

Expert Testimony presented to the NICE Programme Development Group on community wide approaches to preventing obesity

Presented by Esther Trenchard-Mabere, 4th October 2011, updated 14th November 2011

Introduction

This paper is based on learning from the Tower Hamlets Healthy Borough programme, which received funding of £4.68 million¹ from the national Cross Government Obesity Unit as one of nine 'Healthy Towns' funded to ***'test and evaluate different approaches to making regular physical activity and healthy food choices easier for local communities, with the aim of preventing overweight and obesity'***. The aim of this initiative was to learn more about how ***environmental factors*** can help to prevent overweight and obesity in children and families.

The Tower Hamlets Healthy Borough programme was based closely on the recommendations from the Foresight Report and was built around three themes – Healthy Environments, Healthy Organisations and Healthy Communities with three 'cross cutting strands' – active travel, active lives and healthy food. The programme consisted of 16 interlinked projects each with an identified project lead. See appendix for more information about how the programme was set up and the key achievements of the programme

What are the essential elements of a local, community wide approach to preventing obesity that is sustainable, effective and cost effective?

The programme level evaluation, which was commissioned to evaluate how far the programme had achieved 'strategic and cultural' change, identified the following as critical success factors:

- Building the programme on an **evidence-based rationale** (*largely based on the Foresight Report and NICE guidance*)
- **Effective leadership at all levels** – strategic, operational and project delivery and in all partner organisations, in order to drive transformational change
- **Building on existing partnerships and developing new ones** - to foster new working relationships and encourage collaboration with partner responsibility and accountability through 'ownership' of work streams. *We found that where we were building on established partnerships progress was quicker. However some of the newer partnerships started to deliver results later in the programme, for example a new partnership with the local authority's parental engagement programme and the early years accreditation scheme*
- **Linking in with wider initiatives** – to help the programme reinforce its messages and spread its influence more widely. *For example making the links to sustainable development/climate changes, community safety, community development and promoting health and wellbeing.*
- **Using funding as a catalyst** to build relationships with local communities and other agencies to increase participation and engagement.
- Building in **'mainstreaming'** from the beginning. *All projects were asked to develop sustainability plans from the start. In some cases this involved embedding different ways of working and in some cases securing new funding. Over the last year the local authority has had to make major*

¹ Funding was awarded in December 2008 and following a short lead in time to firm up plans the programme ran for two years from April 2009 – March 2011

cuts to services which has made it harder to mainstream the learning from the programme but there is still a commitment to do what we can.

- Recognising the **importance of community engagement and involvement** in partnerships to sustain this progress. *We succeeded in increasing community involvement in a number of the public sector led projects for example the Green Grid, improvements to new cycle routes, women and girls swimming, healthy schools amongst others. The 'Can Do' small grants proved to be particularly successful in involving local people in developing their own ideas to support healthier lives.*
- Using high profile communications and branding to build a **strong programme identity** (*linked to national change4life brand.*)
- **Fostering a learning culture** – to involve all delivery staff, partners and stakeholders in reflection and continuous improvement. *To achieve this we had a series of learning events for project leads to reflect on and share learning about what worked and what didn't work.*
- **Adapting in a changing policy environment** – through flexibility and identifying opportunities as well as being prepared to tackle new challenges. *There were a number of major political changes during the life of the programme at national and local level. To sustain commitment there is a need for ongoing influencing and negotiation.*

I would also add the following key elements:

- **Shared vision.** We were able to build on a shared vision that had already been agreed through the development of a multi-agency strategy prior to submitting the proposal for the Healthy Borough Programme. However maintaining and extending the shared vision needs to be an on-going process. The evaluation found that while senior stakeholders who had been directly involved in the Healthy Borough programme understood the vision, other influential players who were less involved did not fully understand the focus on prevention and wider environmental factors.
- **Gaining high level strategic support and sustaining it.** There were numerous political and organisational changes during the 2 years of the programme and so this had to be continually renewed
- **Involving partners in the development of the programme.** Wide consultation and a stakeholders conference informed the development of the original Healthy Weight, Healthy Lives strategy. We built on this and conducted rapid consultation to develop bid for funding from the Cross Government Obesity Unit for the Healthy Borough Programme.
- **Combining 'top down' and 'bottom up' approaches** to influence wider policy and strategy and also promote community involvement.
- **Interventions in all 6 key areas of the 'obesity system map'** – i.e. food supply / environment, food consumption, societal influences, individual psychology, physical activity environment and individual physical activity
- **Allowing realistic time scales** to develop new partnerships and pilot new approaches (see also comments above). The two year timescale of the Cross Government Obesity Unit funding was not enough to see sustainable change. We are now working with our partners to take the learning from the programme into a longer term programme
- **Dedicated programme management** to coordinate, sustain, monitor and support evaluation. The additional funding allowed for a dedicated programme team, it will be harder to sustain the same level of activity with significantly less funding

- **Building in evaluation from the start** – We started to draw up plans for evaluation both at the whole programme level and individual project level from the start. However pressure from the funders to start delivery early resulted in a delay in commissioning the external evaluation so that a pre-delivery baseline was not established. This again illustrates the importance of allowing a sufficient lead in time for planning and consultation.

What barriers and facilitators may influence the delivery and effectiveness of a local community-wide approach (including action targeting specific groups)?

Barriers

- **Competing priorities and lack of buy in** – particularly competing pressures on time. When working with or trying to influence other organisations it is important to understand what their key priorities and pressures are so that realistic plans can be made.
- **Unrealistic timescales** – this is a common problem with externally funded initiatives. Any complex partnership programme requires a development phase for consultation, agreeing shared vision and priorities, building partnerships, recruiting staff etc. Once established it can take several years before real sustainable change occurs.
- **Organisational and political change** (see above)
- **Silo working** – this can occur even within an organisation or single department. We found that the project leads group, which brought together projects across the three themes (Healthy Environments, Health Organisations and Healthy Communities) was useful in breaking down silos and stimulating creative ideas and new linkages across projects
- **Funding cuts** – the funding environment changes significantly from the time the ‘Healthy Communities Challenge Fund’ from the Cross Government Obesity Unit was first announced. While it is possible to achieve some change with less funding it is more difficult because even policy changes that on the face of it require less funding still requires dedicated input from motivated people which is hard to achieve on a purely voluntary basis.

Facilitators

- **Shared vision** (see above)
- **High level strategic champions**, plus champions at all levels. We were lucky that at the start of the programme the lead Member for Health and Wellbeing was a strong advocate for the programme and this was important in securing wider support for the programme. We also emphasised community leadership by supporting ‘bottom up’ ideas through grants for ‘pupil led’, ‘staff led’ and ‘community led’ projects
- **Placing programme management in the local authority** – A decision was made to base the programme management team in the local authority, rather than in the Public Health Department, as most of the key strategic levers that we wanted to influence, e.g. in relation to spatial planning, parks and open spaces, public realm, community safety, leisure, education etc. are in the local authority. This proved to be very successful both in having more influence across the local authority and also in gaining real ownership and commitment from the Local Authority to the programme
- **Prioritising community engagement** – more than a third of the programme funding was allocated to the ‘Healthy Communities’ theme with dedicated support staff. This was successful in gaining high levels of participation and visibility.

- **Responding to community priorities** – e.g. one of the most popular projects was ‘women and girls swimming’ which was included in the programme as a direct response to a community demand for more women only sessions.
- **Using funding as a catalyst** – small amounts of funding have been useful to influence and engage local authority departments that had previously had little or no involvement with health issues.
- **Building ‘health’ into mainstream local authority services** – e.g. spatial planning, public realm, and parenting programmes
- **National strategic support** – the fact that we were part of a national programme increased interest and commitment at a senior level
- **Meaningful performance indicators to track progress**

Who are the key leaders, actors and partners and how do they work with each other?

The key organisations and leaders involved in the Healthy Borough programme were as follows:

- **Local authority** (best placed to influence many of the key levers – e.g. spatial planning, public realm/transport, parks and open spaces, leisure, children’s services). *The Programme Board was co-chaired by the local authority (initially the lead Member for Health and Wellbeing, later replaced by the Director of Adult Health and Wellbeing due to a political change and local authority re-organisation) and NHS (Director of Public Health). The Director of Tower Hamlets Partnership, Director of Communities, Localities and Culture and key heads of service were also members of the Healthy Borough Programme Board. A wider group of local authority staff from all levels were involved through workshops, conferences, input at other strategic groups and internal communications.*
- *In addition 8 of the 16 projects were led by local authority staff and a further 3 (community engagement, community led projects and marketing and communications) by Healthy Borough programme staff based in the local authority. All project leads attended the project leads group and submitted quarterly monitoring data to the monitoring and evaluation officer in the Healthy Borough programme team*
- **NHS²** – *Public Health provided strategic leadership for the programme. The Board was co-chaired by the Director of Public Health and two Associate Directors / Consultants in Public Health were on the Board. Other NHS member of the Board included a GP, Head of Nutrition and Dietetics, Senior Lecturer in Sports and Exercise Medicine and Obesity lead from the Regional Public Health Group. 5 of the 16 projects were led by public health staff who also attended the project leads group and submitted quarterly monitoring data*
- **Academic** – An Associate Professor of Public Health, who had been involved in the Foresight Review and National Advisory Committee was a member of the Board and Evaluation Advisory Group
- **Schools and early years settings** – engagement was at project delivery level

² The Healthy Borough Programme was specifically focussed on prevention and so excluded weight management programmes that have been commissioned as part of the broader Healthy Weight, Healthy Lives strategy. In the next phase of the programme we are bring them back in and so including wider range of NHS partners on the Board.

- **Housing** (registered social landlords (RSLs)) – *a representative of the Housing Forum was a member of the Board and a number of RSLs were actively involved in the food growing programme and other community led projects*
- **Voluntary sector, community organisations and local people** – *there were three voluntary sector representatives (two local and one national) on the Board and wider involvement in the Community Engagement steering group and through the community led projects*
- **Private sector – workplaces, food retailers, leisure providers** – *The Borough Director from East London Business Alliance (ELBA) was a member of the Board. Wider engagement with workplaces, food retailers, leisure providers was at project delivery level.*
- **Organisational accountability** – *The Healthy Borough Programme Board was established as part of the Tower Hamlets Partnership with its primary accountability to the 'Healthy Communities Community Plan Delivery Group' and additional reporting lines to the 'Be Healthy sub group' of the Children and Families Trust and the 'Great Place to Live Community Plan Delivery Group'. Three sub groups reported to the Healthy Borough Programme Board: the Project Leads group, Community Engagement steering group and Evaluation Advisory group. Wider engagement was achieved through presentations and input at other strategic and operational groups, seminars, workshops, conferences, public events, internal and external communications and the website*

What factors need to be considered to ensure local, community wide approaches are robust and sustainable?

- Strategic commitment and leadership at all levels - need to have 'top down' strategic change as well as and to support bottom up community involvement.
- Evidence based wherever possible
- Strong programme management and support
- Engagement with and ownership by key partners
- Realistic timescales to allow for consultation, planning, building in evaluation from the start and building up the capacity of partnerships, organisations and individuals to deliver
- Locally appropriate messages
- Learning and evaluation – to support learning from innovative approaches in the absence of a strong evidence
- Sufficient funding

What does effective monitoring and evaluation look like?³

- Dedicated resources (*we allocated 10% of the external funding*)
- Building evaluation in from the start to establish baseline measures and 'model of change'
- Commissioning external evaluation
- Use of logic model at programme and project levels to identify rationale for longer term outcomes and meaningful intermediate process and performance indicators
- Routine monitoring of outputs – to ensure delivery is happening
- Use of both qualitative and quantitative methods as appropriate
- Use of evaluation as an iterative process to inform learning and influence delivery

³ Please see Evaluation Strategy for more information

Can the cost effectiveness of local, community-wide interventions be established and, if so, what is the best method of use?

We did explore the cost effectiveness of some of the interventions implemented as part of the Healthy Borough Programme (see page 28 of programme report) but due to the varied types of inputs, complexity of the system and difficulties in attributing causality we cannot make any general recommendations on how to establish the cost effectiveness of community-wide interventions. In particular should note that to address inequalities and support change in communities facing barriers of poverty, deprivation and multiple competing priorities is likely to have higher costs than effecting change in more affluent communities.

Appendix – Additional information about the Tower Hamlets Healthy Borough programme

The funding was secured through a three stage competitive bidding process. The programme proposal was developed through a rapid consultation with key stakeholders including senior staff across the local authority, voluntary sector and community organisations. We were able to undertake this consultation in the very short timescales required by the deadlines for submitting the expression of interest and then the full bid, because we already had a local multi-agency 'Healthy Weight, Healthy Lives' strategy in place that had been developed through a more extensive consultation process. The bidding process was led by the local NHS Public Health Department in close partnership with the Local Authority and Voluntary Sector.

We prioritised community engagement and community led projects because it was felt that local people have the best understanding of the barriers that make it hard to become more active and have a better diet. We allocated more than a third of the funding to the 'Healthy Communities' theme.

The Healthy Borough programme team was responsible for coordination, monitoring and evaluation, communications and led the community engagement work. However leadership and responsibility for the 16 projects was embedded across the Local Authority and Public Health department, each project had a project lead with accountability back to their senior manager (Local Authority Service Head or Associate Director of Public Health). The Head of the Healthy Borough Programme had dual accountability to the Local Authority and NHS. Day to day line management was provided by the Director of Tower Hamlets Partnership (Local Strategic Partnership) based in the Local Authority (later this changed to the Local Authority Director of Adult Health and Wellbeing as a result of a re-organisation) and Strategic management was provided by the lead Associate Director of Public Health.

A multi-agency Healthy Borough Programme Board, accountable to the Tower Hamlet Partnership, was established to provide strategic leadership. Coordination and linkage of the 16 projects was managed through an operational project leads group that reported to the Board. Other groups reporting to the Board were the Community Engagement Steering Group, Communications Steering Group and Evaluation Advisory Group

Although the external funding ended in March 2011, it has been agreed that the Healthy Borough Programme Board will continue to provide the high level strategic leadership and coordination of local work to tackle obesity but will now report to the newly established Health and Wellbeing Board. We are just about to embark on a refresh of our local strategy, which ends in March 2012, and will be consulting with key stakeholders to agree priorities in light of achievements and learning from our local strategy and the Healthy Borough Programme and the new national strategy.

Summary of Key Achievements from the Tower Hamlets Healthy Borough Programme (April 2009-March 2011)

Theme 1 Healthy Environments

Healthy Spatial Planning

Health integrated into Core Strategy of Local Development Framework. Development Management Policy agreed with definitions of 'over concentration of unhealthy uses' and guidance for planning control officer on health considerations that could be referred to when responding to applications to open new fast food outlets. Best practice guidance developed on use of health impact assessments and estate regeneration schemes.

Green Grid

Green Grid strategy and business plans, with long term plans for joining up open spaces to create a grid of walking routes, adopted by the Mayor and incorporated into the Local Development Framework. Community engagement in development of plans.

Active Travel Routes

Completion of Meath Bridge/Connect 2 route providing new cycling route linking Bethnal Green and Victoria Park. Cycle Route Improvement Stakeholder Investment Plan (CRISP) agreed covering all main cycle routes in the Borough. 14 volunteer cycle rangers recruited, 41 site visits completed and 151 defects remedied.

Parks Outreach

42 participatory events held in 12 parks across the Borough. 3,735 people recorded as participating in the events of which 62.5% were from BME background (target group as local data showed underuse of parks by BME groups). Over 80% of participants said that it had improved their confidence about using parks more in the future

Active Play

267 active play sessions delivered in partnership with community sector and making use of new playgrounds. 80 schools and 18 after school clubs participated. 316 staff from 47 schools trained in active play.

Swimming for Women and Girls

1,154 new women only swimming sessions provided across 4 swimming pools. 5,520 women and 706 girls registered for the scheme and 59,853 individual swims taken up. 220 women registered for swimming lessons

Access to healthier food

1,146 visits to food retailers were undertaken by Environmental Health Officers to explain Food4Health Awards. 121 cafes, takeaways and restaurants made modifications to menu to meet criteria for bronze, silver or gold Food4Health Awards. 18 healthy eating and healthier frying

workshops held for food businesses. 22 convenience stores signed up to the Buywell scheme to increase the availability of fruit and vegetables and achieved an average 45% increase in sales across the 2 years.

Theme 2 Healthy Organisations

Healthy Food and Active Lives in Early Years

22 Early Years settings, (e.g. Nurseries and Children's Centres) achieved the Tower Hamlets Early Years Accreditation which requires the organisation to meet a set of standards to build in the promotion of physical activity, healthy eating and health and wellbeing into their organisations policies, procedures and activities. 128 public venues signed up to the Breastfeeding Welcomes Places standards. 34 local parents were trained in participatory training and use these skills to consult more than 700 other parents and children.

Healthy Food and Active Lives in Schools

77 schools implemented a Physical Activity policy and 78 schools implemented a Whole School Food Policy. 12 schools participated in the 'Recipe for Fun' social marketing initiative which included a healthy recipe completion for pupils and production on an on line resource. 66 grants were awarded to support 'pupil led projects' to implement pupil's idea for promoting healthy eating and physical activity. 25 schools signed up to the Bike It! programme with 1,733 pupils participating of which 1,078 achieved Level 2 National Cycling Standard. By 2011 10% of pupils in participating schools were cycling to school at least once a week and 41 parents took part in Bike It U Can2 training sessions.

Healthy Food and Active Lives in Workplaces

36 workplaces achieved Healthy Workplace accreditation and 6 organisations trained to mentor other organisations working to meet accreditation.

Active Travel Plans

23 SME and community sector organisations adopted Travel Plans and 9 community organisations delivered additional walking and cycling training with Healthy Borough grants. 2,213 people participated in active travel events, 33 people took up Try Cycling to Work programmes and 53 people took up the cycle buddy scheme. 765 adult cycling training sessions were delivered with 416 individuals participating and 155 adults achieving Level 2 of National Cycling Standard or higher. An additional 30 families took part in cycle training. 27 volunteer walk leaders were recruited and 6 new regular community walks were introduced.

Theme 3 Healthy Communities

Community Engagement

Community Engagement Strategy developed and agreed by the Healthy Borough Programme Board and 4 community engagement good practice models were developed, written up and disseminated through locality networks. 17 feedback and learning events were held and 6 community focus

groups held with 42 participants from diverse communities. 8 focus groups were held in schools with 82 children (key stage 1 and 2). Community engagement into a number of Healthy Borough projects was facilitated including the Green Grid, Active Play, Women and Girls swimming and Healthy Schools.

Community Led Projects

40 Community grants (project grants of £5,000-£15,000 and small grants of £1,000-£5,000) and 176 'Can Do' grants (up to £500) were awarded with more than 19,600 beneficiaries of a wide range of projects aimed at reducing the barriers to healthy eating and physical activity. An additional 12 food growing projects were supported in partnership with Registered Social Landlords.

Healthy Families

78 consultation events and taster sessions were delivered followed by 80 five or six week family programmes delivered in partnership with 44 schools, 17 early years settings and one community organisation. 1,776 parents or carers participated, benefitting 1,558 under 5's and 171 key stage 1 children. Evaluation showed that all participants reported increased knowledge and confidence about healthy choices. 351 parents/carers with 247 under 5's and 61 key stage 1 children attended trips to participate in physical activity. 60 school staff attended shared learning events.

Active Travel in the Community

273 households on the Ocean Estate were surveyed for the 'Get Out Get Active' project and an additional 800 people from 600 households were contacted through surgeries, workshops and door knocking. 119 people were referred to Cycling on Prescription cycling training, 37 women participated in cycling training delivered as part of the Ocean 11 cycling project, 27,000 active travel walking and cycling maps were produced and distributed. 780 sessions were delivered by the All Ability Cycling Club with 131 member and 133 people benefitted from the getting around project. 79% of respondents reported that they had increased the amount they walked and 61% reported that they felt healthier and had a better understanding of health as a result of the project.

Marketing and Communications

Communications strategy developed and agreed by the Healthy Borough Programme Board. Branding guidelines were developed for use across the programme and project leads were supported in publicising their activities. 3 three-month marketing campaigns were delivered in January-March 2010, June-August 2010 and January-March 2011. There was a Healthy Borough presence at 10 major public events. Interactive Healthy Borough website was set up and 729 people signed up to receive updates. The impact of the communications work was tracked through face to face and telephone interviews with three samples of 500 each from the Tower Hamlets Citizens Panel. This showed an increase in awareness of the programme from 19% in January 2010 to 28% in July 2010 to 33% in March 2011.