

New Deal for Communities

The National Evaluation

Research Reports

Physical Exercise Initiatives Case Studies

Research Report 33

The Neighbourhood Renewal Unit is currently sponsoring the 2002-2005 national evaluation of New Deal for Communities. This evaluation is being undertaken by a consortium of organisations co-ordinated by the Centre for Regional Economic and Social Research at Sheffield Hallam University. The views expressed in this report do not necessarily reflect those of the Neighbourhood Renewal Unit.

Those wishing to know more about the evaluation should consult the evaluation's web site in the first instance
<http://ndcevaluation.adc.shu.ac.uk/ndcevaluation/home.asp>



Sheffield Hallam University

**Physical Exercise Initiatives
Case Studies**

Research Report 33

Authors:

Jean Peters
Elizabeth Ellis
Elizabeth Goyder
Lindsay Blank

***School of Health and Related Research
University of Sheffield***

August 2004
ISBN: 1 84387 080 0

CONTENTS

- Executive Summary..... i**
- 1. Introduction to the problem..... 1**
 - 1.1. Local context 1
 - 1.2. National public health policies..... 3
 - 1.3. The evidence base..... 5
- 2. Approaches..... 5**
 - 2.1. Approaches taken by the NDCs 5
 - 2.2. Approaches taken by the research team 6
- 3. Findings 6**
 - 3.1. Overview..... 6
 - 3.2. Specific activities 6
- 4. Emerging issues..... 7**
 - 4.1. Objective setting..... 7
 - 4.2. Process measures 9
 - 4.3. Partnership working 10
 - 4.4. Community involvement..... 10
 - 4.5. Other benefits 10
- 5. Lessons learned from early NDC experiences..... 11**
 - 5.1 Factors limiting success..... 11
 - 5.2 Obtaining information 11
 - 5.3 Mainstreaming..... 12
- 6. Outcomes and effects..... 12**
- 7. Conclusions 13**
- Appendices..... 16**

Executive Summary

Background

- there is an obesity epidemic, which can be attributed to an increased consumption of foods high in sugars and saturated fats in conjunction with a reduction in physical activity
- lack of exercise can be associated with specific health conditions, such as heart disease, diabetes and cancers through its direct impact upon excess weight and obesity

Local exercise associated issues for NDCs

- the majority of community members in NDCs do not play any sport. Nearly half do not exercise for more than thirty minutes at a time and a similar proportion have difficulty in accessing sports and leisure facilities
- within NDCs, there are one or more of the following:
 - an overall lack of sports and leisure facilities
 - a limited range of suitable facilities appropriate to respond to local need
 - poor quality existing facilities
 - a lack of access to adequate facilities
 - a lack of support to encourage people to use facilities
- there is evidence to support the role of physical activity in the promotion of good health, although there is less robust evidence from systematic reviews on the effectiveness of interventions to promote exercise uptake

National policies

- exercise promotion, partly through its impact on overweight and obesity, feeds directly into the national service frameworks
- taking exercise to promote good health will impact on the Government's health inequalities target to increase life expectancy in those areas, such as NDCs, which currently have the poorest outcomes
- local exercise action pilots, another national initiative, are being launched in nine primary care trusts located in neighbourhood renewal areas

NDC approaches to exercise promotion

- NDCs are taking multiple approaches to promote an increase in physical activity or exercise among community members
 - they are establishing new exercise-related activities
 - they are establishing referral schemes to existing or new exercise-related activities
 - they are extending previous or existing exercise-related activities
 - they are providing education to increase knowledge and awareness of the relationship between exercise and health

Of the projects currently running, these projects:

- target activities at all or specific age groups, and sometimes at specific conditions
- subsidise charges for participation

- provide support for people wishing to participate, e.g. provision of crèches
- assist access with provision of transport
- provide on-going support for pre-existing exercise initiatives
- organise seminars

Evaluating effectiveness

- more specific health-related objectives, outcomes and targets are needed for the health projects and programme but greater consideration in the choice of process measures used may help in the assessment of project effectiveness and sustainability
- few projects have been running long enough to provide an evaluation of their effectiveness. Some projects are self-limiting by design, others through changing community views. However continual change and little sustainability are less likely to have a measurable beneficial effect on health
- local projects offer local employment and opportunities for training and personal development
- the linking up of exercise and physical activity programmes with healthy eating projects can help to maximise the impact in tackling overweight and obesity
- initiation of project mainstreaming discussions needs to commence during the lifetime of the project, not when NDC funding has ceased

Lessons learned from early NDC experiences

- in general, the other NDC themes appear to be considered of higher priority than health. Possibly because of this, of the exercise-related health activities proposed in NDC business plans, few have started, and of these, even fewer have been running for more than a few months. Of those now running, there is the potential for some to be effective in the longer term
- some existing systems for obtaining project approval from NDC boards are acting as barriers to project implementation and may benefit from being reviewed
- the difficulties facing NDCs in implementing these projects are similar to those facing other task-related initiatives: rapid staff turnover predominantly due to short-term funding, lack of information, low prioritisation of health-related issues relative to other NDC priorities

Key messages

- there are a number of potentially successful ways of promoting increased uptake of exercise-related activities
- linking exercise and physical activity programmes with healthy eating projects will help to maximise the impact in tackling overweight and obesity
- build on existing projects. There are benefits in terms of experience, established practices and clientele, and reductions in start-up times
- select process measures that provide an indication of project viability and sustainability
- develop sustainable longer-term projects to maintain community member commitment

1. Introduction to the problem

The 2003 WHO report into diet, nutrition and prevention of chronic diseases identified an obesity epidemic, worldwide, which it attributed to the increased consumption of foods high in sugars and saturated fats in conjunction with a reduction in physical exercise. The prevalence of obesity in England has increased dramatically over the past 20 years and is now five and ten percent in men and women aged 16 to 24 years through to 23 percent and 29 percent in those aged 55 to 64 years (Department of Health, 1998). The issue of being overweight or obese is important as both are associated with higher risks of having Type Two diabetes, cardiovascular disease, hypertension, stroke, and certain forms of cancer. Coronary heart disease and cancers are the leading causes of morbidity and mortality in England and most NDCs have higher morbidity and mortality rates for these than the national averages.

This report looks at community-based interventions being taken in six NDCs to tackle overweight and obesity through promotion of new physical activity initiatives, or increased uptake of current activities, and sets these within the local context and national health care policies.

1.1. Local context

Household survey of physical activity levels

The household survey conducted by MORI in 2002, with residents of NDC communities and matched non-NDC communities, produced quantifiable data on factors, such as physical activity levels, that are associated with a number of specific health problems, such as coronary heart disease and obesity. For example, 82% of residents in Southampton never play sport. In Walsall, 40% of adults in the NDC area never undertake any physical activity lasting over 30 minutes. In Salford 40% of the population surveyed have difficulty in accessing sports and leisure facilities. Figure 1 illustrates the percentage of the 500 residents surveyed in each NDC who claim to do the recommended minimum amount of exercise per week (20 minutes per day, five days per week). Also in Walsall, twice as many residents who are unemployed undertake no physical activity compared with those who are employed, and half of all residents who are separated with children undertake no physical activity.

Existing provision of physical activity services

A number of factors that determine people's levels of physical activity relate to existing service provision. Local NDC communities identified the following areas of concern:

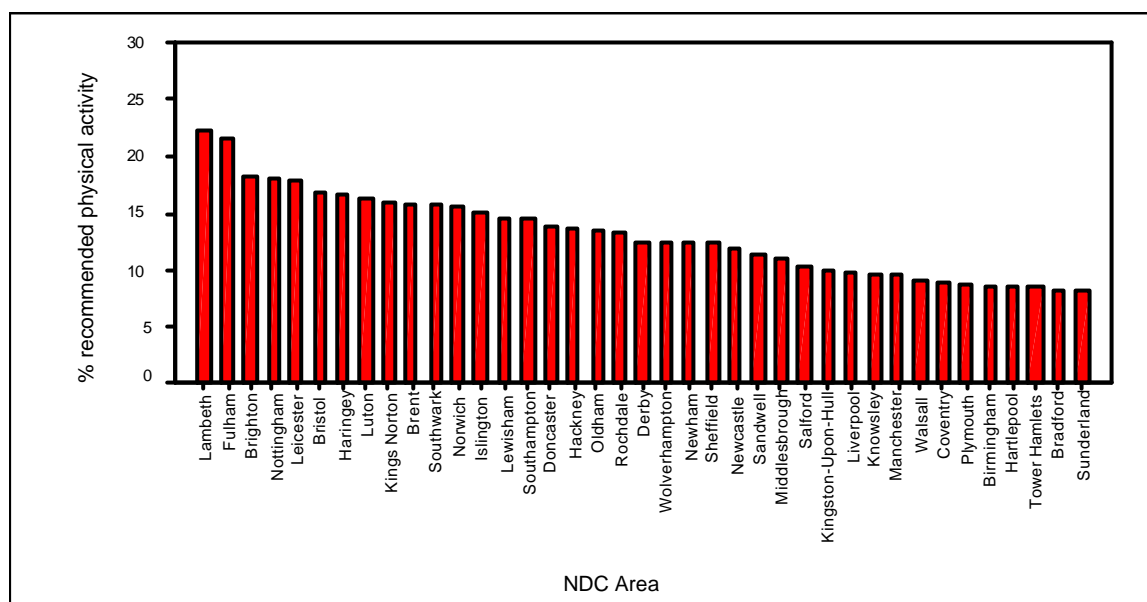
- an overall lack of local sports and leisure facilities
- a limited range of suitable facilities appropriate to meet, or respond to, local need
- poor quality of existing facilities (in Salford only 7% rated the local facilities as good)
- a lack of access to adequate facilities
- a lack of support to encourage people to use the facilities

Inevitably such opinions of local services will be reflected in any decisions made by community members to take up use of such facilities.

Use limited by lack of knowledge

Local health issues can be exacerbated by the lack of acknowledgement and/or awareness by the general public of the impact of certain behaviours and social and personal factors on health and well-being.

Figure 1 - Percentage of 500 residents surveyed in each NDC doing recommended levels of weekly exercise (≥ 20 minutes per day for five days per week)



Salford

Charlestown and Lower Kersal NDC are in the inner city of Salford, typical of Salford's many tight-knit and relatively stable communities. The majority of people have lived there over ten years. There are approximately 3,500 households and a population of 9,750, with 6% black and ethnic minority population although the percentage has risen recently.

Unemployment is high.

The Standardised Mortality Ratio (SMR) is 172, the SMR for Coronary Heart Disease (CHD) is 246, the Standardised Illness and Disability ratio (SIDR) (an indication of levels of illness and disability) is 208 and 24% of the population suffer from depression, anxiety or psychosis. There are few health facilities.

Projects

1. expansion and co-ordination of the existing Salford Exercise Referral Scheme which currently operates in Clarendon, Eccles and Irlam. This involves the organisation and management of placement students from the University of Salford
2. development and implementation of regular seminars designed to increase knowledge and awareness of physical activity and behavioural change
3. organisation and implementation of a weight management walking group, in association with the CHD dietician from Salford PCT and the walking the way to health - Walking for All, Salford initiative
4. create new referral pathways into the scheme from: the local Pharmacy Scheme, START mental health project, the expert patient programme, health visitors and dieticians to create a co-ordinated approach to CHD prevention

Walsall NDC

Walsall NDC covers three areas - Blakenall, Bloxwich East and Leamore, which form a 'natural community' suffering disadvantage across a range of socio-economic indicators.

The population is 12,000 - 13,000, and overwhelmingly White, with only 1/2% from black and ethnic minority groups. The population is relatively stable: 40% of adults have lived in the area for 20 years or more.

Rates of male and female unemployment are high at 11.6% and 4.8% respectively in Blakenall, with a high dependence on benefits and low level of disposable income. One in every two households has no-one in employment. 28% of households live on a low income.

The SMR is 148, the SIDR is 162 and 21.3% of the population suffer from depression, anxiety or psychoses.

The CHD SMR for under 75 year olds is 140 for men and 129 for women.

Projects

The Walsall Healthy Hearts project has five programmes that address the primary risk factors for CHD: physical activity, smoking, the problems caused by poor diet and nutrition, and overweight and obesity. This report focuses on interventions aimed specifically at increasing physical activity.

1. **Active Communities:** This programme has extended and adapted existing physical activity initiatives in the NDC area, as well as creating new activities designed to satisfy the needs of the local community and stimulate interest and demand for physical activity in a variety of different forms. The programme includes:
 - an exercise referral scheme to community based physical activity opportunities
 - a healthy walks initiative
 - the enhancement of the 'Groundmiles' incentive scheme in which local people can earn tangible rewards for participating in physical activity
 - the development of a new health suite at Blakenall Community Association
 - an arts based project developed in conjunction with the Healthy Schools Programme
 - a series of exercise 'taster' sessions
2. A Physical Activity Development Officer is employed through the Active Communities programme and managed by Walsall Council's Sport and Leisure Development Services

1.2. National public health policies

Health care provision

Government health care policies, such as the national service frameworks for coronary heart disease and diabetes require annual reviews of patients with, or at risk of developing, these conditions, and national targets have been set to achieve reductions

in coronary heart disease and cancer by 2010. Since obesity, its prevention or management, links into both of these objectives, there are opportunities and reasons to tackle the problem at both primary care and community levels. Weight control from early life onwards can prevent high blood pressure in later life and exercise is associated with reduced osteoporosis and improved mobility. Thus encouraging physical exercise from early childhood onwards will have a positive impact on quality of life and life expectancy in adulthood.

There is substantial evidence to support the role of physical activity in promoting good health. Regular physical activity decreases the risk of coronary heart disease, stroke, diabetes and breast cancer, and some associated risk factors such as hypertension. Physical activity also has a role in preventing falls among older people.

Bristol

The NDC area comprises four neighbourhoods within two Bristol wards, Lawrence Hill and Easton. The population comprises 6,100, with 12% from black and minority ethnic communities. 17% of residents are workless, 28% are in households in receipt of income support.

The SMR is 154, the SIDR is 156 and 24% of the population are estimated to suffer from depression, anxiety or psychosis.

Projects

1. **New Deal Flyers** - a free community weekend bike loan scheme. The project has ongoing support from Bristol City Council who provide a storage area free of charge. This scheme, the first of its kind in the country, was launched in August 2001 using funds raised from Bristol City Council Neighbourhood Transport initiative. Membership has grown to approximately 50, and includes many family memberships. During Bike Week 2003 bike scheme members worked with other local people and an artist to create a mural across the wall of the bike shed, to provide good advertising for the scheme. Working with Lifecycle UK, the NDC provided adult cycle training, basic cycle maintenance courses and road safety skills. The plans for Bike Week 2004 include community bike rides, running along similar lines as the health walks, and work with a London based charity called Wizz Kids to promote cycling for children with disabilities. The scheme encourages family activity, promotes physical and mental health, and aims to improve family cohesion by promoting the family unit whilst addressing issues around CHD
2. **Physical activity initiatives** - Tai Chi, yoga, women only keep fit classes, aerobic dance, all with a crèche provided free of charge by Barton Hill Settlement Play centre. The activities are specifically geared to enable all to partake regardless of age, ability or fitness by having three levels: beginners, intermediate and advanced. The aerobic dance sessions were put on as a 'Dance For Health' activity, funded by the Arts project and have helped to raise people's confidence. People taking part in the dance project are aged between 10 and 80, both male and female
3. **Community at Heart Amblers** - a group of approximately 20 local people who have designed a series of walks with the guidance of both the health project and the Ground force project. They are run under the 'Walking the way to health' banner, a national walking for health programme funded by the Countryside Agency. The Healthy Walks co-ordinator feels that the Community at Heart Amblers is the strongest walking group in the Bristol area

4. **Passport to Wellbeing** - this is due to be launched in 2004, Passport to Wellbeing is an incentive scheme to encourage participation in physical activity initiatives. Small rewards can be gained by attending a specified number of physical activity sessions

Government health inequalities targets

Addressing inequalities in health is high on the Government's agenda. National health targets have been set to reduce infant mortality and to increase life expectancy in those areas with the poorest outcomes currently. Obesity is strongly linked with social deprivation. Therefore improvements in physical exercise within the population in general and particularly within areas with high levels of deprivation, such as NDCs, will contribute towards the inequalities targets as well as those in the Department of Health's Saving Lives: Our Healthier Nation (1999), to reduce deaths from cancers and in the under 65's from coronary heart disease and stroke.

Other national initiatives

The Department of Health, in partnership with the Countryside Agency and Sport England, is currently funding local exercise action pilots (LEAP) in nine primary care trusts located in neighbourhood renewal areas across England. This scheme, which is examining the best ways of encouraging people to be more active, especially those who do little exercise and those who are at risk from health problems, has much in common with activities and projects in some of the NDC areas.

1.3. The evidence base

Robust evidence on what works to help people lose weight, and maintain weight loss, is limited but what there is focuses on interventions that have an impact on diet, exercise and behaviour, either alone or combined (HDA, 2003). There may be more benefit, in the long run, on developing effective prevention interventions for obesity and methods for maintaining weight loss rather than tackling obesity once it has occurred (HDA, 2003). Undertaking physical activity fulfils such a preventative role.

2. Approaches

2.1. Approaches taken by the NDCs

Programmes and projects to increase physical activity were proposed by many of the 39 NDCs in their initial business plans (Appendix 1) and they are in the process of being implemented in a number of the NDCs. This review of physical activity initiatives is based upon case studies from six NDCs: Walsall, Bristol, Salford, Oldham, Middlesbrough and Southampton, where physical activity has been identified as an issue and prioritised by the NDCs. A list of the projects proposed and being undertaken by each of these six NDCs is given in Appendices 2 and 3.

NDCs identified their local needs with respect to health and physical exercise. Some of these needs are common to all the NDCs whilst others differ between NDCs. By virtue of being an NDC, all NDC areas have some of the highest levels of deprivation and inequalities in health in England that can be related to inappropriate nutrition and diet along with a lack of physical activity. Within these communities levels of unemployment also tend to be high and disposable income low, which will impact negatively on uptake of paid exercise schemes.

2.2. Approaches taken by the research team

Information to inform the case studies was compiled through multiple visits to each NDC, with additional communication via telephone and email, plus written material supplied by NDC personnel including NDC Delivery Plans, and a survey of databases for evidence of physical exercise-related initiatives from the published literature. In each NDC interviews were conducted with Programme Managers responsible for the Health Theme and with managers responsible for, and/or those involved with, individual projects. The six NDCs used to inform this report were selected to illustrate the wide range of identified problems and issues that NDCs can have with respect to health and exercise and the wide range of approaches that can be taken, and which they are taking, to tackle the promotion of physical activity.

3. Findings

3.1. Overview

The Physical Exercise Initiatives Case Studies examine the different approaches taken by six NDC areas to increase levels of physical activity among community members and the effectiveness of these different approaches. A brief description of selected relevant key features of each NDC area and the specific projects each NDC area are undertaking with respect to physical exercise are presented in the boxes.

To address the identified needs of their communities, individual NDCs have taken a variety of approaches. Across the six NDCs studied there is little commonality in the projects initiated to address physical activity. Five of the NDCs have adopted a range of projects; one NDC has a single project plus funding for a fitness instructor. What can provide some added value is if all the health and well-being projects can be run by the same health development worker, and/or they are linked into each other, in a co-ordinated approach.

Key approaches have involved:

- the establishment of new exercise-related activities
- creation of referral schemes to existing or new exercise-related activities
- extending previous or existing exercise-related schemes
- education to increase knowledge and awareness of the relationship between exercise and health

3.2. Specific activities

Establishment of exercise-related activities

Most of the six NDCs have established classes or taster sessions in various activities such as Tai Chi, yoga, keep-fit, dance, cycling, fitness trails, with, in some instances, rewards to be gained through participation. Walking clubs have also been set up. In some instances activities have been targeted at specific age groups and/or are either being provided at subsidised rates or other facilities are provided free of charge in order to facilitate uptake of activities, e.g. a free crèche (Bristol). Young people were involved in the creation of the fitness trail (Oldham) and local people designed a series of walks, with guidance from health theme managers, which have subsequently been undertaken by the walking group in Bristol.

In one case the NDC project is tangential to physical exercise in that it provides the funding for transport for local residents to the swimming pool (Middlesbrough).

Activities have also been targeted at health problems seen in specific groups. For example, the Southampton project promotes chair-based exercises in older people to prevent falls. Furthermore, knowledge and awareness do not necessarily have to be acquired through attending seminars. Involvement in a project itself can help. Participation in the Southampton project has contributed to a growing awareness in this community that exercise is the best buy in public health. Programmes such as this can easily be expanded across NDCs into other Day Centres and homes for older people in the community, using the lessons learnt from this pilot.

Referral schemes to exercise-related activities

A second approach adopted has been to introduce referral schemes, either for all members of the community or targeted at those at risk, for example, those with coronary heart disease risk factors. Referrals are made to community based physical activity opportunities and can be made by a number of people, not only by GPs but also by dieticians, community nurses, social workers, pharmacists and mental health workers.

Extension of previous or existing exercise-related schemes

For some NDCs, some of the main exercise programmes adopted are extensions and/or adaptations of existing physical activity initiatives in the NDC area, such as those developed as previous Health Action Zone initiatives (Walsall). Similar procedures have been undertaken with other projects related to health, such as teenage pregnancy prevention and Sure Start Plus.

Information sessions to increase knowledge and awareness

Salford have developed and implemented a series of regular seminars. These were designed not only to increase knowledge and awareness of physical activity along with healthy eating but also to promote behavioural change.

An interesting addition to the exercise-related referral scheme has been to use students, who are studying exercise and health as part of their degree, to provide advice and motivation to those accessing physical activities. The benefit is two-way in that the students get some practical experience and training in communicating information on health and exercise and community members receive some relevant information about issues around physical activity.

Overall, the intention with all of the approaches described above is to try and change behaviour, and to encourage people to become more physically active, rather than just to provide information and this is an important aspiration. In the short term, success can be measured by the proportion of residents participating in physical activity promoting initiatives.

4. Emerging issues

4.1. Objective setting

Few of the six NDCs studied have produced clearly defined objectives and specified targets, and of those, not all relate directly to changes in health status. Walsall and Bristol have objectives specifically related to physical activity, although it may be difficult to measure the degree of achievement.

Walsall

- to reduce levels of overweight and obesity in the NDC area
- to increase the levels of physical activity leading to an improvement in mental, and physical well being of local people

Bristol

- to reduce standardised mortality rates for heart and lung disease to the city average
- to improve levels of physical and mental health
- to improve levels of fitness

The other four NDCs have less specific objectives to which physical activity programmes can contribute.

Salford

- to identify gaps in current services addressing the prevention of coronary heart disease
- to bring together existing services to implement new systems to provide more effective and efficient delivery

Oldham

The Oldham NDC area covers Hathershaw and Fitton Hill. Hathershaw consists predominantly of relatively high-density owner-occupied and private rented pre-1914 terraced housing interspersed with some 1930s council housing. The area is bisected by a major arterial road that has a mix of shops and services, many in long-term decline. Fitton Hill is an estate of predominantly local authority stock dating from the 1950s and 1960s. Many properties are difficult-to-let, voids are not uncommon, and service provision is inadequate. There are few residents from black or minority ethnic groups in Fitton Hill, but a more mixed ethnic composition in Hathershaw.

Premature rates of death are higher than the national average. Premature deaths from respiratory disease and heart disease are particularly high. The SMR is 159, the SIDR 185, and 20% of the population suffer from depression, anxiety or psychosis.

Projects

1. Walking the Way to Health - a Walk Leader was appointed and commenced in June 2003. A regular programme of walks was arranged to take place after Walk Leader and First Aid training had been completed. 16 people, including eight NDC residents, three black and ethnic minority women and five NDC project workers have been trained as Volunteer Walk Leaders. The 'Stepping Forward' walk launch event was held in April 2003 and attracted 45 walkers including 12 BMI women. Eight agencies including those promoting healthy eating, mental health, drug and alcohol awareness, green gyms, the Countryside agency and community development were present. Three community members assisted at the event by helping with risk assessment and leading the walks. Further walks have been held since, attracting on average six people
2. in 2003 a NOF Fairshare bid was successfully submitted for improvements to the walking and cycling infrastructure in the NDC area and has matched funding from

the NDC. The NDC is currently working with Groundwork, OMBC Cycling Officer, OMBC Road Safety Officer, the Walk Leader and community members to identify routes and work options

3. Active Life : Active Leisure - The aims of this project is to encourage more sedentary people to improve physical fitness (and reduce inactivity and stress related medical conditions) by increasing the number, enhancing the accessibility and distance grading of road walking/cycling routes through the NDC area. This supports the work of the volunteer walk leaders and provides a more varied and distance graded infrastructure on which an expanded GP referral exercise scheme will be based
4. a series of six dance taster sessions, including a healthy meal, attracted between 17-23 people each week. As a result of evaluation, regular line dancing classes are now run at Hathershaw community centre. These evaluations and other consultation work have identified a need for weight management, healthy eating, and physical activity work, and work to address this is in the planning stage
5. energize (In partnership with Oldham Community Leisure Limited) is a project involving young people in the design and construction of a fitness trail in the park and promoting healthy lifestyles

Oldham

- to develop new and existing health initiatives that meet the expressed health needs of local people, particularly of young people, more directly
- to promote physical activity
- to increase health skills

Middlesbrough

To provide health and care services that are more accessible and more relevant to people's needs and which promote incentives for good health.

Southampton

This NDC has not produced specific objectives, but individual projects have physical activity related objectives.

4.2. Process measures

Many of the measures used to assess the impact of physical activity related projects involve the counting of users, such as the number of exercise referrals, the number of health walkers. These are sometimes assessed against pre-set targets, sometimes not. Alternatively, the number of different activity sessions developed, created or improved is used. However none of this information gives an indication of individual user commitment or of change in an individual user's health associated with uptake of such activities.

Another potentially more informative measure of project impact is **activity retention rate** over a fixed time period, as this gives some indication of the sustainability of the project and the commitment of the users. Walsall is the only NDC of the six currently collecting such information. To evaluate the effectiveness of their 'exercise promotion in older people' at increasing muscular strength, endurance, balance and flexibility, Southampton have used a pre-test/post-test model and collected base-line data prior to commencement of the programme and post-test data one week after provision of the ten week intervention.

The targets set by the NDCs are predominantly in a format for producing a defined percentage increase in physical activity levels from an already established baseline physical activity level. In some NDCs such increases are targeted at those who do no exercise through to those who already exercise five or more times a week. Some NDCs have targeted increases for specific groups, such as those with risk factors for coronary heart disease, or with established ill-health conditions.

4.3. Partnership working

NDCs are aware of the importance of Partnerships and all six NDCs have established Partnerships with which to develop their exercise programmes.

The partners, who include:

- leisure and community services
- city councils
- primary care trusts
- local universities and local schools

Are appropriate and their involvement is facilitating implementation of local exercise projects although assessment of the degree of involvement, impact and effectiveness of such Partnerships is difficult.

Strong Partnership working can also facilitate the creation of new referral pathways into current exercise schemes. For example, in Salford, the local pharmacy scheme, the START mental health project, the expert patient programme, and health visitors and dieticians are working together to create a co-ordinated approach to coronary heart disease prevention.

4.4. Community involvement

Community consultation has taken place in all the NDCs, through surveys to gather information and community views and through the evaluation of existing related schemes (e.g. Walsall, physical activity referral scheme). In some NDCs, they have expressed the intention of establishing support groups for local people working alongside service providers (Salford).

One of the issues with these types of projects is that the problem is not just one of access but of motivating community members to make changes. Projects need to involve the community in promoting education, confidence building and encouragement. In Bristol the health projects are constantly changing and developing depending on what local people want. The NDC encourages the local people to take an active role in improving health and well being and developing new projects. It is empowering people to make their own lifestyle choices, but there is a downside in that there is no sustainability and it will be impossible to demonstrate the effectiveness of such projects in improving the health of community members.

4.5. Other benefits

Other gains from these projects include the provision of additional employment and training for people within the NDC. Project officers have been employed by some NDCs to manage the exercise projects. Training provided in leadership and first aid to community members, so that they can run some of the projects, is enabling them to develop new and additional skills. Few of the projects specifically target black and ethnic minority groups, but of the six NDC areas studied in this report, only one has a

significant black and ethnic minority population within its catchment area. Where it occurs, the co-ordinated approach taken by some NDCs, to link healthy eating with exercise-related activities, endorses the relationship between the two and can enhance the benefits from both approaches.

5. Lessons learned from early NDC experiences

5.1 Factors limiting success

In general, the impression received is that the NDCs see health-related activities as having a lower priority than, for example, crime or housing and this has resulted in delays in the initiation of many health-related projects, including those around physical exercise. Thus many health-related activities, although proposed in the original business plans, are being developed only now, three years later, and have not been running for long enough to be able to draw conclusions about either their robustness, effectiveness or viability.

Approval for individual projects by some local NDC boards has been highlighted by project managers as laborious and time-consuming in some instances. This may reflect a lack of trust, or possibly issues around understanding and communication, between the two. Whatever the reason, it has resulted in delays in the initiation of some projects. Such problems have been further exacerbated by the many changes in staff that are occurring in the NDCs, which result in discontinuity and further delay.

5.2 Obtaining information

Obtaining information on what has been established and is functioning from the list of proposals in an NDCs business plan has proved difficult. A number of activities initially proposed are not yet functioning and may not ever be set up. Conversely other projects and activities, not initially proposed, are up and running. In some instances projects may be underway but the local NDC health co-ordinators have reported that they have problems in obtaining information about them.

Southampton

The Thornhill estate is five miles east of Southampton city centre, a hilly area that divides the neighbourhood, predominantly constructed in the 1950s and 1960s, into three areas. 'Up the hill' is characterised by three high-rise blocks of flats and 'down the hill' by 90 four floor, flat roofed walk-up blocks without lifts. In contrast, the 'poets roads' are made up of smaller owner-occupied bungalows mainly inhabited by retired residents. The Public Sector Housing Conditions Survey (1988) identified the need for catch-up repairs totalling £10m.

Access and transport problems have been caused for many residents by the design, peripheral location, and condition of the estate. There are limited shopping facilities - and restrictive leases on the local shopping parade affect the variety of shops that can open.

The SMR from all causes is 77 per 10,000 residents, the cancer mortality rate is 23 per 10,000 men, and the mortality rate from circulatory disease of 21 per 10,000 men.

Projects

1. **Exercise Promotion with Older People** - Chair-based exercise, once weekly sessions, eight-week programme ran from 23/9/02 to 11/12/02, classes were of 45

minutes duration and specifically aimed at increasing muscular strength and endurance, balance and flexibility. Two qualified health and fitness instructors directed all classes. A total of 15 residents took part in the weekly exercise sessions (not all attended every session). The mean age of the participants was 78 years (range of 71-87 years) and all were female. A general health appraisal and CHD risk analysis was undertaken using the presence of established risk factors as a guide. Participants were experiencing a range of chronic illness conditions, which would also benefit from increased physical activity. Incidental benefits such as reduced blood pressure and weight loss were noted. The intervention did not include lifestyle advice regarding increases in usual levels of physical activity because this has been shown to actually increase falls. As individuals go out more in order to gain the recommended physical activity, they increase their opportunities for falling. Lifestyle advice was restricted until improvements in functional ability were noted, and when the risk of falling should be reduced

2. **Healthy Walks** - aimed at sedentary people, a programme of walks in the local area. The NDC also promotes another walking group that exists in the area, more gently walking for the elderly
3. **Healthier Thornhill Day** - event organised by the health development worker, initiative to show residents how they could become more healthy i.e. eating more fruit and vegetables. The original idea was to hold a health promotion event but something that was interesting and fun as well as educational. The name was carefully thought out, the focus was on healthier not healthy (implies people are not healthy at all). The event was designed to show people how to improve their health through health promotion, physical activity, healthy eating, dental services, children's services. The event involved many different agencies but there was a real sense of community ownership. 23 organisation took part, 160 volunteer hours were contributed and 250 people attended
4. **Leisure\development Project** - a programme to encourage people of all ages to take up sport, recreational and cultural activities, and to provide new and improved indoor and outdoor local sports facilities. Quick wins include a 'Swim Bus', development of the health walks, a street dance project, and holiday activity programme for young people

5.3 Mainstreaming

For some projects, the intention of the NDC is that they will be mainstreamed with the project being integrated into primary care trust or local authority services, although it is not clear whether any action has been taken yet to initiate this process for any activity. Thought needs to be given to the process of mainstreaming during the project's life cycle rather than waiting until funding has dried up, in order to have a seamless transfer of funding sources and to retain the motivation and commitment of participants. Other projects, for example, healthier Thornhill day in Southampton, are one-off initiatives that are time or activity limited and will not require ongoing funding.

6. Outcomes and effects

The long-term health outcomes identified by some NDCs relate to those outlined in Saving Lives: Our Healthier Nation (1999), that is, reductions in standardised mortality rates overall and for coronary heart disease in the under 75s, by 2011. One NDC, however, has acknowledged that such an effect will not be detectable through their proposed projects, given the limited size and time scale of the projects. In other NDCs, outcomes relate to general health, such as achieving a reduction in the percentage of people reporting poor health over the next five years (Oldham).

Short term outcomes aim to reduce the proportion of people in the NDC not taking any exercise (by 20% in Southampton) or not taking part in sport (from 82% to 76%, Southampton).

Some outcomes are more amorphous and less measurable, such as having local people confidently engaged in decision-making and project delivery or adopting healthier lifestyles with no definitions given on what this might be. Other outcomes that relate more specifically to physical exercise tend to be more process orientated, such as more young people using parks (Oldham).

It is important to stress that any increase in any health promoting activities is a good outcome whatever the project.

7. Conclusions

There are a wide range of exercise-promoting initiatives but few have been running long enough to assess their effectiveness fully or their viability, although there are some emerging benefits such as training opportunities for members of the local community. Partnerships have been established with appropriate groups and organisations and appear to be working together in the promotion of exercise related activities. Where objectives, outcomes or targets are given, they are not often related to changes in health status, although this is not surprising given the long time scale that will be required to demonstrate measurable health change. However some NDCs have chosen some useful process measures to assess the effectiveness of their individual projects.

Key messages

- local physical activity and exercise promotion projects that link with healthy eating projects will help to maximise impact in tackling overweight and obesity and in reduction of risk for specific health problems
- thought needs to be given to the process of mainstreaming during the project's life cycle rather than waiting until funding has dried up, in order to have a seamless transfer of funding sources and to retain the motivation and commitment of participants
- many of the projects need to run for a longer period in order to get a better appreciation of their effectiveness
- evaluation needs to examine how many participants continue with activities after the initial induction

Middlesbrough

The NDC covers an area of just over 3sq. km. situated immediately to the west of Middlesbrough town centre. It comprises three main residential neighbourhoods, Newport, West Lane and Whinney Banks, together with light industrial estates.

The population is 8,885, which includes only a small number of black and minority ethnic residents. Housing is made up of densely-packed terraced housing built in the 1890s/1900s; Local Authority and owner-occupied 1920s/1930s estates; houses and flats built during inner area redevelopment in the 1970s; and subsequent infill development. There is no high rise housing.

There is high unemployment, poor health and crime. 20.6% of adults are workless, 33.3% live on low incomes, only 2% of people of working age are self-employed. The proportion of young people staying on beyond compulsory education is low at 41.4%.

There are high levels of morbidity and mortality; the SMR is 179, the SMR for deaths of under 75s from CHD is 218, and the SIDR is 193.

Projects

1. **The weight loss project** (discussed in the Healthy Eating Report) is also linked to the physical activity project. Held on the same day, the physical activity programme takes place immediately after the weight loss programme. This offers a complete package of diet and exercise interventions, with a discount to the participant if they attend both (£3 for both instead of £2 for each session). This approach is successful but needs further organisational development. The exercise programme takes place in a local leisure centre and employs a trained sports development worker. The room has been provided for free by the leisure centre for the duration of the pilot (project funded until March 2004). The programme has been requested by other people within the NDC area, placing more demand on the weight loss leaders. The NDC has held back on expansion until further training has been provided for its leaders
2. **Swimming projects** - Family swimming at subsidised rates, the idea is to promote the family structure, especially to engage low income families. Pilot project (funding £1000), monitored by numbered tokens, tokens are collected from the NDC by residents and taken to the swimming pool, the NDC then collects the tokens at the end of the day and knows exactly who and how many people have been. The project hopes to prove demand for more physical activity and activities within families. The project is very flexible and there is daily access to facilities
3. **Over 50s swimming groups**, transport provided (by the NDC minibus) to local facilities (a local school swimming pool), subsidised rates, run in conjunction with RSVP. Also provides access to other sports and leisure facilities at reduced rates
4. **Walking group** - Walking and strolling groups, 10 local people trained as walk leaders. The group has its own committee and a walking programme in place. Different needs and abilities are catered for, three different levels of walk are provided, based on length of walk and requirements of participants. Walk leaders have health and safety and first aid training. Transport is provided by the NDC minibus although it cannot cope with the level of demand at the moment
5. **Active for Life** - Activity programme for people over 40 years old. Started by a group of local people, now over 20 local people involved who meet every week. Now an established company with a bank account. Initially very cost intensive, costs include the venue, the 12 week programmes (different activities each week, the community decides on the content) and the employment of a sports

development worker. The group also meets in other areas of Middlesbrough. It is possible that this project will receive local community council funding when NDC funding has finished. The group is also looking to other sources for further grants for funding. Part of the Active for Life project includes activities for older residents such as arm chair exercises, the NDC is looking to fund expansion of this to five days a week (currently three days a week)

6. **Young Peoples' Projects** - Takes place at a newly developed sports complex on the other side of Middlesbrough. It is a 26 week pilot programme for young people attending the community centre and excluded young people (as part of the youth exclusion programme). The project funding was only £300 for subsidised rates at the sports complex. The transport is provided by other agencies, by youth leaders and the youth exclusion programme. Evaluation is informal feedback for the participants on their views of the project
7. **Volleyball Project** - Physical activity pilot project in local schools, engaged with local community agencies to train staff to deliver the project (£200 in total for training). Two sessions each day as part of the schools' PE curriculum, also take the teams to volleyball tournaments. There is a big demand for this project in schools but there have been problems with facilities in some. The project is not just about sports and physical activity but team activity, seen as a social event, engaging young people in community activities. The mechanism has proved successful in the pilot school and will be transferred to other schools. The project will be expanded into primary schools next year. Certificates and prizes were awarded to children for participation and commitment

Appendices

Appendix 1: Physical Activity Initiatives across all NDC areas

| NDC | Projects |
|--------------------------------------|---|
| Birmingham, Kings Norton | Women's fun and fitness |
| Brighton, East Brighton | Whitehawk Women's Sports Group - Introduction to and opportunity for physical activity addressing problems of ill-health and stress related illness. Green Gym - Improve fitness and mental health, involving 100 residents in a programme of practical activity to enhance local open spaces, targets those at most risk of poor health. Moulsecoomb Sports Area - Upgrade existing disused hart court area. |
| Bristol, Barton Hill | Healthy Lifestyles Project Physical Activity Initiatives - Tai Chi, Yoga, women only keep fit, aerobic dance Exercise taster sessions New Deal Flyers - community bike loan scheme Community At Heart Amblers - walking groups Passport to Wellbeing - incentive scheme |
| Hammersmith and Fulham, North Fulham | Healthy Living Project, exercise taster classes, walking co-ordinator |
| Hartlepool, West Central | Health Development workers - improving physical activity |
| Islington, Finsbury | Healthy Living Initiatives |
| Leicester, Braunstone | Physical Activity - Increasing the range and quality of organised sport and physical activity sessions, sports programme for young people. Braunstone Sport Community Grant Fund |
| Liverpool, Kensington | Community managed sports centre |
| Manchester, Beswick and Openshaw | Active Citizens - active over 50's, provision of healthy living activities |
| Middlesbrough, West Middlesbrough | Walking Network, Swimming Projects for families and over 50s, Active For Life - physical activity for 40+ adults including chair-based exercise for the elderly, Weight Management Classes and Adult Exercise Classes, Sports Development Worker, Young Peoples Project with subsidised rates at a sports complex, Volleyball Project in local schools. |
| Newcastle, West Gate | Activities for health - promoting good mental health and healthy living activities particularly amongst vulnerable groups. |
| Newham, West Ham and Plaistow | Over 50's club, Walk to School Scheme, Referral Scheme, Community Health Improvement Team (COMHIT) |
| Nottingham, Radford | Healthy Lifestyles Project |
| Oldham, Hathershaw and Fitton Hill | Walking Groups, Dance Taster Sessions, Improvements to walking and cycling infrastructure, Exercise on Prescription, GP Referral Scheme, 'Energise' fitness trail for young people |
| Plymouth, Devonport | Promoting Physical Activity |

| | |
|------------------------------------|---|
| Salford, Charlestown | Provision of healthy living activities, weight management walking groups, Exercise Referral Scheme, Education Seminars |
| Sheffield, Burngreave | Healthy Activities |
| Southampton, Thornhill | Active Options - gym-based activities, exercise in the home, outdoor activities including the Green Gym and Health Walks, Exercise Promotion with older people including chair-based exercise, Leisure Development Project improving indoor and outdoor local sports facilities, Swim Bus, Street Dance Project, Holiday Activity Programme |
| Sunderland, East End and Hendon | Exercise for health |
| Tower Hamlets, Ocean Estate | Management of chronic illness through exercise |
| Walsall, Blakenall | Walsall Healthy Hearts - increasing physical activity levels through: school and nursery-based projects, arts-based projects, Healthy Walks Initiative, New Health Suite (Gym), Exercise Taster Sessions, Exercise Referral Scheme, 'Groundmiles' Incentive Scheme, Physical Activity Development Officer |

Appendix 2: Physical Activity Initiatives in the six NDC Case Study Areas

Walsall

- School and Nursery based programme/Arts based project
- Exercise referral scheme
- Healthy Walks Initiative
- 'Groundmiles' incentive scheme
- New Health Suite (Gym)
- Exercise taster sessions
- Physical activity development officer

Bristol

- 'New Deal Flyers' - community bike loan scheme
- Physical activity initiatives - Tai Chi, Yoga, women only keep fit, aerobic dance
- Community at Heart Amblers - walking groups
- Passport to well-being incentive scheme

Salford

- Exercise referral scheme
- Seminars/education
- Weight management walking groups (Walking the way to health initiative)
- Referral pathway

Oldham

- Exercise on prescription
- Walking Groups
- Improvements to walking and cycling infrastructure (NOF 'Transforming Your Space')
- Dance taster sessions
- GP referral scheme
- Energise - fitness trail for young people

Middlesbrough

- Walking network
- Swimming projects - families and over 50s
- Active for life - 40+ adults (includes chair-based exercise for the elderly)
- Weight management classes + adult exercise classes
- Sports development worker
- Young peoples project (subsidised rates at a sports complex)
- Volleyball project - in local schools (schools based project)

Southampton

- Exercise promotion with older people (chair-based exercise)
- Leisure Development Project (improving indoor and outdoor local sports facilities)
- Quick Wins: swim bus, health walks, street dance project, holiday activity programme
- Healthy walks

Appendix 3: Numbers of projects by activity implemented in six NDCs

| Physical Activity Initiative | Number of projects |
|---|--------------------|
| Health Walks and Walking Groups | 6 |
| Exercise Referral Scheme/Exercise on Prescription | 3 |
| School-Based/Young Peoples Projects | 4 |
| Exercise/Taster/Dance sessions | 4 |
| Gym-Based Activities | 1 |
| Swimming Projects | 2 |
| Chair-Based Exercise (elderly people) | 2 |
| Sports Facilities/Infrastructure Improvements | 2 |
| Bike Loan Scheme | 1 |
| Incentive Scheme | 2 |
| Seminars/Education | 1 |
| Sports Physical Activity Development | 3 |
| Worker/Fitness Instructor | |
