

# New Deal for Communities

## The National Evaluation

### Research Reports

#### Healthy Lifestyle Interventions

Research Report 57

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  
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*Sheffield Hallam University*

# **Healthy Lifestyle Interventions**

Research Report 57

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## 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
- Poor diet and a lack of exercise can exacerbate specific health conditions, such as heart disease, diabetes and cancers through their direct impact on overweight and obesity

### Local Context

- In the NDCs there is clear evidence of problems with respect to poor diet, whether due to environmental, personal or social factors, including:
  - limited access to healthy affordable food
  - limited consumption of healthy food
  - lack of confidence and/or skills in using fresh fruit and vegetables in preparing and cooking healthy food
  - lack of awareness of the impact of a healthy food intake upon physical and mental health
  - general poor health status of community members
  - low levels of disposable income
- 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 address local need
  - existing facilities of a poor quality
  - a lack of access to adequate facilities
  - a lack of support to encourage people to use facilities

### National Health Policies

- National Service Frameworks (NSF) all highlight diet and nutrition and provide an appropriate and convenient framework within which to address healthy eating. Exercise promotion, partly through its impact on overweight and obesity, feeds directly into the NSFs
- Increasing physical activity and improving nutrition will impact on the Government's health inequalities targets to reduce infant mortality and increase life expectancy in those areas, such as NDCs, which currently have the poorest outcomes
- This will also contribute towards achieving those targets in the Department of Health's Saving Lives: Our Healthier Nation (1999) to reduce deaths in the under 65's from coronary heart disease and cancer
- Obesity, diet and nutrition, and exercise are key topics in 'Choosing Health' the White Paper (2004) and this provides an additional incentive to drive forward the work on promoting healthier lifestyles

- The Government has introduced the ‘five a day’ programme and the National School Fruit Scheme to increase fruit and vegetable consumption through raising awareness of the health benefits and improving access to provision
- Local Exercise Action Pilots, another national initiative, have been launched in nine primary care trusts located in neighbourhood renewal areas

## **Outcomes**

- The outcomes relating to healthy lifestyle initiatives range from reductions in morbidity and mortality through to process-related outputs such as increasing the proportion of the NDC population consuming fruit and vegetables and/or taking regular exercise
- The original objectives defined in NDC delivery plans were very general, often long term, not easily quantifiable, and not easily measurable. NDCs have struggled to measure their progress towards their original outcomes and objectives due in part to a lack of appropriate health data
- Over the last 1-2 years, many of the NDCs studied have reviewed, changed and created more quantifiable and measurable outcomes and objectives from those originally stated in their delivery plans
- There is also an increasing recognition that changes in most health outcomes will not be demonstrable in the short term or attributed directly to the healthy living projects

## **Emerging Findings**

### ***General Progress***

- Individual NDC are taking a variety of approaches to address the identified needs of their communities, with many establishing large programmes or projects which each contain several healthy living activities. Large healthy living programmes or projects containing several activities related to a single topic have a particular strength in approaching the topic from a number of different directions, using a number of different methods e.g. a combination of one-off events, short-term pilots and longer-term programmes
- During the last 18-months there has been substantial progress on the healthy living theme overall. Many of the projects included in the initial evaluation reports are still running and have become well established, and many new projects have been developed
- Recruitment of staff is an ongoing issue of concern across NDCs, particularly where specific skills may be required. Individuals with experience in both health and regeneration, a combination not necessarily required previously, are in demand in NDC areas

### ***Primary Care Trust Involvement***

- One of the most significant developments in the last 1-2 years has been local Primary Care Trusts (PCT) taking on more responsibility for the delivery of NDC health theme projects. This involvement of PCTs at the management level brings a more strategic outlook to the work of the NDC health themes, resulting in a more co-ordinated approach to improving health in the area. PCTs bring advantages in terms of established partnership working, mainstreaming and sustainability of NDC projects, and skills and expertise in public health for addressing the health needs of local populations
- The employment of project staff through host organisations such as PCTs and Local Authorities has resulted in a generally more steady workforce for many NDCs. Employees have greater access to support and training and development opportunities that may not be available through the NDC

## ***Partnerships***

- NDCs are aware of the importance of establishing partnerships. For healthy living initiatives, NDCs have established a number of successful partnerships across a variety of sectors including health care services, Local Authorities, academic institutions, voluntary agencies and private enterprises
- There is recognition that effective partnership working takes time to establish and considerable effort is often required on both sides to build rapport and gain trust
- There is continuing community involvement in NDC projects through resident membership of working groups at board level, project steering groups, volunteers, and employees delivering key aspects of the NDC programme

## ***Monitoring and evaluation***

- Overall, initial project proposals contained very little information on monitoring and evaluation. Since then, for most of the healthy eating and exercise projects, big changes have been made and evaluation is now much higher up the agenda

## ***Mainstreaming***

- A significant number of health projects have been mainstreamed, mainly by local PCTs. Where funding is still provided by the NDC, many of these projects are being built into future mainstream service plans
- There is increasing recognition by NDCs that projects need to be ongoing and ultimately self-sufficient or mainstreamed, if effective, in order to be sustainable

## **Key messages**

- programmes containing several activities related to a single topic have a particular strength by approaching the topic from a number of different directions and through a number of different methods
- project objectives are now being re-appraised, resulting in more specific, measurable outcomes
- there is some recognition that changes in most health outcomes will not be demonstrable in the short term or attributable directly to the healthy living projects
- the involvement of PCTs at a management level can bring a more strategic outlook to the work of the NDC health theme
- employment through host organisations such as PCTs provides advantages such as greater access to training and development opportunities, continued support and greater job security
- monitoring and evaluation systems are improving, and evaluation is now recognised as important
- considerable mainstreaming is already taking place, particularly through PCTs, and is likely to continue if NDCs can demonstrate the effectiveness of their projects
- attitudes are changing towards healthy lifestyles as a priority area, at least amongst NDC as an organisation if not amongst the residents

# 1. Introduction to the Problem

## 1.1. Background

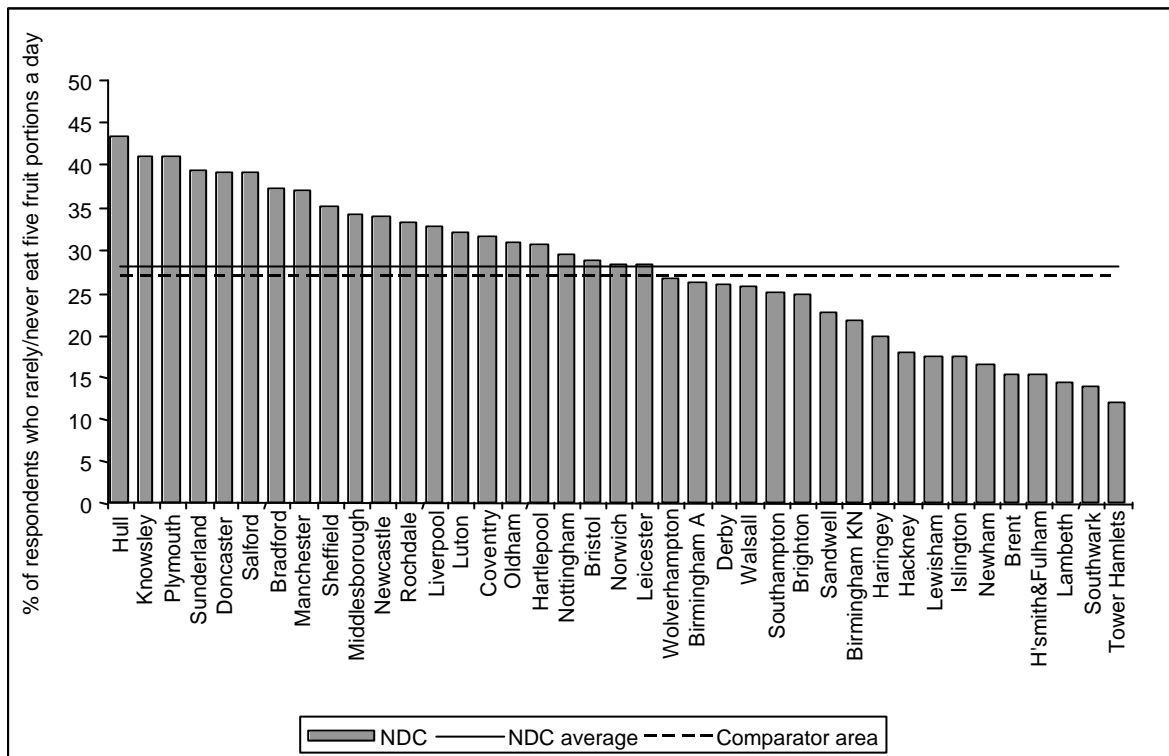
In March 2003 WHO announced that there was an obesity epidemic world-wide, which it attributed to an increased consumption of foods high in sugars and saturated fats in conjunction with a reduction in physical exercise. The prevalence of obesity in England has increased dramatically over the past 20 years and now ranges from nine and eleven percent in men and women aged 16 to 24 years through to 28 percent and 29 percent in those aged 55 to 64 years (Department of Health, 2002). The issue of being overweight or obese is important, as both are associated with higher risks of having Type 2 diabetes, cardiovascular disease, hypertension, stroke, osteoarthritis, 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 approaches being taken by five NDCs to **tackle poor diet and nutrition** and **promote physical activity** through **healthy living initiatives** and sets these within the local context and national health care policy. This report updates two previous reports: Healthy Eating Initiatives Case Studies (NDC, 2004) and Physical Exercise Initiatives Case Studies (NDC, 2004).

## 1.2. Local context

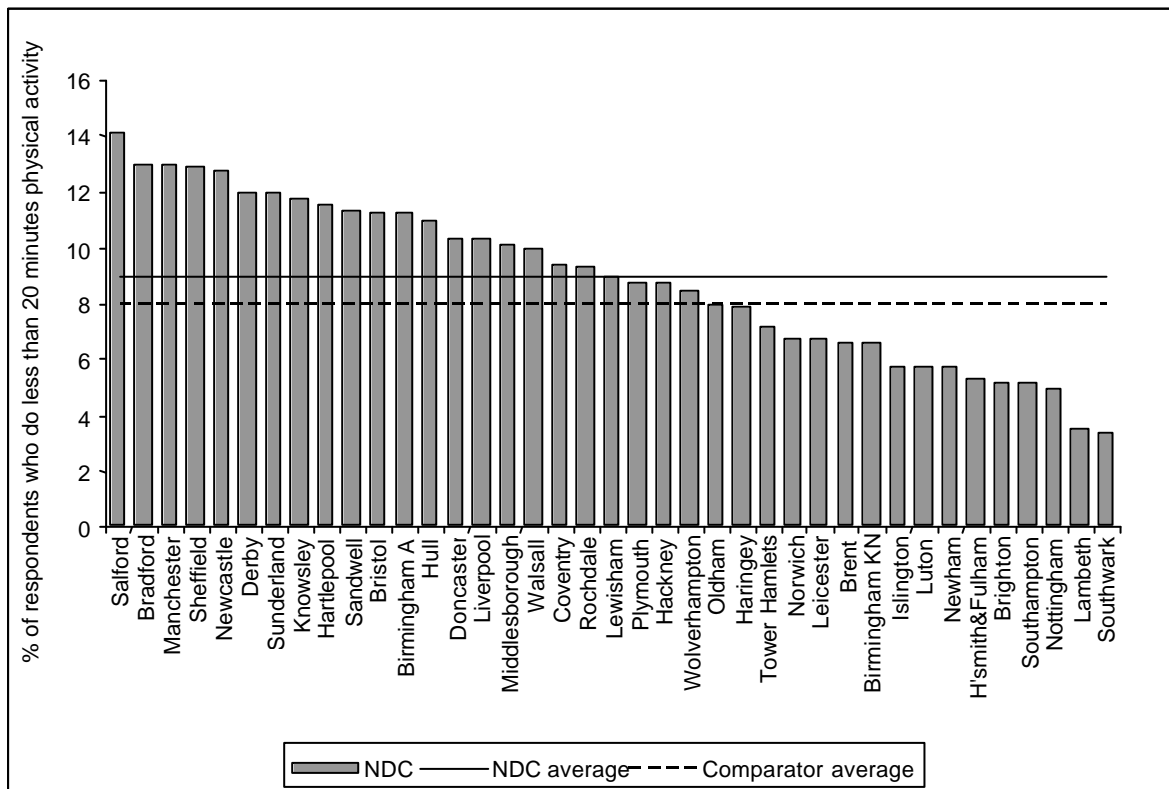
The first household survey conducted by MORI in 2002, with residents of NDC and matched non-NDC communities, produced quantifiable data relating to a number of specific problems such as **poor diet** and **low physical activity levels**. Figure 1 illustrates the percentage of NDC residents who rarely or never eat five portions of fruit and vegetables a day. Figure 2 illustrates the percentage of NDC residents that do less than 20 minutes physical activity at a time. Other local information highlighted mainstream services that have failed to actively engage and support local people in reducing their risk of heart disease. In addition to the needs identified by the NDC household survey and a lack of access to adequate provision, local health issues will be exacerbated by a **lack of acknowledgement and/or awareness** of the impact of certain behaviours on health and well-being.

**Figure 1: Proportion of NDC residents who rarely or never eat five portions of fruit and vegetables a day**



Source: MORI/NOP Household Survey 2002

**Figure 2: Proportion of NDC residents who do less than 20 minutes physical activity at a time**



Source: MORI/NOP Household Survey 2002



### 1.3. Pre NDC initiatives

Healthy living interventions implemented by local communities prior to their attaining NDC status have helped to quantify the needs of the local people, and identify continuing gaps in service provision. Evidence from NDC communities has pointed to the need for services and initiatives that provide **affordable** and **accessible healthy eating opportunities**. NDC communities also identified a number of concerns with existing provision of physical activity services including a **lack of sport and leisure facilities** appropriate to meet **local need, poor quality facilities** and a **lack of support** to encourage people to use facilities where they exist.

### 1.4. National health policies

National health policies, such as the **NHS Plan** and **National Service Frameworks** provide an appropriate and convenient framework within which to address healthy eating and exercise as well as clinical aspects. Obesity, diet and nutrition, and exercise are key topics in '**Choosing Health**' the **White Paper** (Department of Health, 2004) and this provides an additional incentive to drive forward the work on promoting healthier lifestyles.

#### **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
- increase life expectancy in those areas with the poorest outcomes

Improvements in maternal and foetal nutrition, and healthier eating and increased physical activity within the population in general, will contribute towards achieving these targets. This will also contribute to those targets in the Department of Health's **Saving Lives: Our Healthier Nation** (1999) to:

- reduce deaths in the under 65's from coronary heart disease and cancer

Tackling obesity in NDCs provides one approach in tackling inequalities in health given the strong links between obesity and social deprivation.

#### **Health care provision**

Annual reviews of patients with, or at risk of developing, coronary heart disease (CHD) and diabetes are required (Department of Health 2000) 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 to tackle the problem at primary care and community levels as well as at secondary care.

#### **Targeting children**

Weight control from early life onwards can prevent chronic disease, including high blood pressure, in later life. Encouraging physical exercise and healthy eating from early childhood onwards will have a positive impact on quality of life and life expectancy in adulthood. This is the justification for investing in healthy eating and exercise programmes for children as well as for adults.

#### **Ill-health prevention**

The Government has introduced a '**five a day**' programme to increase fruit and vegetable consumption by raising awareness of the health benefits and by improving

access to provision. As part of the **National School Fruit Scheme** all four to six year old children in state schools are entitled to a free piece of fruit or vegetable each day at school.

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.

## 1.5. The evidence base

**Robust evidence on what works** to help people address obesity, lose weight, and maintain weight loss, is limited and 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 engaging in **effective prevention interventions** and methods for maintaining weight loss rather than those tackling obesity (HDA, 2003). There is **substantial evidence** to support the role of **physical activity in promoting good health** (HDA, 2004). 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.

## 1.6. Evaluation approach

Information to inform the case studies described in this report has been compiled from four sources of material.

- a number of visits over the past two years, made to each of the five NDC areas selected as case studies
- additional communication via telephone and email, plus written material supplied by NDC personnel, including delivery plans and partnership reports
- interviews conducted with programme managers in each NDC responsible for the health theme and with managers responsible for, and/or involved with, specific individual projects
- a literature survey conducted to examine the existing evidence-base and policy documents for community based healthy living initiatives

## 2. Case Studies

### 2.1. Case study projects

**Programmes to introduce healthy living or health and wellbeing initiatives have now been implemented in the majority of the 39 NDCs** (Appendix 1). This review of healthy living initiatives is based upon updated case studies from five NDCs:

- Walsall
- Bristol
- Oldham
- Middlesbrough
- Southampton

One NDC featured in the previous reports (Salford) has not been included in this update because, due to recent staff changes in the health theme, field visits were not possible in year two.

## 2.2. Approaches used in the NDCs

To address the identified needs of their communities, individual NDCs have taken a **variety of approaches**, with a few covering weight loss and the majority aiming at effective prevention of obesity and increased weight through healthy eating and physical activity programmes.

Healthy eating interventions adopted cover:

- food growing schemes
- mapping food sources
- cooking or provision of healthy meals
- provision of education and support groups and sessions

Physical activity interventions adopted include:

- establishing new exercise-related activities
- creating referral schemes into exercise-related activities
- providing education and support groups and sessions

**Populations:** Targeted groups within the community have included all age groups:

- children and young people, usually through school-based settings
- parents and carers with young children
- those with risk factors of coronary heart disease
- the elderly

Some projects **specifically target** those groups who are **traditionally hard to reach** through mainstream services including those with disabilities or learning needs, those living in isolation, and black and minority ethnic groups.

**Activities:** The majority of the NDCs used to inform this report have established **large programmes or projects which each contain several healthy living activities**. In some cases healthy eating and physical activity are themes within a wider programme:

- Walsall's Healthy Hearts programme addresses the primary risk factors for coronary heart disease, i.e. smoking and physical activity as well as poor diet and nutrition, overweight and obesity
- Southampton's Health and Well-being Project has within it specific activities tackling poor diet and inappropriate nutrition in conjunction with exercise promotion
- Oldham NDC's Positive Health Action project aims to address health inequalities and tackle the causes of ill health, in particular circulatory disease and cancer, through health promotion and improvements to health-related services and facilities

Further details of health issues associated with healthy eating and physical activity in the NDCs used to inform this report and their individual projects are provided in Appendix 2.

## 2.3. Objectives and outcomes

The healthy living projects studied for the previous evaluation reports addressed a **broad range of objectives**. The outcomes relating to healthy lifestyle initiatives ranged from reductions in morbidity and mortality through to process-related outputs such as increasing the proportion of the NDC population consuming fruit and vegetables and taking regular exercise. However, as highlighted in the previous evaluation reports, many of the original objectives defined in their delivery plans were very **general**, often **long term**, **not easily quantifiable**, and **not easily measurable**.

Over the last 1-2 years, **many of the NDCs** studied have **reviewed, changed**, and **created more quantifiable** and **measurable objectives** from those originally stated in their delivery plans.

### Project objectives

For Walsall, the objectives for their Healthy Hearts project that relate directly to diet and physical activity are:

- to increase the consumption of fruit and vegetables in the NDC area
- to reduce levels of overweight and obesity in the NDC area
- to increase levels of physical activity leading to an improvement in mental and physical well-being

These objectives, with others, address some of the primary risk factors for coronary heart disease. Walsall Healthy Hearts is currently undergoing an external evaluation of the first phase of the project (Years 1 to 3) and objectives and outcomes are being reviewed as part of this process. A revised business plan will be submitted for approval prior to the beginning of Phase Two (Years 4 to 6).

Bristol NDC objectives refer to health promoting activities in general and are:

- to increase the numbers of residents taking part in health promoting activities, especially those groups who are hard to reach
- to reduce the number of deaths from coronary heart disease (CHD)

Bristol NDC's Community Health Project has now developed a number of clear objectives relating specifically to healthy eating and physical activity:

- to maintain a healthy weight through healthy eating
- to reduce high blood pressure and risk of heart disease through healthy eating
- to increase confidence and general well-being
- to prevent cancer through increased fruit and vegetable consumption
- to improve physical fitness and general health
- to improve mobility and independence in older age groups
- to increase the use of open spaces
- to improve social networks
- to reduce the risk of occurrence of CHD, stroke, type 2 diabetes, overweight and obesity, and falls and fractures

For three of the NDCs (Oldham, Middlesbrough, Southampton) the original objectives set related to health more generally and to provision of services. The actual

development of such services is measurable but identification of **appropriate measurable outcomes** to demonstrate that such services have met the expressed or relevant health needs of local communities will prove more difficult:

### **Oldham**

- to develop new and existing health initiatives that meet the expressed health needs of local people more directly
- to promote physical activity
- to increase the number of people in the community with health related skills and training

After a strategic review of the health theme projects, new targets and outcomes were agreed and include:

- to improve satisfaction with local opportunities for sport and physical activity
- to increase the proportion of residents taking part in moderate intensity physical activity
- to increase the proportion of residents eating 2-4 portions of fruit and vegetables per day
- to reduce the proportion of early deaths (below national mean age) attributable to circulatory and heart disease

### **Middlesbrough**

- To provide health and care services that are more accessible and more relevant to peoples' needs and which promote incentives for good health

During the restructuring of Middlesbrough NDC's health theme, the involvement of the local Primary Care Trust (PCT) at management level prompted the development of new project specific objectives. Those relating to healthy living projects are:

- to promote healthy lifestyle opportunities to address health inequalities
- to provide exercise and diversionary activities for young people to develop their physical fitness and self esteem
- to increase access to, and consumption of, fruit and vegetables through the 5-a-day programme

### **Southampton**

- to establish a healthy neighbourhood through the creation of a community-based development project

The project objectives relating to Southampton's community-based healthy eating and exercise promotion initiatives, and more broadly to their Health and Wellbeing programme as a whole are now:

- to establish community-based healthy eating initiatives involving estate-based food retailers and local residents
- to support local residents to take part in a range of health-promoting exercise initiatives through the provision of gym-based activities, exercise in people's homes and outdoor activities (Health Walks)
- to establish a wholly community-owned and managed neighbourhood health project capable of undertaking and sustaining a series of local health promotion and education initiatives

### Targets and outcomes

Some NDCs have **set time-limited targets and outcomes**, related to health and disease, fruit and vegetable consumption, and physical activity levels. Others were less than explicit in their target setting and this will make it very difficult to measure how successful their projects and programmes have been. In the light of changes to project objectives, some NDCs have **revised their targets** whilst **others remain unchanged**. The deadlines for achievement of targets, where set, often match the date of the end of the NDC programme (2011).

Walsall's targets, which may change in light of the Phase 1 evaluation, are by 2011:

- to decrease the Standardised Mortality Ratio (SMR) overall to the Walsall average
- to reduce the SMR for CHD (in people under 75) to the Walsall average
- to decrease obesity levels by 30% in those individuals receiving support
- to increase fruit and vegetable consumption in 10% of the NDC population
- to increase physical activity levels (all groups) in 15% of the NDC population
- to increase physical activity levels in 10% of people with established CHD

The population of Walsall NDC is approximately 12,000 which means successful outcomes are needed for between 1200 (10%) and 1800 (15%) people.

Southampton's targets remain unchanged and are by 2011:

- to achieve a reduction in the SMR from 77 deaths per 10,000 to 74 per 10,000 residents by 2008 and to 72 per 10,000 residents by 2011
- to reduce the circulatory disease death rate from 15 per 10,000 to 13 per 10,000 in residents under 75 years of age
- to reduce cancer death rates from 18 per 10,000 to 14 per 10,000 in residents under 75 years of age
- to increase the proportion of residents eating three or more pieces of fruit and vegetables daily from 51% to 64%
- to reduce the proportion of residents not taking any exercise by 20%
- to reduce the proportion of residents not taking part in sport from 82% to 76%

Oldham's revised targets focus on fruit and vegetable consumption, physical activity levels, and provision and use of facilities, and are based on changes from baseline measures obtained in the 2002 MORI Survey and Positive Health Action survey conducted within the NDC. By the end of the programme in 2011:

- to increase the proportion of the NDC population satisfied with sports clubs/facilities in the area from 22% to 60%
- to increase the proportion of the NDC population taking part in moderate intensity physical activity from 34% to at least 80%
- to increase the proportion of the NDC population eating 2-4 portions of fruit and vegetables per day from 24% to at least 30%
- to decrease the SMR for circulatory disease (in the under 65s) from 214 to 190 in Alexandra ward and from 144 to 120 in St. Paul's ward

Middlesbrough's targets are, by 2010:

- to decrease the SMR for coronary heart disease in people under 75 years of age by 50%
- to decrease the SMR for cancer in people under 75 years of age by 30%
- to decrease the SMR for respiratory disease in people under 75 years of age by 30%

Bristol have focused solely on provision of health services and health-related outcomes with no defined time limits:

- to decrease the SMRs for circulatory and respiratory diseases in the NDC area to the city average
- to increase the number of new people participating in health promoting activities by 235 per year (this equates to approximately 4% of the NDC population)
- to increase the number of new health opportunities offered and self-help groups set up within the NDC by 4 per year

In many cases NDCs have struggled to measure their progress towards their original outcomes and targets stated in the delivery plan due in part to a **lack of appropriate health data**. SMRs as a single measure have limited efficacy in assessing short and medium term health gains and the NDCs are beginning to **acknowledge** that it is often **unrealistic to measure the impact of healthy lifestyle interventions using longer term outcomes** such as these. It is unlikely that a reduction in deaths related to CHD will be detectable in projects of this size and duration, particularly in the short term, but healthy living activities may lead to a reduction in the number of people with risk factors for CHD (e.g. lack of exercise and poor diet). In the light of this some NDCs are currently revising, and some considering revision of, their project outcomes to ones that are more measurable. Three years into the programme **many health projects are still struggling** with issues of **how to capture the impact** of an intervention on users and attribute any changes in health status to it.

The questions on fruit and vegetable consumption and physical activity level in the follow-up MORI poll of the NDC residents in 2004 provides important information to enable NDCs to assess their progress towards achievement of their outcomes and targets.

#### 2.4. Status of healthy living projects

In their initial business plans the NDCs proposed a plethora of projects to address healthy lifestyles. In some cases the NDC took over projects that were already underway and formed partnerships with the original organisers. Alternatively, earlier projects helped to inform the development of the NDC programme. A third approach resulted in the creation of new referral pathways into the NDC health programme, thus co-ordinating the programme's approach to disease prevention with existing activities.

At the time of the first field visits in 2003, few of the current longer-term projects had been running for more than six months, a number have been one-off events, and others had been run as short-term pilots. Whilst one-off events have an important role to raise awareness and achieve quick, and relatively easy successes, during the last 18-months there has been **substantial progress on the healthy living theme overall** and its associated more substantial projects. For various reasons, some of the NDC health themes have undergone strategic reviews and project appraisals, resulting in new

management structures, revised project outcomes and objectives, and improved monitoring and evaluation systems (Middlesbrough, Oldham, Bristol).

On the whole, one positive outcome is that many of the projects included in the initial evaluation reports are still running, have become well established and some have been mainstreamed. Alongside this, many new projects have been or are now being developed.

The only exception to this is Bristol where the majority of the past 18 months work has been concerned with the management of existing healthy living projects. Due to substantial organisational changes and staff shortages there has been little time or managerial support for the development of new healthy living projects. Although this has resulted in a delay to the development and implementation of any new projects, all existing projects have been continued. From 2005 onwards all new NDC health projects will be developed jointly with the PCT increasing the likelihood of projects becoming mainstreamed in the future, as observed during the evaluation of health service related programmes in NDCs.

### 3. Process Issues

#### 3.1. Health theme management

For two of the NDCs studied, the **most significant development** in the last 18 months has been the local **PCT taking on responsibility** for delivery of the entire NDC health theme. From 2005 all NDC health projects in Bristol are being jointly run and managed by Bristol PCT. At the time of the evaluation visit, this was a very recent development and many of the current projects were in a state of flux whilst changing over to PCT management. A new post was created within the PCT for a Health and Regeneration Manager whose job is to take on the role of health theme lead. This post, which is funded by Bristol PCT, is responsible for managing staff and projects funded by the NDC. Given the slightly complex specification for this post, it is not surprising that it took time for a suitably skilled individual to be found.

Similarly the Health Inequalities Manager at Middlesbrough PCT now leads the Middlesbrough NDC health theme at an operational level. The PCT has recently undertaken a review of the health theme, detailing the new management arrangements, and developing a strategy for Middlesbrough NDC including the PCT's contribution to the delivery of the theme. This now includes the involvement of the Directors of Public Health at board level, the health theme leads' contribution at a management and operational level, through to other mainstream services which are linked into the NDC programme. During the restructuring, the PCT set up Service Level Agreements (SLAs) with all existing NDC projects after individual review, and developed a new theme action plan based on a similar model to the business plan used by the PCT. This action plan incorporates the key themes from the Tackling Health Inequalities: a programme for action (2003). The purpose of the action plan is to identify gaps and priority areas and plan new projects or services to address these. This strategic approach has really strengthened the work of the health theme as a whole.

The involvement of PCTs at the management level is bringing a **more strategic outlook** to the work of the NDC health themes, resulting in a **more co-ordinated approach** to improving health in the area. The advantages of this approach include the ability to **closely align NDC activities with mainstream priorities**, and the opportunity to co-ordinate and link work with existing partners into NDC activities. In addition to **established partnership working**, the PCT also brings advantages in terms of



**mainstreaming** and **sustainability** of NDC projects, as well as skills and expertise in public health and the addressing of health needs of local populations.

However there may also be a downside to such management arrangements. There are concerns in Bristol NDC that the nature of their community health project will change as management moves to the PCT. The project is very reactive in nature and requires a certain degree of flexibility in its funding, and concerns have been raised that the PCT may 'hold the reins too tight.'

### 3.2. Partnership working

NDCs are aware of the importance of establishing partnerships. Indeed, it was a requirement for their original application to be awarded NDC status and is mentioned in every NDC delivery plan. For the healthy living initiatives, the five NDCs reviewed for this evaluation report have **established a number of successful partnerships** across a variety of sectors.

#### **Partnerships with health care services**

With respect to healthy living interventions, all five NDCs have established **strong, effective working partnerships with local PCTs** and health care staff such as dietitians, health visitors and school nurses. In some cases this has resulted in joint NDC/PCT funded posts (Southampton and Oldham Health Theme Leads, Walsall Healthy Hearts Co-ordinator) or direct management of health theme activities by the PCT (Middlesbrough, Bristol). In some cases, NDC projects have been included in the PCT's local delivery plans and NDC projects have been identified that support national health targets.

In Walsall, the NDC funded Healthy Hearts Programme is delivered by the PCT (sponsor organisation) with other organisations responsible for specific aspects of the project. These include the Local Authority Leisure and Community Services (physical activity), Dietetics at the NHS Hospital Trust (healthy eating and food access), and Groundwork (food growing).

In Bristol there are links into the NHS with involvement of a health visitor team and nutritional therapist who provide support to 'lose weight' groups and provision of free room space by the PCT.

In Middlesbrough NDC, the local school nursing team are very active in the development of a number of NDC funded physical activity and nutrition initiatives in schools including breakfast clubs, juice bars, healthy tuckshops, healthy vending, and free water provision. Also in Middlesbrough NDC, the 'Weight To Go' weight loss group leaders are employed through the PCT where they have access to weight management and physical activity training programmes. The weight management element of the programme, and the additional NDC healthy eating sessions are all developed with nutritional support from community dietitians employed by the PCT.

A PCT-based Specialist Health Promotion Agency provides the main NHS input to the management and co-ordination of Southampton's Health and Wellbeing Project and assists in the delivery of a range of community health initiatives.

The Positive Health Action project in Oldham NDC is supported by a number of health care agencies including Oldham PCT, Oldham NHS Trust, and the Healthy Living Centre. Dissemination of good practice and information sharing takes place via the Health Education Awareness Raising Team (HEART); a networking system involving a number of senior health professionals, practitioners, agency representatives and community project workers etc.

### **Partnerships with local authorities**

Other local partners include local government agencies such as Local Authorities, City Councils, and Social Services.

In Bristol NDC, other community-based services in the area (i.e. social services) are encouraged to get involved in their lunch clubs. After staff from a local advice centre were invited to attend the lunch clubs for six weeks the number of referrals to the advice centre increased. The Bristol community health project is also supported in kind by Bristol City Council who provide storage and operational space for a bike loan scheme, in return for a monthly donation payable to a social fund set up for the community venue from which the scheme operates.

The majority of Southampton NDC's work on healthy lifestyles is part of a wider Health and Wellbeing Project delivered by a multi-agency team led by the Leisure Development Service at Southampton's City Council (Health and Social Care Directorate). The Leisure Development Service is also the lead organisation on the NDC Leisure Development Programme and provides professional advice and practical support for the delivery of local exercise initiatives. The Health Development Officer post is jointly funded by the City Council and the NDC and comprises part of the team responsible for the overall project management.

Similarly the Active Communities element of Walsall's Healthy Hearts programme, and the Weight To Go weight loss project in Middlesbrough are also delivered by the local authorities through their respective Sport and Leisure Services.

### **Partnerships with academic institutions**

Other partnerships have been established between the NDC and academic or private enterprises. Initiatives have involved providing training and education for community participants and NDC staff, for example:

- Open College Network validation of Southampton's Community Health Educators' Project
- training in community weight management for group leaders at Teeside University

In Middlesbrough, the NDC-run healthy eating sessions are supported by trainee chefs from Teeside College. This reciprocal arrangement allows participants access to a range of vocational courses at the college, and students from the college to do practical sessions with the community members.

### **Other partnerships**

The Amblers healthy walking group in Bristol is run in partnership with the Walking the Way to Health national initiative (funded by the Countryside Agency) and Groundforce. The project is also supported by a number of organisations including the local PCTs, Bristol City Council, the Parks Service, and a Health and Environment Action Group. The Stepping Forward walking group in Oldham NDC is also run in partnership with the Walking the Way to Health national initiative and is additionally supported by the British Heart Foundation, Oldham Metropolitan Borough Council (MBC) and Groundwork.

The development of a new sports facility in a secondary school in Middlesbrough is part funded by the NDC in partnership with Sport England and lottery funding. Hoop Dreams, another physical activity programme in Middlesbrough NDC, is a Basket Ball project linked to the Young People's Theme. Originally funded by the Home Office positive futures project, it is now funded by NDC and delivered by the Teeside Mohawks, the local Basket Ball club.

Fit for Work is a pilot programme of physical activity sessions and basic job search skills for long-term unemployed residents. The project works in partnership with Middlesbrough Football Club, At Work Recruitment (a community-based recruitment project), and Middlesbrough College. Using the label of the football club has helped to maintain very high attendance and compliance on the course.

### **Partnerships with other NDC initiatives**

Several NDCs are in the process of developing **lifestyle referral schemes** in a similar format to those used in exercise on prescription schemes (Bristol, Middlesbrough, Oldham). These schemes offer the opportunity to **link NDC community-based healthy living activities into each other** and to **primary care**, resulting in a more co-ordinated approach rather than a series of stand-alone projects. In Bristol NDC, the Activities of Prescription Scheme will include a variety of lifestyle interventions including healthy eating, physical activity, art and health, complementary therapies, and a sports development project. In Middlesbrough, the walking groups will become part of a lifestyle prescription package for people who are referred by their GPs for physical activity and lifestyle interventions. In Oldham, the exercise on prescription scheme is currently under review and a proposal to include healthy walks in the new scheme has been accepted.

Middlesbrough NDC's Time to Quit smoking cessation projects link into various other community-based healthy living activities in the area to provide a co-ordinated approach to behaviour change. All residents completing the smoking cessation programme receive a free 3-month leisure pass, a pedometer and access to a variety of lifestyle interventions.

A number of the healthy living and health and wellbeing projects have **established links with large-scale capital build projects** in the NDC area such as new health centres (Walsall), Healthy Living Centres (Bristol), and sports facilities (Middlesbrough). The buildings are used as **venues** to host various elements of the healthy living projects, and to strengthen the links between primary care and other local community-based programmes.

The breakfast clubs in Southampton NDC primary schools were set up in 2002 by the City Council Early Years Services and are run in partnership with the NDC health and education themes, demonstrating joint partnership working within the NDC between two of the theme teams.

### **3.3. Community involvement**

Continued community involvement in NDC projects often takes the form of **resident membership on project steering groups** or **health theme working groups** at board level (Bristol, Middlesbrough, Southampton, Walsall). Residents are also involved as volunteers to promote healthy living initiatives, as participants in education and training schemes, and as NDC employees delivering key aspects of the NDC programme.

In Southampton, community involvement in the implementation of projects is achieved through membership on project steering groups with equal numbers of residents and agency representatives. All resident members of the steering groups receive tailored management training on running community enterprises.

The walking group in Bristol provides a variety of volunteering opportunities for NDC residents as walk leaders, walk assistants, route explorers and bus drivers. Time commitment is flexible and all training and support are provided, including first aid training.

One project in Middlesbrough NDC that provides semi-static gym equipment and training sessions, is accompanied by a training package for community leaders so they can be trained to set-up and run their own groups with access to the equipment owned by the NDC.

There is a strong link between the Positive Health Action programme and community engagement in Oldham NDC with local residents involved in the management of the Stepping Forward walking groups through a steering group.

### 3.4. Monitoring and evaluation

Overall, initial project proposals contained very little information on monitoring and evaluation; when it would be done, how and by whom. Since then, for most of the healthy eating and exercise projects, big changes have been made and **evaluation is now much higher up the agenda.**

Previous evaluation of Bristol's community health projects has been based almost entirely on informal feedback from participants. This system has changed and all projects will go through a formal evaluation process once they are managed by the PCT.

The project manager of Bristol's community health projects attempted to set up individual advisory groups for each project but found that residents were unwilling to formally participate in the group meetings. The participants preferred to continue making suggestions informally on an ad hoc basis.

*"...the residents steer the projects without realising it."*

When Middlesbrough PCT inherited the health theme, evaluation was very ad hoc and patchy. During the restructuring, the NDC health theme discounted its original outputs and set new targets for its individual projects based on the theme's action plan. As many of the health projects are part of bigger services, the NDC uses the information and monitoring systems of the host organisations to assist in its evaluation. The monitoring and evaluation system is now stronger and more structured, and project workers understand the importance of collecting data to inform service provision and provide evidence of impact. Middlesbrough NDC have also commissioned Northumbria University to conduct an independent snap shot evaluation of the health theme.

Southampton NDC have undertaken large-scale evaluations of two of its health and wellbeing projects: Breakfast Clubs, and Active Options (older person's exercise). An evaluation of the breakfast clubs showed that the scheme was highly popular and achieved some major successes, with teachers and school staff reporting improvements in pupils' behaviour and concentration skills. Results from an evaluation of the older person's exercise sessions demonstrated impressive improvements in functional ability, improved muscle strength and endurance, as measured by a pre and post intervention assessment. Southampton NDC have recently employed independent regeneration consultants to tighten up management structures and improve the monitoring and evaluation systems.

Previously in Oldham NDC many health theme activities were developed without formal evaluation systems in place. Following recent staff changes and a review of the theme, all project workers are now trained in evaluation and monitoring techniques, and new structured evaluation tools have been developed.

The Walsall Healthy Hearts is formally evaluated in stages after each three-year phase of the programme. In addition, each project within the Healthy Hearts programme undertakes small-scale evaluations on an annual basis. At the time of writing, Walsall Healthy Hearts is currently undergoing an external evaluation of the first phase of the project (Years 1 to 3).

## 4. Mainstreaming

Since the first field visits to case study areas in 2003, **a significant number of health projects have been mainstreamed**, mainly by local **PCTs**. Where funding is still provided by the NDC, many of these projects are being built into future mainstream service plans.

In Middlesbrough, a lot of the direct physical activity and nutrition work comes through Community Health Development Workers. As part of the restructuring of the NDC health theme, the original NDC-funded Community Health Development Worker post was mainstreamed within the PCT and since then four additional posts have been created to work across Middlesbrough. Also in Middlesbrough, the Weight To Go weight loss group has now been mainstreamed through Middlesbrough Sport and Leisure Services (City Council), who run it through their leisure centres, and the Fit for Work physical activity programme for unemployed residents has been rolled out town-wide with PCT resources.

Following the re-appraisal of Oldham's Positive Health Action Project, the Positive Health Action Facilitator's post has been match funded by Oldham PCT for a further two years. In the future all new project staff funded by the NDC will be employed through the PCT. The PCT is also looking to include the Walks for Health scheme in its revised exercise prescription scheme.

In Southampton NDC, negotiations are taking place with the Local Education Authority (LEA) about the mainstreaming of three breakfast clubs in NDC primary schools, possibly linking into the Healthy School Standard.

In Walsall NDC, it is anticipated that mainstream public sector organisations (the Local Authority and the PCT) will effect changes in their commissioning priorities to fund more CHD prevention work. It is also anticipated that the CHD Local Implementation Team will use its influence to negotiate mainstream funding for successful projects within the Healthy Hearts programme as soon as possible following the Phase One evaluation.

## 5. What Works and Lessons Learned

### 5.1. Staff recruitment and retention

Recruitment of staff is an ongoing issue of concern across the NDCs, particularly where **specific skills** may be required. The health theme at Bristol NDC is suffering from chronic staff shortages - they have been without a health theme lead for some time and staff absences within the PCT have led to delays in the joining of the PCT and the NDC. Implementation of any new project ideas has been difficult due to a lack of support for project staff in the development, delivery and evaluation phases of the health projects.

In Bristol the recruitment of the new Health and Regeneration Manager who will lead the NDC health theme took a considerable amount of time, with the post being advertised several times. This is a very **specialist post**, with individuals needed with

experience of both health and regeneration, a combination not necessarily required previously. This issue of **specific selected skills mix** has been highlighted by a number of NDCs.

Like many NDCs, Middlesbrough has suffered from a period of high staff turnover, including the health theme lead post. Following changes to the management structure of the theme, all project staff are now **employed through their host organisations**, or directly by the PCT, and this has resulted in a generally more **steady workforce**. Employees now have **access to support and training opportunities** provided by their host organisation that may not have been available through the NDC, and greater stability of employment.

As with many community-based health projects, the specialist skills required to deliver the projects are in **short supply** amongst the local community. Southampton NDC have anticipated that by the end of the initial three year funding period a sufficient degree of local expertise will have been generated within the area to ensure trained local residents can occupy the majority of posts created in the health theme if they so wish.

One of the **biggest barriers** to successful progression of healthy living projects has been a **lack of staff** and hence a **lack of time** for the development and implementation of new health projects. The recent lack of support and theme management at one NDC highlights the need to recruit and retain staff with appropriate skills and experience.

With PCTs becoming more corporately involved in NDC health themes, the number of people within the PCTs involved in the management and delivery of NDC projects has increased. With this new structure in place in a number of NDCs, the successful running of the health theme is no longer reliant on an individual lead. This is an important move, especially in the climate of frequent staff turnover. Previously, as project staff and theme leads left the NDC, valuable knowledge, skills, and experience were lost and progress in health theme activities suffered.

However, it is important to recognise that when project managers and workers are employed through an organisation separate to the NDC (i.e. a PCT) a **conflict of interest** may arise. Employment through organisations such as PCTs is undoubtedly advantageous to the individual in terms of access to training and development opportunities. However, projects may run the risk of becoming **detached from the communities** who developed them. If ownership of community projects is lost then ultimately participation in the projects will decline and the residents in that community will not be represented and could lose out.

## 5.2. Sustainability

Many of the original projects were pilots or one-off events, which had limited impact upon community members. It was recognised by the NDCs themselves that projects needed to be **ongoing** and **ultimately self-sufficient or mainstreamed**, if effective, in order to be sustainable.

The walking group in Bristol NDC is currently looking at how it can become self-sufficient and sustainable in the long term. The NDC is encouraging members of the group to take on the role of managing the project and they are exploring sources of future funding.

The Health Through Activity (previously Active Life) project in Middlesbrough is a community led group that has already become self-sustaining. The group has

developed a constitution, accessed resources independently, and has over 40 regular members.

By focusing on community development and capacity building skills, the Positive Health Action project in Oldham hopes to empower local people, and members of community and voluntary organisations to take over the running of projects after NDC funding ceases. An example of this is the community-run food co-op which is currently being set-up in conjunction with the allotment project and will support the 5 A DAY initiative.

Walsall NDC acknowledge that the Healthy Hearts project as a whole could not become self-sustaining, and will require ongoing mainstream funding to continue. However the cost of funding the programme may be offset against the saving the PCT and partner organisations make if people adopt healthier lifestyles. The food growing element of the programme aims to become a self-sustaining community enterprise by the end of Phase Three of the project.

## 6. Conclusions

Over the last three years of the NDC programme some **interesting** and **innovative projects** tackling healthy lifestyle issues have been established. Implementation of healthy living projects was initially a slow process but in general **a lot of progress has been made** in the last 1-2 years.

This initial slow progress is partly attributable to the perceptions of NDC residents and organisers that health is of a lower priority compared with education, crime, housing or employment, and partly due to problems with short-term funding and staff recruitment and retention. There seems to be a **changing attitude towards healthy lifestyles** as a priority area, at least amongst NDC as an organisation if not amongst the residents. This may in part be due to the recent White Paper “Choosing Health” published in 2004.

The biggest change has been the **greater involvement of PCTs**, in many cases as project leads or partners and part funding staff posts. Such posts can access training opportunities and have opportunities for longer tenure, and therefore greater job security.

The biggest concern previously was that many of the projects did not link directly back to changes in health outcomes, and indeed some had not identified any health-related outcomes or targets. Since our original evaluation reports, many of the NDCs have **re-visited and changed their outcomes** and set targets that are more **realistic and measurable** in terms of time and available data.

The healthy living projects studied provide a **co-ordinated approach to health promoting activity** in NDC areas across a full spectrum of health behaviours including exercise, nutrition and healthy lifestyles. Many of the projects focus on **early intervention priorities** and are **closely aligned** with **local, regional and national health improvement policy** and practice. For example, many of the projects concerned with lifestyle factors are working towards the Government’s objectives to tackle health inequalities, by offering opportunities to improve health and wellbeing particularly for the diseases which have the most impact on health such as cancer, coronary heart disease and diabetes. Physical activity projects encouraging people to become more active through participation in community-based initiatives have been shown, when undertaken regularly, to reduce the risks of these diseases.

Despite the successes over the last one to two years, it is important to recognise that improving lifestyles through behaviour change will be **primarily informed by**

**opportunities for improving the wider social, economic and environmental determinants** rather than by specific healthy living initiatives. Therefore the success of NDC initiatives around crime, education, employment and the physical environment are also crucial in ensuring general health improvement in these populations.

#### **Key messages**

- programmes containing several activities related to a single topic have a particular strength by approaching the topic from a number of different directions and through a number of different methods
- project objectives are now being re-appraised, resulting in more specific, measurable outcomes
- there is some recognition that changes in most health outcomes will not be demonstrable in the short term or attributable directly to the healthy living projects
- the involvement of PCTs at a management level can bring a more strategic outlook to the work of the NDC health theme
- employment through host organisations such as PCTs provides advantages such as greater access to training and development opportunities, continued support and greater job security
- monitoring and evaluation systems are improving, and evaluation is now recognised as important
- considerable mainstreaming is already taking place, particularly through PCTs, and is likely to continue if NDCs can demonstrate the effectiveness of their projects
- attitudes are changing towards healthy lifestyles as a priority area, at least amongst NDC as an organisation if not amongst the residents



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## Appendices

### Appendix 1: NDC Healthy Living Initiatives

<b>NDC</b>	<b>Project</b>
Birmingham Kings Norton	Women's Fun and Fitness, gym-based activities, cooking classes, healthy eating sessions
Bradford	Dance for Health, cook & eat sessions, healthy eating advice, food growing project, lunch club
Brent	Active South Kilburn, food co-op, nutrition advice, food growing project
Brighton	Women's Sports Group, Green Gym, dance sessions, walking group, sports facilities, healthy eating advice, cooking skills
Bristol	Community Health Project, weight management group, exercise taster sessions, bike loan scheme, walking group, incentive scheme, lunch clubs, 5 a day project, daily health activity sessions
Coventry	Health Equity Leisure Plan (HELP), sports, art and leisure activities, fitness equipment, football development scheme, nutrition advice, lunch clubs
Hackney	Exercise on prescription, exercise classes, walking group, food growing scheme, food co-op, nutrition advice
Hammersmith & Fulham	Healthy living project, exercise classes, walking group, healthy eating and cooking skills
Hartlepool	Health Development Workers promoting healthy lifestyles
Hull	Good Grub project, nutrition advice, basic food hygiene
Islington	Healthy living initiatives
Knowsley	Sports and cultural activities, exercise for the elderly, food co-op, 5 a day project, cook & eat sessions
Lambeth	Food growing scheme, food co-op
Leicester	Sports programme, physical activity sessions
Liverpool	Community sports centre
Manchester	Active Citizens, Over 50s exercise, healthy living activities
Middlesbrough	Walking network, swimming projects, exercise for the elderly, weight management, exercise classes, sports development, Hoop Dreams basket ball project, cooking and nutrition
Newcastle	Healthy living activities
Newham	Exercise referral scheme, walk to school scheme, food access project, breakfast clubs, food co-ops, fruit delivery scheme, lunch clubs, cook & eat sessions, schools project
Nottingham	Healthy lifestyles project
Oldham	Walking groups, dance sessions, walking & cycling paths, weight management groups, breakfast club, fitness trail, food growing scheme, food co-op, NDC Health Awards
Plymouth	Healthy weight project, food and nutrition project, breakfast clubs, cooking skills
Rochdale	Dance sessions, food growing scheme
Salford	Active citizens, weight management, walking groups, exercise referral scheme, food co-op, food mapping, 5 a day project, food growing scheme, cooking skills, nutrition advice
Sheffield	Healthy living activities, Green Gym, lunch clubs
Southampton	Health and Wellbeing project, Green Gym, walking group, exercise for the elderly, leisure development, sports facilities, dance project, breakfast clubs, food mapping, cooking skills
Sunderland	Healthy lifestyles network, school physical activity project, exercise for the elderly

Walsall	Healthy Hearts project, Active Communities, exercise referral scheme, new gym, exercise taster sessions, school projects, walking group, food mapping, food growing scheme
Wolverhampton	Green Gym, healthy living activities, food and nutrition advice

## Appendix 2: Case Studies

### Bristol NDC

#### Ongoing Healthy Living Projects:

1. *New Deal Flyers* - The free bike loan scheme takes place at weekends although the NDC hope to extend it to weekdays. A number of community groups use the scheme including a community mental health project and youth inclusion project. The scheme currently has 60 members and 20 bikes of varying sizes, safety helmets, and 2 electric bikes for the less physically able. The project works in partnership with Lifecycle (formerly Cyclewest) to provide cycle training for people living in the area.
2. *Community At Heart Amblers* - The walking group is part of the wider Walking the Way to Health national initiative funded by the Countryside Agency, and is supported by a number of organisations including the local PCTs, Bristol City Council, and Groundforce. The walking group has eight volunteers trained as walk leaders and minibus drivers, and a full programme of walks with different grades to suit all ages and abilities. The group is currently looking to become self-sufficient, with members of the group taking on the role of managing the project, and exploring sources of funding.
3. *Passport to Wellbeing* - This incentive scheme is on-hold due to restructuring of the NDC health theme. It will be implemented once the new Health and Regeneration Specialist has commenced and the community health projects have moved to PCT management.
4. *Support to lose weight groups* - This group was initially established to support residents who wanted to lose weight and needed additional nutritional support. The group focus has now evolved from weight loss into health and wellbeing. The group has a series of healthy living workshops including: alternative therapies, relaxation, healthy eating on a budget and cooking skills, and art for health.
5. *Weekly exercise sessions* - Includes yoga, women only keep fit, Tai Chi and dance. These sessions were initially run as part of the support to lose weight groups. Originally funded by the arts project for one year as a dance project, the exercise sessions are now funded by the community health project.
6. *Lunch Clubs* - Attempts to increase attendance at these lunch clubs by encouraging a wider age range have so far proved unsuccessful as people associate the lunch club with the over 50s project. The club is now linked to the walking group, who use it opportunistically to plan their walks programme. Involvement from other community projects in the area is encouraged, e.g. the advice centre were invited to attend lunch clubs for six weeks, to encourage people who needed advice to also attend.

#### New Healthy Living Projects:

7. *Healthy lunchboxes* - healthy eating workshops and events including food taster sessions were held in local schools. A nutritional therapist promoted healthy lunchboxes to children and parents.
8. *Taking Steps* - The walking group has a sister project called Taking Steps, a programme of weekly walks aimed at people who are elderly, frail, or recovering from an illness or operation. A number of people attend regularly, many from a local housing shelter. This project has direct benefits to health, by increasing activity levels, and indirect benefits through encouraging social inclusion and improved mental wellbeing.
9. *Activities on Prescription* - The NDC is currently developing an Activities on Prescription Scheme with a similar format to exercise on prescription schemes. The Passport to Wellbeing incentive scheme will link into this when established, along with a sports development project, the CHIPS project and the Arts project. Consultations are ongoing with local GPs to establish local need, and how the scheme will be implemented.

## Middlesbrough NDC

### Ongoing Healthy Living Projects:

1. *Weigh To Go (weight management project)* - Following external evaluation by Teeside University, the project has been mainstreamed through Middlesbrough Council Sport and Leisure Services, who run it through their leisure centres. The project offers a 12-week programme of physical activity and weight management called Balance. The NDC have created a community franchise of the brand, whilst retaining the two community weight management leaders who deliver the programme under the Balance name. The group leaders are employed through the PCT and have access to weight management and physical activity training with additional support from Middlesbrough Sport and Leisure Services who provide supervision and update training. The project is NDC funded but the group aims to become self-sustaining.
2. *Swimming projects* - These projects have recently been revamped and include access to free swimming and subsidised swimming for families and the over 50s. One project currently has over 200 families registered and has been successful in increasing the number of NDC residents taking part in physical activity.
3. *Walkers and Strollers* - Each walking group has approximately 25 regular attenders. The groups are linked into the PCT walking network and a full-time trained walk leader is developing programmes of walks for all abilities. The walk leader runs a core walking group, as part of the lifestyle prescription package for people who are referred by their GP for physical activity and lifestyle interventions, and provides support to a group of independent walkers through training and support for their walk leaders.
4. *Health Through Activity (previously Active Life)* - This community led group with over 40 members provides an activity programme for people over 40 years of age. The project has become self-sustaining; the group have a constitution and access resources independently.

### New Healthy Living Projects:

5. *Fun with Food* - These healthy eating sessions are run by a Community Health Development Worker and include family-based cooking skills. The healthy eating sessions have input from a community dietician, employed by the PCT, and are supported by chefs from Teeside College. Through this arrangement, residents can access a range of vocational courses at the college, and students from the college come and do practical sessions with the community members.
6. *Fitness classes* - The Community Health Development Worker runs fitness classes (separate from the weight management project) including ladies only and men only groups. A health worker, in partnership with the young people's theme (NDC), provides physical activity and fitness opportunities for young people.
7. *Kids Power* - This project, linked to the new Healthy Living Centre, provides cardio and resistance training sessions and equipment for children aged 8-13 years. The equipment is semi-static and can be moved around community and leisure venues. The kits are accompanied by a training package so community leaders can be trained to set-up and run their own groups with access to the equipment owned by the NDC.
8. *School Nursing* - The school nursing team have developed a number of physical activity and nutrition related initiatives, including breakfast clubs, fruit bars, healthy food bars, healthy tuckshops, healthy vending, and free water provision. A group for young women was set up which includes physical activity sessions, nutritional skills, body image, self-esteem and mental health promotion with a healthy lifestyle element. This has proven very successful and group for young men is being set up.

9. *Sports Hall Development* - The NDC is contributing £0.5 million to the capital build of a sports hall development at the main secondary school, in partnership with Sport England and lottery funding. Membership will be open to all local community members.
10. *Hoop Dreams* - Originally part of the Home Office funded Positive Futures Project, this scheme is run in partnership with the NDC young people's theme and delivered by the Teeside Mohawks, the local basket ball club. The project provides a range of physical activity programmes, with an underlying message of social inclusion, citizenship and good health. The project provides a bespoke package of interventions for each primary and secondary school in the area, based on the needs of each school. The scheme is curriculum based and curriculum linked to the Healthy School Standard. The project also delivers a programme of community-based outreach activities in partnership with the youth inclusion programme.
11. *Fit for Work* - This pilot project with Middlesbrough FC provides a 12-week programme of intensive support, training, health and fitness using football to attract non-traditional learners. The project works in partnership with the football club, At Work Recruitment (community-based recruitment agency) and Middlesbrough College to deliver a programme of physical activity sessions and basic job search skills for long-term unemployed residents as part of a return to work scheme. Of the first cohort of twelve men, eleven completed the course and three found full-time employment as a direct result of the programme. The project has been rolled-out across Middlesbrough with PCT funding.

## Southampton NDC

### Ongoing Healthy Living Projects:

1. *Active Options Falls Prevention Programme* - These exercise sessions for the elderly are run once a week at a local housing complex. The sessions aim to improve flexibility and mobility, increase confidence and independence, and reduce the risk of falls and injury in older people. The exercise component of the falls prevention programme specifically aims to increase muscular strength and endurance, flexibility and balance. These sessions are well attended and adherence to the programme is good.
2. *Health Walks* - The NDC run one walk per week with 8-10 regular participants weekly, plus additional walking events in the summer. The group aims to increase peoples awareness of the value of walking as a form of exercise, and to improve mental wellbeing of isolated people by involving them in a group activity.
3. *Breakfast clubs* - Breakfast clubs are run in all primary schools in the NDC area providing up to 75 children a day with a healthy breakfast and activities in a safe environment. The clubs, run in partnership with the NDC education theme, are NDC funded but discussions are underway with the LEA for future funding. Set up as part of a feasibility study by the City Council Early Years Development Service in 2002, the clubs have been running for three years and are well established. A recent evaluation recommended that these should link into other aspects of the healthy schools agenda, although involvement in the Healthy School Standard (HSS) in the area is patchy.
4. *Community Shopping Scheme* - This project is on-hold. A new community advocacy scheme is being developed and the shopping scheme will become part of this.
5. *Sport and Leisure Development project* - This project aims to encourage people of all ages to take part in sport, recreational and cultural activities, and to provide new and improved indoor and outdoor sports facilities. The project employs two Sport and Leisure Development Officers.

### New Healthy Living Projects:

6. *Family Fit Club* - This project is aimed at parents with school age children who want to lose weight and increase their physical fitness but have childcare difficulties. Activities take place once a week after school (term time only) and include: a weigh-in for adults, education and taster sessions on healthy food choices, cooking skills, and sessions of physical activity i.e. a walk, games or dance sessions.
7. *Weight Busters* - This weight management project provides a similar service to that offered by commercial slimming clubs. It is aimed at people who want to lose weight and eat a healthier diet. Meetings are once a week (evenings) for a weigh-in, and information on healthy eating and exercise. Since it started 28 people have attended the group.
8. *Summer activities* - These sessions are run during the summer holidays to promote healthy eating and exercise, and provide free fruit taster sessions, for children and adults, promoting the 5 a day message.

## Oldham NDC

### Ongoing Healthy Living Projects:

1. *Local Food for Local People* - This is an allotment based food growing scheme.
2. *Stepping Forward* - This walking group is part of the wider Walking the Way to Health national initiative and is supported by a variety of organisations including Oldham MBC, Groundwork and the British Heart Foundation. Oldham PCT are currently developing a referral scheme from primary care into the walking groups for people who have been advised to increase their activity levels or are recovering from an illness or operation. There is also a new toddlers walking group run in partnership with Families First.
3. *Active Life, Active Leisure* - This project aims to encourage people to improve their physical fitness by upgrading walking and cycling routes through the NDC area. The project is part funded by the NOF with matched funding from the NDC. It supports a health walks co-ordinator and provides a more varied and distance graded infrastructure on which a proposed GP referral scheme will be based. The project is currently installing cycle lockups at schools and community centres to encourage people to cycle to work or leisure activities.
4. *Energise* - initially this project involved young people in the design and construction of a fitness trail and promotion of healthy lifestyles. The project now offers a range of physical activity opportunities for young people in addition to providing advice and training opportunities and supporting young people who deliver and manage the project.

### New Healthy Living Projects:

5. *Physical activity taster sessions* - The NDC runs a series of 6-8 week courses offering a range of physical activity opportunities including Tai Chi, dance, low impact exercise, and yoga. Classes are run once a week and charge £2.50 per session. Courses are run by local tutors where possible.
6. *5 a day project* - The NDC deliver several projects within the 5 a day theme including fruit tuck shops in local primary schools, healthy eating activities with special needs children, and 5 a day training for local community workers. The NDC hosted a Fruit Day in local schools with support from Asda supermarket, who provided a variety of fruit free of charge.
7. *GP Referral Scheme* - An exercise on prescription scheme is being developed by the NDC and Oldham PCT. A proposal to include the health walks in the new scheme has been accepted.
8. *Weigh N Tone* - This weight management group provides a programme of healthy eating advice including the 5 a day message plus sport and physical activity. Groups are run at various community venues including a local sports centre. Some of the participants completing the course have expressed an interest in training as facilitators for future groups.
9. *Food Co-op* - This community-run food co-op is currently being developed in conjunction with the allotment project. The 5 a day school suppliers will provide the produce for the food co-op in the community until it becomes self-sustaining, at which time local residents will take responsibility for the management and running of it.
10. *Cooking classes* - These sessions are run in partnership with the Eden Project at Families First. They provide healthy eating advice and practical cooking classes run by a local chef. The venue, food and use of the kitchens for these classes is provided by a number of NDC projects.



## Walsall NDC

### Ongoing Healthy Living 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 improving diet and nutrition and increasing physical activity.

1. *Food for Thought - Food Access and Consumption*: This involves mapping food access and fruit and vegetable consumption to provide baselines, the development of a referral scheme from primary care into community based programmes (linked to a physical activity referral scheme), and a variety of school based activities. The Food Access Workers are based with the rest of the Healthy Hearts Team.
2. *Food for Thought - Growing Scheme*: This programme aims to develop a number of growing sites concentrating on underused allotments. Development is being carried out by Intermediate Labour Markets (ILMs). The scheme provides training and work experience for unemployed 18-25 year olds. The Food Access Workers organise visits to the allotments for school children and local groups to explain the work that is being carried out.
3. *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

A Physical Activity Development Officer is employed through the Active Communities programme and managed by Walsall Council's Sport and Leisure Development Services.