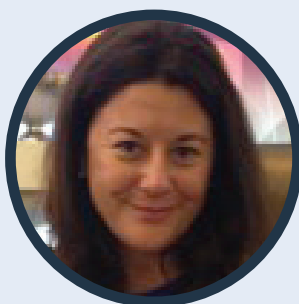
Belinda, WIN. participant

'The progress so far has been very encouraging. WIN. has listened to nurses and produced clear, practical interventions – small changes that could make a big difference. I'm looking forward to reading the final report.'

Janet Davies, Chief Executive and General Secretary of the Royal College of Nursing

Joanne's story

'I found out about WIN. through Michaela [C3's nursing associate]. Michaela is very well known in our world and she has a high profile. This is such an important area and something that is obvious yet hasn't been addressed. You only have to look around you (and sometimes in the mirror!) to see the fact that obesity and overweight is a big problem in nurses.'



There is not only the health impact that this has on individuals themselves, there is also the image nurses give to the public and patients. Nurses try to encourage people to stay healthy but we do not always practice what we preach. That's why it is so important for me to take part.

I helped out with the WIN. stand at the Royal College of Nursing Congress in 2016 and I took part in the co-design sessions. There was concern and apprehension about talking to people about something so personal and emotive. You don't want to offend anyone. However, nurses, whether men or women, whatever their work setting, background and ethnicity, embraced the project across the board. The overwhelming response has been "it's about time someone looked at this."

What I would really like to see is a change in attitudes and a reduction in the number of nurses thinking that this is a lost cause and a helpless case due to shift patterns and a lack of time, that nurses are a casualty because of their work and can't do anything about it to change it. Ultimately, I would also like to see a healthier and happier nursing workforce.'

RCN Congress results

We surveyed 197 of the nurses attending the 2016 RCN Congress in Glasgow to understand what nurses say causes obesity in nurses. Key findings included...

Preferred term to describe obesity

- 'Overweight' 38%
- 'Obese' 28%
- 'Fat' 8%

Common reasons for obesity cited

- Shift work
- Lack of or short breaks
- Access to healthy food

Weight

- 95% of the nurses wanted to lose weight and had tried before
- 34% had had their own weight mentioned by a patient
- 30% reported that their own weight made them less likely to raise the topic with patients

Support in the workplace?

38% said their Trust did not offer any interventions to help nurses maintain a healthy weight

Workplace health

Why invest in workplace health?

UK productivity – or lack of it – continues to climb the political, business and public-sector agendas. An Office for National Statistics October 2016 report estimated that output per hour worked in the United Kingdom in 2015 was 18 percentage points below the average for the rest of the G7 advanced economies. Productivity is also a pressing concern in the NHS, as calls continue for ever greater efficiency savings. And yet the role of employee health everywhere is often not front-and-centre in discussions on how to improve productivity, despite its impact on sickness absence and presenteeism.

Can wellbeing be accredited?

In February*, we hosted a pre-Symposium (p. 13) workshop exclusively for the C3 Workplace Health Movement. The Movement is a forum for networking and sharing best practice in workplace health. The goal is to identify ways to make it easier for organisations to develop and maintain healthy, resilient and productive workforces.

Our workshop explored the feasibility of a system of accreditation for the Wellbeing industry. The workshop was addressed by Lorraine Turner, Technical and Business Development Director of the United Kingdom Accreditation Service. It was a lively and successful meeting with consensus to move ahead. Next steps are to locate accreditation sponsors.

Evidence for workplace health

Through an award from the Health Foundation (THF), C3 reviewed the evidence base for workplace health. Our focus was on one of the largest employers in the world with 1.3 million employees: the National Health Service (NHS). We began with a rapid review exploring:

- The scale of the challenge – the size and diversity of the NHS workforce
- Mini case studies illustrating major issues faced by the NHS
- Possible areas for engagement

Annexes to the report include a select list of tools and resources that are particularly relevant to the NHS, and tables of evidence in workplace health (focusing on health-care settings). The case studies will be made available throughout 2017 on our blog.

We also created an infographic, ‘Improve workplace health, from the ground floor up’, which creatively illustrates tips for a healthy workplace, which we launched at the Wellbeing Symposium.*

A workshop of 21 experts discussing ‘What good health can contribute to productivity’ followed our rapid review. Keynote talks featured Professor Kevin Daniels (Norwich Business School and the What Works Centre for Wellbeing) and Dr Steven Boorman (Empactis, and the author of the influential 2009 *NHS Health and Well-being review*). Topics for discussion included making the (business) case, evidence, leadership and engagement, the workplace as part of the local community, and behaviour change.



‘The workforce wellbeing report pulled together a rich set of material and insights in one place.’

Jo Bibby, THF director of strategy and innovation.

*Please note that these took place after the end of our financial year (see p. 17).

The Wellbeing Symposium

What is the Wellbeing Symposium?

C3 was pleased to join with Wellbeing People and Kent County Council to organise the fifth annual Wellbeing Symposium in February 2017.* Continuing Professional Development (CPD) accredited, this event brought together wellbeing specialists and those interested in the wellbeing sector to discuss all aspects: community health, workplace wellbeing, government policy, and healthcare.

The cost of ill health

The day's theme quickly became apparent from the speakers' presentations: making health everyone's business. C3's director, Christine Hancock, delivered a brilliant (and rated 'most enjoyed' by respondents to the post-Symposium survey) keynote speech, 'Health is an investment, not a cost'. She outlined the substantial evidence available indicating the benefits of health and prevention (for example, physical inactivity costs the NHS in England more than £450m a year). We were also thrilled to launch our new workplace health infographic at the Symposium (p. 12), which was well received.



A whole-of-society response

Although ill health is preventable, it requires a whole-of-society response. The lesson from the day's speakers mirrored C3's core belief: that to make it easier for people to live healthier lives we must reach people at all stages of life in their own homes, communities and workplaces. Symposium speakers gave excellent examples of how to work towards this.

We were pleased by the speakers' and attendees' enthusiasm and are looking forward to co-organising the 2018 Symposium. C3 heard from many attendees who echoed speaker Christian van Stolk (RAND Europe)'s sentiments when he remarked that weeks later he was 'still very energised by the Wellbeing Symposium' which he thought was 'fantastic: such nice people and so much energy in the room.'

Symposium at a glance

- 320 attendees
- Held in Canterbury, Kent, United Kingdom
- Organisers: Wellbeing People, Kent County Council, C3 Collaborating for Health

Attendee feedback

'A great, positive day with very interesting points for us to take away.'

'Great event – the best yet!'

'A very informative and enjoyable day.'

'Venue was inspiring and had great energy.'

Save the date

We hope to see you at next year's Symposium in Ashford, Kent on 21 February 2018.



Re-energising Wellbeing Symposium attendees during the energy gap

*Please note that these took place after the end of our financial year (see p. 17).

Who we are



C3 staff, May 2016. L-R: Vas Hirani, Chris Holmes, Ina Andersson, Pat Goodwin, Jane Abraham, Amanda Thieba, Pat Hughes, Sukhpreet Kaur, Michaela Nuttall, Beverley Walker, Sarah Clarke, Christine Hancock, Katy Cooper and Hester Rice.

Christine Hancock is the *founder and director* of C3 Collaborating for Health. A clinician, manager, and economist from LSE, Christine was a CEO in the NHS, and then CEO of the Royal College of Nursing for 12 years. While president of the International Council of Nurses, she was involved in policy making with the WHO and other UN bodies and visited 50 countries. She was a governor of De Montfort University, is a trustee of a charity for homeless people, and was appointed to the advisory panel for the WHO/PAHO Collaborating Centre to Advance the Policy on Research for Health at Arizona State University. Christine is also a member of the NHS Healthy Workforce Advisory Board, overseeing efforts to create a step change in the health of the 1.2 million-strong NHS workforce.

Associates

Jane Abraham (*associate – workplace health and wellbeing*)

Jane has a wealth of experience in workplace health and wellbeing across policy, strategy, academia and with award-winning delivery programmes. She has worked for local government and public health, across the UK in the areas of greatest health inequalities for the Improvement and Development Agency (IDeA) healthy communities team, and as one of the Regional Workplace Health and Wellbeing Champions delivering the Black report (2008) strategic outcomes in the southwest of England. Jane has been involved in extensive research with both UK and global academic research programmes, especially regarding engaging small and medium-sized enterprises (SMEs). Jane is currently a Policy Fellow with the Joint Work and

Health Unit (Department of Health and Department for Work and Pensions), the Non-Executive Director for Cornwall Partnership (NHS) Foundation Trust, and the academic lead on workplace wellbeing for University of Exeter business and medical schools.

Pat Goodwin (*associate – evaluation*)

Pat spent the first half of her career lecturing in microbiology, biochemistry and genetics, and headed a research group working on soil microorganisms. She then joined the senior management team at the Wellcome Trust, which opened her eyes to non-communicable diseases and public health. Her responsibilities included developing and managing the Populations and Public Health portfolio, which supported initiatives in both the UK and lower middle income countries (LMICs). She is a former director of UK Biobank and

Core team

With backgrounds in global health, sociology, academic publishing, and business administration, our dedicated core team provides day-to-day management for C3's projects.

Ina Andersson (*research and projects officer*)

Sarah Clarke (*communications officer*)

Sukhpreet Kaur (*Board administrator*)

Hester Rice (*senior project manager*)

Amanda Thieba (*events and office assistant*)

Beverley Walker (*financial manager*)

C3 thanks the following staff for their dedication and wishes them all the best in their next endeavours:

Katy Cooper (*assistant director*)

Vas Hirani (*associate – public health and community engagement*)

Chris Holmes (*associate – behaviour change*)

has served on the Board of the Centre for Longitudinal Studies and the International Steering Group of the Public Population Project in Genomics and Society. Pat is currently the honorary treasurer of the Royal Society of Biology and chair of the Policy Committee of the Microbiology Society.

Pat Hughes (*associate – nursing, health and development*)

Pat's experience includes a variety of education, management and policy roles in the UK focusing on workforce and organisational development. Internationally, she worked with the World Health Organization, contributing to the organisation of the Second Ministerial Conference on Nursing and Midwifery; developed strategies for managing the nursing workforce; and established a pilot programme for community and home-based nursing in South East Asia. Her

portfolio with the International Council of Nurses included professional regulation, education, women's health and advanced nursing practice. She also managed the International Council of Nurses Merck Mobile Library project providing up to date nursing and health information to health workers in remote areas in 17 African countries, including in refugee settings in Tanzania and Zambia.

Michaela Nuttall (*associate – nursing*)

Michaela is a cardiovascular nurse specialist who developed her passion for prevention 20 years ago and has

worked within it ever since. Having recently left the NHS after 27 years, Michaela is also the clinical director at Smart Health Solutions. She has been invited to join the Health Care Committee of Heart UK, Guidelines and Information working party of the British Hypertension Society, editorial boards and the Global Cardiovascular Nursing Leadership Forum. Michaela founded the HEART UK NHS Health Check Awards, and won the Nutrition and Health Nurse of the Year Award in 2013.

C3 also thanks the following people for their support: Beth Blowers (editorial); Yvonne Eddy (editorial); Joose TV and Barry Flood (C3's previous website); Peter Grundy (infographic artist); Libertine London (infographic copy); Fabienne Poulet (fundraising); Richard Smith (IT); Garth Stewart (report design); Tall Horse Accounts Ltd; Transform Foundation and Raising IT (C3's new website).

We also are grateful to Lisa Okonkwo and Roddy MacDonald (local project

managers), and the Glendoune and Ovenden communities for their inspirational work with our Healthy Communities project.

Thanks to CAN Mezzanine for generously hosting many of our events over the last year.

A special thanks to the interns who worked at C3 during the year: Edward Walter (Warwick University); Courtney Good, Sara Hobday, Claudia Serrano (Notre Dame University); and Kyla Hockenjos (volunteer).

Principal partners and funders



*The Credits4Health project (p. 6) has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no. 602386.

C3's Board

Due to an excellent response to the C3 newsletter's call for Trustees, C3's Board welcomed four new Trustees this past year. C3 thanks outgoing Board members Lise Kingo, Pam Garside, and especially Robin Stott (former Board chair) for their help and advice since C3's inception.

- **Sally Gilding** (chair) – corporate services & trust consultant, and non-executive director of Intertrust Trustees Limited.
- **Caroline Stanger** (deputy chair) – director of Clinical Leadership at Bupa.
- **Zoe Bedford** – founder of ZPB Ltd, manager of The Cambridge Health Network, fellow of the RSA, and a member of The Entrepreneurs' Organisation (EOUK).
- **Rachel Crossley** – Sustainable Business and Responsible Investment consultant, and Senior Advisor to the Access to Nutrition Index.
- **Christopher Exeter** – director at UnitedHealth Group.
- **John Grumitt** – Vice President of Diabetes UK and Chief Executive of Changing Health.
- **Jane Holdsworth** – director of Sponsus Ltd and founding CEO of the European Hydration Institute (now CIEAH).
- **Harpreet Sood** – physician and associate chief clinical information officer, NHS England.

How you can support C3's work



Donate through our website

Your generous contributions support our work, including allowing our reports, publications and events to be freely available.

Give online at www.c3health.org.



Support C3 events

Attend our events, such as Workplace Health Movement meetings or International Breakfast Seminars.

Network with other professionals and internationally renowned speakers.

Tweet highlights and follow along at [#C3events](https://twitter.com/C3events).



Sponsor International Breakfast Seminars

This highly regarded series is uniquely C3, providing a key networking space for cross-sector professionals and a venue for partnership formation (pp. 6 – 7).

Your sponsorship would offset costs – including of the healthy breakfast provided – and allow for wider dissemination of the speakers' presentations.

Contact info@c3health.org to learn more.



Join our network

Engage with us on Twitter ([@C3health](https://twitter.com/C3health)) and LinkedIn.

Sign up to our email list through our website.

Share our news, event highlights and publications with your personal network – through email and on social media.



Pop by our office

We love to host visitors at our office, a three-minute walk from Borough Tube station in London. Meet with us to tell us more about what you do and to exchange ideas for ways we can work together.



Collaborate with us

Partner with us on a project or commission us to undertake work for you. Visit our website to learn more about our past projects and collaborations.

Become a C3-er

Intern with us, volunteer your subject-matter expertise or apply to be a trustee.

Financial information

C3 Collaborating for Health

Financial information for the period to 31 December 2016

INCOME & EXPENDITURE	Unrestricted funds £	Restricted funds £	2016 total funds £	2015 total funds £
Incoming resources				
For charitable activities	552,704	124,936	677,640	578,451
Investment income	3	–	3	17
Total incoming resources	552,707	124,936	677,643	578,468
Resources expended				
From charitable activities	548,183	124,988	673,171	607,217
Total resources expended	548,183	124,988	673,171	607,217
Net movement in funds	4,524	(52)	4,472	(28,749)
Fund balances brought forward at 1 Jan 2016	(30,664)	26,368	(4,296)	24,453
Total funds at 31 December	(26,140)	26,316	176	(4,296)

C3's main charitable activities were supported by the following organisations:

Burdett Trust for Nursing, Royal College of Nursing, the Health Foundation, The Sowerby Foundation, Nestlé, European Commission, BUPA and Framework Convention Alliance.

SUMMARY BALANCE SHEET AT 31 DECEMBER 2016	2016 £	2015 £
Current assets		
Debtors	112,823	24,316
Cash at bank and in hand	32,902	138,508
Creditors: amounts falling due within one year	(145,549)	(167,120)
Net current assets	176	(4,296)
Total net assets	176	(4,296)
Funds		
Restricted funds	(26,140)	26,368
Unrestricted funds	26,316	(30,664)
Total funds	176	(4,296)

Trustees' Statement

The information provided in these financial statements is a summary of the draft statutory accounts, which at the time of printing had not been signed off and filed. These summarised figures may not contain sufficient information to allow for a full understanding of the financial affairs of the charity. For further information, the full annual accounts should be reviewed. These can be obtained from the charity's offices at 7–14 Great Dover Street, London SE1 4YR.



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