

**Final report on community projects addressing risk factors  
for the development of pre-diabetes in adults from high  
risk groups**

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## **Final report on community projects addressing risk factors for the development of pre-diabetes in adults from high risk groups**

### **1. Report Purpose**

This report describes the findings of a short information gathering exercise about the type and range of community based projects addressing risk factors for the development of pre-diabetes in adults from high risk groups.

### **2. Background**

The Centre for Public Health Excellence at NICE (The National Institute for Health and Clinical Excellence) is developing public health programme guidance on the prevention of type 2 diabetes mellitus among high risk groups. The Programme Development Group (PDG) for the guidance (an independent advisory committee set up by NICE) is interested in community based projects that address risk factors for the development of pre-diabetes in adults from high risk groups. High risk groups are defined as people from black and minority ethnic groups and/or people from lower socio economic groups.

The PDG is interested in the range and type of community based projects, what has been successful and how barriers to the work have been overcome. Such projects are often locally run and managed and develop over time. They may not publish formal reports and so may not be picked up in literature reviews or more formal investigations; however they do have important information to share. The information gathering exercise aimed to gather a snapshot of these projects and to explore a small number in more detail.

### **3. Methodology**

The aim was to gather brief information about a sample of projects from across England<sup>1</sup> that met criteria agreed by the NICE team developing this guidance (see table 1 on page 4). From this sample of projects, eight were selected by the NICE team to be described in more detail as case studies and of those three were selected to give a presentation about their work to the PDG at the September 2010 meeting.

A comprehensive mapping of all projects would have been prohibitive in terms of time and funding, so it was considered more cost effective to undertake a broad search by email of likely key informants and networks and to invite projects to self report using a questionnaire.

An email explaining the purpose of the information gathering exercise and the criteria for inclusion of projects was widely circulated to regional health and public health networks and other organisations thought likely to be in touch with such projects. A list of those emailed about this project can be found in Appendix 1. The information gathering exercise began in mid July 2010 and ended in mid August 2010.

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<sup>1</sup> There were some projects reported from Scotland but the search did not attempt coverage of Scotland or the other regions for reasons of time and funding.

Projects that have been written up as case studies and those asked to give a presentation about their work to the PDG were selected by the NICE team. These projects were selected because they had undertaken some evaluation of their work, reflected a good spread of high risk groups targeted, had developed a successful approach and had learning to share about how to do this work and overcome barriers and difficulties. Due to time constraints projects reporting later than the closing date could not be considered for development as case studies. The eight case studies can be found in Appendix 2.

<b>Table 1: The criteria agreed by the NICE team for inclusion of projects</b>	
1	<p>The project must contribute to the prevention of risk factors associated with pre-diabetes – this is defined as raised and impaired glucose levels - and address one or more of the following lifestyle interventions:</p> <ul style="list-style-type: none"> <li>• Reducing sedentary behaviour and/or increasing physical activity levels</li> <li>• Achieving/maintaining a healthy body weight, or body mass index (BMI), or waist circumference</li> <li>• Improving dietary intake for example, by               <ul style="list-style-type: none"> <li>○ by reducing intakes of fat, saturated fat and/or sugar</li> <li>○ and/or by increasing intakes of fibre rich starchy foods, fruit and/or vegetables.</li> </ul> </li> </ul> <p><b>OR</b> they may be projects that raise awareness about the risk factors for pre-diabetes.</p>
2	The project <b>must</b> be for adults aged between 18 and 74 years.
3	<p>Projects <b>must</b> target one of the following high risk groups:</p> <ul style="list-style-type: none"> <li>• Black and minority ethnic groups</li> <li>• Lower socio economic groups</li> </ul>
4	Family based interventions can be included if the adults are <b>actively</b> involved (for example swimming with their children as opposed to just taking children to a swimming session and watching). Interventions which target children only are not within the scope of this particular piece of work.
5	<p>The project should have undertaken some form of evaluation <b>or</b> have some evidence of outcomes achieved.</p> <p>NB. Projects may not have been independently evaluated but still have some form of evidence of their success.</p>

Projects were asked to complete a questionnaire (a copy can be found in Appendix 3) that requested information on:

- Project location and types of venue used
- Project funding
- Target Group for the project
- Why the project was set up
- Project aims
- Roles of those who work on the project
- Project management arrangements
- What the project does and how it does it
- What works well
- What has been less successful and overcoming it
- Project evaluation and findings (and any reports about the project)

### 3.1 Methodology limitations

There were a number of limitations for this project that may have affected the response rate. The main one was time and timing – the questionnaire was circulated during the summer holiday period and people had a 14 days in which to return it. In addition the announcement of the closure of regional government offices meant that regional networks were not operating as well as they had in the past. A large number of projects were reported from the West Midlands which may in part be due to a very active Food and Health Regional Network and a recent regional Food and Health audit which gave a good picture of work across this one region (see Appendix 4 of this report for more information about the audit).

Three people indicated that they were working with these high risk groups but were not specifically targeting them and so did not fulfil the criteria.

## 4. Findings

Questionnaires were returned by 32 projects which met the criteria for inclusion. A list summarising the projects can be found in Appendix 5 and a selected sample of case studies describing eight projects in more detail can be found in Appendix 2.

A further fifteen projects were excluded as they did not meet the criteria. Mostly they were projects for those who are already diagnosed with type 2 diabetes; or were for children; or were generic overarching projects; or were about addressing planning and built environment issues to promote physical activity. A list of the projects and other information excluded can be found in Appendix 5.

The majority of the projects that met the inclusion criteria do not set out to be about the prevention of pre-diabetes but are more generally about healthy lifestyles and preventing other major diseases such as coronary heart disease. However they do contribute to the prevention of pre-diabetes risk factors and they are clearly targeting and engaging high risk groups for the development of pre-diabetes.

### 4.1 Target Groups

The projects described the high risk groups they targeted and in some cases were targeting more than one high risk group:

#### **Lower socio-economic groups**

Most of the projects targeted lower socio economic groups either by locating the projects in areas of deprivation and recruiting from that area or working with existing groups already meeting (such as parents within schools or children's centres, community centres etc) or using post code data to select people living in deprived areas.

#### **Black and minority ethnic groups**

The information gathering exercise sent emails to a wide range of organisations and networks likely to be in touch with community groups working with black and minority ethnic groups. However most responses from projects targeting specific groups referred to South Asian communities. This may in part reflect that many projects responding were in the West Midlands where there is a large South Asian community.

Four projects specifically targeted the South Asian community. This included tailoring the groups for the many different South Asian communities with different languages, religions, cultures and traditions, and with particular reference to dietary preferences. Other projects ran specific sessions or groups within their programmes for particular South Asian groups.

Three projects found it useful to run sessions in places of worship and Asian community centres as this was a good way of contacting people.

One project had trained community champions from Black and Minority Ethnic groups to run education and awareness raising sessions within their communities and this included people from a wide range of black and minority ethnic groups.

It is clear from the review of project questionnaires returned and accompanying reports where available, that many of the projects had black and minority ethnic participants but it was not clear which ethnic group they were from.

### **Men and Women**

Two projects targeted men from lower socio economic groups who are traditionally difficult to engage in messages about healthy lifestyle. One project targeted people who drive for a living (bus, van and taxi drivers), the majority of whom were men from lower socio economic groups. Apnee Sehat, in the West Midlands, found that providing free health screening after Friday prayers at Mosques was a good way to talk to Asian men about health and lifestyle issues and found that men are interested in this (see case study 1 Appendix 2).

Most projects found that women were much more likely to become involved than men.

### **Raised BMI**

Five projects targeted people with a BMI of 30 and over and two projects focused on a BMI over 25 and up to 40. The BMI was often set lower for people of Asian origin or for those with co-morbidities, for example Slimmers Kitchen (see case study 6 Appendix 2). This targeted:

- those with a BMI of 30 and over or a BMI of 27 for those of Asian origin
- and a BMI of over 28 for those with co-morbidities or 23.5 for those of Asian origin

In addition two projects did not specify a BMI range but did target those who were obese.

Targeting raised BMI or the obese population was usually combined with targeting areas of deprivation. These projects tended to be about weight management.

### **Vulnerable Groups**

One project targeted adults with learning disabilities. Healthy Hearts in Nottinghamshire ran an arts and creative project about healthy heart advice and participants were able to show some understanding of health messages and some behaviour change such as reduced salt intake after the project.

Some of the cooking skills projects targeted vulnerable groups such as young single parents, homeless projects, care leavers, drug and alcohol projects, and hostels. The Keep Well project in Scotland targeted older people and carried out health checks and gave advice in prisons, hostels and visited isolated rural communities.

## 4.2 Project Aims

The community projects could be broadly categorised as follows:

- Weight Management Healthy lifestyle
- Health Screening
- Cooking skills
- Physical activity
- Healthy eating and physical activity
- Health education and raising awareness

The projects aims are discussed below and examples given of how projects achieved their aims. Some projects are described in more detail as case studies in Appendix 2. Otherwise projects are summarised in Appendix 5.

**Weight Management** - the majority of the projects were concerned with weight management, either directly aiming to help people to lose weight or indirectly by including weight loss as one of its targets. Many projects target adults within a specific BMI range - commonly 28 and above (often lowered for people of South Asian origin) and there is often a focus on targeting areas of deprivation where people are less likely to be able to afford commercial weight loss programmes.

<b>Weight Management - Community Project Examples</b>
<p><b>The Lighten Up Project in Birmingham</b> (described in case study 4 Appendix 2) uses a call centre to manage referrals to commercial and NHS weight loss services and has based this on successful Stop Smoking call centre approach. It provides 12 free sessions of one of seven weight loss programmes and targets those with a BMI over 30 in areas of deprivation. Participants lose an average of 5% of starting body weight.</p>
<p><b>Slimmers Kitchen in Dudley</b> (described in case study 6 Appendix 2) is a 12 week programme of cooking healthy meals and physical activity. It targets adults with a BMI over 30 or 27.5 for those of Asian origin, and runs in the 40% most deprived areas. It sets a 5% weight loss target and runs tailored groups for men, women and BME groups.</p>

**Healthy Eating and Physical Activity** was used by thirteen projects to support people to lose weight and feel better. These projects typically offer a programme around healthy eating and taking part in physical activity.

<b>Healthy Eating and Physical Activity – Community Project Examples</b>
<p><b>The Shapes Project in Dudley</b> (described in case study 5 Appendix 6) introduces people to different kinds of physical activity and provides a weekly nutrition workshop and aerobics session. It targets people who have brought their BMI from above 30 to below 28 using a weight loss programme.</p>
<p><b>One Body, One Life</b> in Coventry provides a free 10 week programme for families where one person is overweight (not just the children as happens in many family programmes) Adult only groups are also offered to people aged over 16. Each week consists of a healthy eating workshop followed by a group physical activity session such as team games, ball games etc. A health check is carried out at the beginning and end of the programme.</p>
<p><b>Plants to Plates</b> in the Wirral is a community allotment project in a deprived area that uses gardening to engage people in being more physically active and eating more fruit and vegetables. Cooking sessions facilitated by a health trainer are combined with messages about healthy eating and gardening activity on the allotment.</p>

**Cooking Skills** – eight projects focused entirely on cooking skills or included cooking skills within their programme. These projects often noted that people lacked not only knowledge about healthy eating but also the skills to shop and cook a healthy meal.

<b>Cooking Skills – Community Projects Examples</b>
<p><b>Food Net in Birmingham</b> (described in case study 3 Appendix 2) is a five week cook and taste course provided in a wide range of community venues in deprived areas. Groups will cook and taste specially developed recipes that are tasty, healthy and affordable. Groups are delivered by locally recruited and trained Food and Health Advisors. Evaluation has shown an increase in fruit and vegetable consumption, changes to shopping and eating habits and an increase in self scored confidence to cook a meal.</p>
<p><b>The Cook and Eat project in Surrey</b> runs groups in children’s centres, community centres, women’s centres and places of worship. It targets the most vulnerable and disadvantaged groups. It also trains cookery leaders so that organisations can deliver their own Cook and Eat programme – this has made it more sustainable. Evaluation has shown an increase in fruit and vegetable consumption six months after completion of the project.</p>



**Healthy Lifestyle** - three projects focused on a more holistic approach to a healthy lifestyle and encompassed a range of issues such as stress management, relaxation, and creative activities to promote mental well-being as well as healthy eating and increasing physical activity.

<b>Healthy Lifestyle - Community Project Examples</b>
<p><b>The Go4Life project in North Somerset</b> offered a six week programme that covered healthy eating and being more physically active as well as dealing with stress and learning relaxation techniques.</p>
<p><b>Be Creative, Be Well in London</b> funds a variety of cultural activities such as dance and drama to provide an alternative to sports based activities and to explore other ways of being physically active and build a sense of community well-being. Chair dancing for elders, dance sessions based on African traditional dancing and taster dance sessions at Acton Carnival are a few of the projects developed.</p>

**Health Screening** - ten projects focused specifically on health screening and most of the weight management projects also had an element of screening – for example weight and blood pressure checks. Projects commented that screening has proved to be a good way of capturing people’s interest and motivating them to consider making lifestyle changes. The screening tends to consist of blood pressure checks, weight checks and BMI calculations, measuring waist circumference and sometimes cholesterol checks. Some projects focus particularly on diabetes prevention and others more generally on cardiovascular health.

<b>Health Screening – Community Project Examples</b>
<p><b>The Measure Up Roadshow</b> run by Diabetes UK has been visiting events around the country and places such as markets and high streets. Visitors can do a quick questionnaire to identify their risk of developing type 2 diabetes in the next 10 years and as a result some people are advised to see their GP for further advice. People are given lifestyle advice about how to prevent diabetes. The questionnaire can also be done online at: <a href="http://www.diabetes.org.uk/Riskscore/">http://www.diabetes.org.uk/Riskscore/</a></p>
<p><b>Keep Well and Well North</b> in Scotland targets adults aged 45 to 65 in the most deprived areas and offers them a 40 minute health check. This is carried out in a range of community venues such as community centres, pharmacies, workplaces, prisons, primary care settings and mobile units to reach isolated rural communities. The health check includes a heart health assessment using ASSIGN <a href="http://assign-score.com">http://assign-score.com</a> developed by Dundee University. Healthy lifestyle advice is given and if necessary, onward referral their GP or a range of other services for example smoking cessation services.</p>

**Physical Activity** – many of the projects incorporate not only messages about the importance of regular physical activity but also provide an introduction to physical activity or opportunities to try different types of physical activity. Four projects provided *only* physical activity and two of these were traditional GP type exercise referral projects and the other two described below were more community based projects.

<b>Physical Activity – Community Projects Examples</b>
<p><b>Fit for Fun based in Redbridge</b> offers 20 sessions of physical activity to community groups and is targeting those who are most sedentary. So far groups have tried aerobics, Tai Chi, Bhangra dancing and chair based activities. Some groups have continued providing the activity after the 20 sessions has finished.</p>
<p><b>Saheli Womens Group in Birmingham</b> is a women only gym and fitness centre and attracts Asian women. It offers a wide range of sporting and fitness activities plus physiotherapy and has groups for Asian girls and young women to try adventurous sports such as quad biking, cycling and skiing. GP's and health professionals can refer to the centre. It also supports local women to become fitness instructors.</p>

**Health Education and raising awareness** - this included general health messages about how to be healthy, raising awareness of pre-diabetes risk factors and how to prevent them. These tended to be one off sessions such as at community events or stalls in street markets and included giving information about healthy lifestyles, pre-diabetes risks or healthy eating demonstrations. Some projects ran sessions in places of worship or workplaces and often with screening used this as a means of interesting people in taking part in further sessions or activities.

<b>Health Education and raising awareness Community Project Examples</b>
<p><b>The SACHE campaign</b> in a London pilot used a Bollywood style DVD as part of presentations about pre-diabetes risks and how to prevent them. Presentations are delivered in community languages and have taken place in temples, mosques and Gurdwaras, workplaces and Asian community centres and included signposting on to local services.</p>
<p><b>Men's Health in Nuneaton and Bedworth</b> has been targeting men aged 50 to 74 in places where they meet such as pubs, social clubs, job centres, and workplaces. Men are offered an on the spot health MOT and given information and advice about healthy lifestyles and health services. The project has found it can be hard to build trust with men and to tackle men's image of themselves as 'real men' who smoke, drink and take risks.</p>

### 4.3 Successful Approaches

The projects describe many common factors which contribute to their success. The projects described often a trial and error approach and learning as they went along as to what worked and adapting accordingly. While this is not a systematic analysis, the following have been mentioned by more than one project.

**Know your audience** and tailor the intervention appropriately. Many of the projects undertook some consultation or fact finding exercise before setting up their project and discovered a lot about what people wanted and didn't want. Continuing to listen to feedback has also helped projects to tailor their service more effectively. For example Weight Busters ( case study 8 Appendix 2) found that Muslim women wanted a weight loss group but needed to be sure it would be a woman tutor and in a venue appropriate for them. An older people's day centre was found to be a location that they felt comfortable with, safe using and which it was acceptable for them to visit. Fit Fans (case study 2 Appendix 2) found that the physical activity element did not work so well in early groups because men did not understand the importance of it, so education about it's importance was built in to future sessions and physical activity levels increased.

**Setting goals and targets** – this is often around weight loss or food consumption such as increasing fruit and vegetable intake. Several projects commented that initially they set no targets for weight loss but found that this often meant no weight loss happened. Setting a target meant people had a goal to work towards and could see regular progress. Targets can also be measured before and after and so provide useful evaluation data for the participants, providers and commissioners.

**Regular monitoring** – this particularly referred to weight loss programmes and helped participants and providers monitor progress and adjust goals appropriately. For example those who were successfully losing weight could opt to increase their weight loss target and those who were not could examine what was stopping it happening.

**Keeping key messages simple and consistent** – several projects noted that their participants did not like commercial weight loss programmes because calorie counting or other methods were too complex or difficult to put into practice for them. People liked consistent and simple messages particularly around healthy eating, for example the five-a-day message. This is also consistent with the research behind the Department of Health Change4Life programme [www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life) which identified that people want healthy lifestyle information but for it to be simple and practical, hence the Change4Life eight key messages for families on how to eat well, move more and live longer. Many of the projects have also branded themselves as part of Change4Life and used Change4Life resources or similar.

**Show not tell** is an approach used by many of the projects who found that their participants responded much better to seeing and doing something rather than just being told about it. Taking part in a cooking demonstration, a health screening check or trying out different physical activities have all proved successful. Apnee Sehat (case study 1 Appendix 2) found that cooking sessions and shopping tours are a very good way to demonstrate how to adapt recipes to make them more healthy and to demonstrate healthy food choices or the problems of food labelling in shops.

**Non judgemental approaches** were mentioned by several projects and some recruited their staff from local people as they thought they were more likely to understand the challenges people faced. Food Net (case study 3 Appendix 2) found that local women who had brought up a family on a low income made excellent facilitators.

**Building on small lifestyle changes** is an approach advocated by almost all of the projects. They have found that encouraging people to make small changes to their everyday lifestyle is more sustainable in the long term – so the focus is not on a diet or a quick fix but is about something that can be maintained after the project has ended.

**Post intervention support** has proved to be important particularly for the weight management projects and so several have set up some form of support such as drop-ins to be weighed and have a chat, or developed buddies and mentors who are often drawn from successful participants.

**Resources** such as the Eatwell Plate, British Heart Foundation resources, Change4Life materials, and British Nutrition Foundation resources were all mentioned as useful – the Eatwell plate was the most frequently mentioned resource. Several projects said they based their programmes on NICE guidelines on obesity and increasing physical activity.

#### 4.4 Common Barriers

Projects were asked to describe how they had overcome barriers to the work and also what advice they would give to others seeking to develop similar work.

**Cost** was a frequently mentioned barrier for those in deprived areas and most services were provided free or at low cost. In some cases partnerships had been developed with local authority leisure services to enable access to leisure and fitness centres at reduced costs or using local authority or community venues for free. Some projects were also exploring ways to make their projects more sustainable in the future – for example training volunteers or other services to be able to deliver it.

**People dropping out** and not completing programmes was not necessarily a barrier but many projects have begun to explore why people drop out.

Commonly cited reasons are:

- lack of motivation;
- it is not the right time for someone to take part;
- the participant has chosen another programme (this tended to be for weight management programmes), or
- personal circumstances such as illness.

Across many projects people drop out because of illness so it is interesting to note that one project targets people with long term conditions such as asthma, obesity, and musculo-skeletal conditions. 1 Great Life in Essex is a lifestyle modification project that provides healthy lifestyle group sessions and organised physical activity sessions for the duration of the programme. 76% of participants have completed the programme.

**No change and participants not reaching agreed targets** was mentioned by a few projects. One project, WeightBusters (case study 8 Appendix 2) has devised an exit strategy as it found that people not losing weight had a negative effect on the overall morale of the group. They have found that 50% of those who leave do come back to a future group and successfully lose weight. Several projects noted that it may not be the right time for a person to start making changes in their life. They are very aware that they are asking people to make long term lifestyle changes.

**Lack of cooking skills and healthy eating knowledge** is commonly cited by projects focusing on nutrition. People may want to eat more healthily but not have the skill or confidence to do so. The provision of a mix of healthy eating information with practical cooking demonstrations and tasting sessions have proved to be very successful. FoodNet

(case study 3 Appendix 2) has found in evaluations that their recipes are still being used many months after a group and have been passed on to others. Shopping tours have also been successful in helping people to understand food labelling and identify 'hidden' fat, sugar and salt in food items.

**Making physical activity acceptable** has been a challenge for some projects. Some weight management programmes have found that while people are interested in losing weight and are receptive to healthy eating messages, the focus on regular physical activity is much harder and can be off putting. Fit Fans (case study 2 Appendix 2) which targets men by using professional sports clubs has a programme that builds gradually in intensity and can be replicated easily at home. The programme presents the physical activity as an opportunity for men to benefit from the advice and coaching that professional athletes receive. Slimmers Kitchen i (case study 6 Appendix 2) includes a led walk as part of its programme of introducing people to enjoyable ways of increasing their physical activity level.

**Language and culture can be a barrier.** Projects that are targeting South Asian communities take care to tailor their programme for each specific group. This means providing sessions in community languages if needed and making sure written material is translated into community languages, being respectful of culture and tradition, and where food is concerned making sure that recipes or advice are tailored to the food preferences and culture of that group. For example some groups eat meat, and others are vegetarian, different groups have different traditional cuisine and different religious food observances.

Diabetes UK are developing a community champions programme where people from Black and Minority Ethnic Groups are trained to deliver diabetes awareness sessions to community groups thus getting over any difficulties of accessing groups and of presenting information in culturally acceptable ways.

### **Staff recruitment**

Many projects deliberately recruited and trained staff from the communities they wished to deliver the project in. They thought it was important that those delivering the project understood the background, culture and experience of those they would be working with. Group based projects (as most of them were) also mentioned the need for staff to be trained in group facilitation skills as the group would need to work together during the programme and group support and motivation was an important element. Food Net (case study 3 Appendix 2) advised – *'Employ local people to do the delivery and recruit them for attitude and interest not their paper qualifications'* – they devised a training programme for their Food Health Advisors and found that local women who had brought up a family on a low income made the best Food Health Advisors.

Projects working with black and ethnic minority communities often recruited staff from that community and this was especially important where different languages were spoken – sometimes community workers from the community took part in sessions to assist with translation.

Some projects have trained or supported successful completers of their programme to become buddies or mentors in a volunteer capacity to support others beginning the programme.

## 4.5 Evaluation

All projects were asked if their project had been evaluated and what were the findings.

The evaluation methods varied from those which were being evaluated by universities (for example Lighten Up -see case study 4 Appendix 2 -was using a randomised control trial) or feeding into a wider PCT or regional evaluation; through to those that were using simple before and after measures such as weight, waist circumference and self reported fruit and vegetable consumption. Most projects have some evaluation in place that also incorporates feedback from participants and which is nearly always positive. It must be remembered that community based projects are generally running on small budgets and don't have the resources to fund independent evaluations.

Some projects were able to demonstrate not only their effectiveness in achieving their aims but also the impact of their project on other services. For example Lighten Up (case study 4 Appendix 2) found that inappropriate referrals to specialist weight management services declined dramatically after the project was set up.

## 5. Case Studies and Presentations

Eight projects were selected by the NICE team to be written up as case studies and provide a more detailed description of their work, success factors and barriers.

These projects were selected because they had undertaken some evaluation of their work, reflected a good spread of high risk groups targeted, had developed a successful approach and had learning to share about how to do this work and overcome barriers and difficulties. Due to time constraints, projects reporting later than the closing date could not be considered for development as case studies.

The case studies can be found in Appendix 2 and are listed below. The case studies were written in consultation with the projects and have been approved by them.

The case studies are:

1. **Apnee Sehat** – A project for the South Asian community focusing on diabetes prevention and management of diabetes based in the West Midlands. The focus of the case study is the preventative work that Apnee Sehat undertakes to prevent risk factors for pre-diabetes.
2. **Fit Fans** – A community health programme for men aged 40-65 in Hull and based in professional sports stadia. Targets men who want to lose weight and live in deprived areas.
3. **Food Net** – a 5 week community cook and taste programme targeting people in deprived areas of Birmingham and which has been running for 10 years.
4. **Lighten Up** – a weight management referral service in Birmingham using a call centre to manage support and referral of people with a BMI over 30 to weight management programmes. Focuses on deprived areas and provides free vouchers for weight management programmes.
5. **SHAPES** – a 10 week weight loss programme in Dudley targeting those who have completed a commercial weight loss programme and succeeded in getting their BMI below 28. It seeks to encourage people to maintain their weight loss through healthy eating and physical activity and to adopt healthy lifestyle changes.
6. **Slimmers Kitchen** – a 12 week programme in Dudley of practical cookery and physical activity sessions targeting those with a BMI over 30 and living in deprived areas.
7. **10% Club** – a 10 week weight loss club in Plymouth that aims to help people focus on losing 10% of their starting body weight and targets those living in deprived areas and who find commercial weight loss programmes too complex and/or expensive.
8. **Weight Busters** – an alternative weight loss programme for people in deprived areas of Nuneaton and Bedworth who said they could not afford a commercial programme – it offers healthy eating and healthy lifestyle advice.

## 6. Conclusion

This information gathering exercise has provided a selected sample of community based projects targeting the risk factors for the development of pre-diabetes with high risk groups. Given the limitations of this exercise it is clear that there are many more projects across the country but it is reasonable to assume that those identified are providing a snapshot of the kind of work underway. The descriptions of the projects demonstrate how they are succeeding in achieving their aims and overcoming the barriers they face.

The projects have demonstrated the importance of: being clear about who they are targeting and finding out what people want; using local and other appropriate venues where people meet; making sure cost, language and culture are not a barrier; and using resources that convey simple key messages. The staff who deliver programmes and their approach are also key to success with projects identifying the need for staff to be non judgemental and have good skills in communication and group facilitation. The popularity of 'show not tell' type approaches - active learning (doing it rather than learning it in an abstract way)- and using resources that convey simple and consistent messages have been found to be successful by the projects. However overall the most important message from the projects is about focusing on how people can make small but significant changes to their lifestyle that they can maintain for the rest of their lives.



## Appendix One

### List of informants from whom information about projects was requested

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NICE Programme Development Group Members for this guidance

All Public Health Observatories in England plus national obesity leads, inequalities leads and ethnic minority leads

Department of Health Pacesetters Project

Regional Directors of Public Health<sup>2</sup>

Regional Public Health Networks

Regional Obesity Coordinators/Leads

Regional Physical Activity Coordinators/Leads

Regional Food and Health Coordinators/Leads

Regional Food Standards Agency Leads

Regional NHS Diabetes Leads

Regional Change4Life Leads

NHS Health Scotland /Evidence for Action Team

NHS Lothian, Scotland

Well London

Well London Alliance

Greater London Authority Community Voices for Health Network

Obesity Learning Centre

British Dietetic Association (multi-cultural nutrition group)

British Heart Foundation National Centre for Physical Activity and Health

Chinese Healthy Living Centre, London and Manchester

CK Academy

Diabetes UK

Health at Work Centre Liverpool

Jamaica Merseyside Association (diabetes support group)

Make your move, Derby

Natural England

Professor Raj Bhopal, University of Edinburgh

South Asian Health Foundation

XPERT Health

It is clear from some of the responses that the email requesting information about community based projects had circulated widely around networks but by the time it reached them the deadline had often passed.

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<sup>2</sup> The nine regional government offices in England are: South West, South East, London, East of England, East Midlands, West Midlands, Yorkshire and Humber, North East and North West.

## Appendix Two – Case Studies

### 1. Apnee Sehat - A social enterprise delivering health and lifestyle programmes for South Asian communities

#### Location

Apnee Sehat is currently providing services in the Coventry area but also works with a range of NHS organisations across the UK.

#### Summary

Apnee Sehat means 'Our Health' and began as a Department of Health Pathfinder Project but is now a Community Interest Company. It aims to raise awareness and screen for vascular disease risk among South Asian communities, in order to reduce the risk of strokes, heart attacks and diabetes. This is achieved by encouraging preventative lifestyle changes through the provision of education, self-care and screening programmes.

Apnee Sehat has developed a programme that targets those most at risk and brings culturally acceptable healthy lifestyle information and advice into places where the South Asian community meet such as religious and community venues and community events. Tailored education and lifestyle programmes are delivered in community languages by nurses and dietitians supported by Apnee Sehat community workers. Apnee Sehat believe that education about risk factors and healthy lifestyles are welcomed by South Asian communities and coupled with effective screening for risk factors will in the long term decrease the burden of ill health in these communities and reduce NHS spending.

#### Context and background

People from South Asian communities are more at risk of vascular disease but may not be aware of this or of how lifestyle factors can help to reduce this risk. Barriers such as culture and language may prevent people from accessing this information through traditional routes and some healthcare professionals may face the barrier of lack of knowledge about different South Asian communities - for example about food and cooking customs and preferences - and so may have difficulty tailoring healthy lifestyle messages appropriately.

As well as healthy lifestyle education Apnee Sehat also provides services for people diagnosed with conditions such as diabetes about how to manage their condition effectively.

#### What happens?

A range of services target specific South Asian communities and take account of cultural and religious traditions and are delivered in the relevant community language. For example:

- **Nurse and dietitian led healthy lifestyle seminars; opportunistic screening and cookery demos** are delivered in places of worship such as Gurdwaras, Mandirs and South Asian community centres. These are often linked with shopping tours which provide information about food labelling, hidden fats and sugars and how to identify healthier choices. GP's can refer patients to Apnee Sehat for example if they consider them to be at risk of developing conditions such as diabetes, or patients can self refer as all events are advertised in the community.
- **Health fairs** at religious festivals (e.g. Visakhi, Eid or Diwali) to opportunistically screen for risk factors associated with vascular disease and provide information about the importance of healthy lifestyles.
- **Sign posting to physical activity opportunities** such as walking, yoga, gym, dance and exercise prescription programmes. For example, women only gym.

- **Development of health promotion resources** such as a Healthy Lifestyle DVD for general South Asian Health, a Diabetes in Pregnancy DVD and a Ramadan DVD both in Bollywood style, all in a variety of South Asian languages including, Hindi, Punjabi, Urdu, Gujarati. A booklet on 'GI' healthy eating for South Asian families authored by leading dietetic experts on Asian cuisine, is also available in various South Asian languages. These resources are disseminated to all patients who attend Apnee Sehat's Healthy Lifestyle and Diabetes Education sessions. The resources are also used by healthcare professionals to give to their patients, mainly purchased in bulk by PCT's and PBC's. All resources are on sale and available for anyone to purchase on the Apnee Sehat website [www.apneesehat.net](http://www.apneesehat.net)

### **What works well?**

Screening for risk factors is used as an opportunity to attract and engage people in discussion about how to reduce risk factors. Free blood pressure and cholesterol checks are popular and people often say they don't like to bother the GP as they feel it may be wasting the doctors' time. However, using screening data 2008/09 in Coventry, 76% of those screened did have abnormal results for blood pressure, blood glucose or cholesterol and were advised to see their GP following screening checks. Apnee Sehat writes to the GP – with the patients consent - to make the GP aware of the patient's high risk and for GP to bring them into the surgery. Apnee Sehat has found that people are receptive to information about lifestyle factors such as healthy weight and healthy eating. To overcome the barrier of engaging with South Asian men, screening has proved to be a good way to engage them - for example after Friday prayers at Mosques and at festival time as generally engagement has proven easier with women than men.

Tailoring services for a specific community is very successful – it means the information is delivered in a specific language, for a specific religious and cultural group – so for example food and dietary preferences are observed as is signposting to “women only yoga groups” in order to be culturally sensitive.

### **Overcoming Barriers**

Initially it was difficult to engage GPs. Holding GP lunches or dinner meetings (supported by various pharmaceutical companies) was one method used to raise awareness of Apnee Sehat's work and to keep in contact with the GP's and their nurses, practice managers etc. Apnee Sehat has also involved them by asking them for feedback to improve and shape the services to fit the needs of their patients.

During the cooking demonstration sessions, participants are shown how to cook traditional foods in a healthy way and will be invited to taste them. This always works well. Participants are also physically shown the products that are used, for example bottles of correct oils, flour etc. The Apnee Health booklet will further support these key messages.

### **Outcomes and impact**

The University of Warwick's School of Health and Social Studies has undertaken a qualitative evaluation of the Apnee Sehat model. The initial pilot programme that was based in a Sikh temple was welcomed by participants as a health promoting initiative and they were supportive of its chosen venue and the simple visual and narrative format of the health messages. Participants reported lifestyle changes at both individual and household levels. The first year of the work in Coventry was also evaluated by the University of Warwick

Apnee Sehat follow up participants who have taken part in their sessions – for example phoning people who participated in cooking sessions or shopping tours to find out if they can still recall the key messages and talk about any changes they have made in the meantime. This usually reveals positive feedback about the sessions for example a typical comment is:

*'It was very useful, I came to know many things. It has made me more aware of different foods. I didn't know how to read the labels on the foods. I didn't know sugar was hidden in the beans and tomato sauce.'*

### **Funding**

Apnee Sehat is currently commissioned by NHS Coventry to deliver services in some of the most deprived areas of Coventry. Further funding for the organisation comes from the sales of educational resources, and Apnee Sehat has developed good relationships with the pharmaceutical industry.

### **Staffing and resources**

Apnee Sehat is supported by a Board of eminent and respected Doctors and Medical Academics with expertise in vascular diseases. Nurses, Dietitians and Nutritionists form part of the team delivering the programme. This ensures that the health messages delivered by Apnee Sehat are based on the best available medical evidence. Most aspects of the programme are delivered by health professionals who speak the various languages, understand the cultures and customs, and generally are from the community groups served.

It is imperative to develop relationships with Community Leaders and South Asian group leaders as they are instrumental in supporting Apnee Sehat to engage with the community groups.

### **Further information**

[www.apneesehat.net](http://www.apneesehat.net)

Tel: 0845 652 1681

## 2. Fit Fans - A community health project for men aged 40 to 65 years based in professional sports clubs

### Location

Fit Fans takes place in Hull and runs from one major professional football and two rugby sporting stadia – Hull City AFC, Hull FC at KC Stadium, and Hull Kingston Rovers Rugby League at Craven Park.

### Summary

Fit Fans is a free 12 week weight management programme consisting of education about nutrition, healthy eating and physical activity plus a progressive programme of physical activity. It aims to encourage men to adopt and maintain healthier lifestyles by using local professional sports clubs to capture their interest and build motivation. Fit Fans targets men aged over 40 with a BMI over 25. Male only groups meet in the evening at local professional football and rugby stadia. Most participants are regular football or rugby supporters and are recruited via the clubs or an advertising campaign. 50% of Fit Fans achieve a 5% weight loss and 75% maintain that weight loss after 12 weeks. Fit Fans is funded by NHS Hull and delivered by the Weight Management Company in partnership with the three professional sports clubs.

### Context and background

Set against a background of rising obesity in adults and concerns about lack of physical activity, evidence showed that men in Hull had obesity rates higher than the national average. Older men are traditionally hard to engage in healthy lifestyle advice and information and interventions rarely target them specifically. 90% of those using weight management services in Hull were women even though men have a higher percentage of weight problems. NHS Hull decided to take a different approach, to target men and to capitalise on their interests and the places they go – the local football and rugby clubs. NHS Hull commissioned the Weight Management Company (a training and development company specialising in weight management) to deliver a targeted programme to men aged 40 to 65 in the city's three elite sports stadia. Fit Fans commenced in 2009 and is now in its second year.

### What happens?

Men are recruited by word of mouth and many respond to flyers about the programme given out at football and rugby games. They take part in a 12 week group based programme and meet weekly for 90 minutes. The first session is an assessment and risk management. Men receive a membership pack, complete a PAR-Q form (Physical Activity Readiness-Questionnaire, assessment of the participant's co-morbidities) and baseline measurements are taken.

Subsequent sessions provide a programme of interactive workshops supported by handouts which cover:

- Introduction to weight gain
- Carbohydrates & the glycaemic index
- Long term approach to weight control
- Fats, cholesterol and fibre
- Physical activity
- Mobility and bone health
- Psychology of eating
- Understanding food labels
- Energy balance and weight maintenance
- Optimum nutrition & review

Each session also includes 45 minutes of supervised physical activity that progresses in intensity. This focuses on 3 areas - aerobic performance, resistance exercise, and core muscle development- and aims to educate participants to understand the relationship that they must develop with physical activity. The physical activity component begins with a 100 pace per minute walk routine and leads to men being encouraged to continue the physical activity programme at home throughout the week.

### **What works well?**

An upbeat advertising campaign targets environments frequented by men, as well as match days activities plus continuous local radio and press coverage. Men self refer by calling a phone line and many recommend it to friends and family. Health professionals can refer patients too. A women only group (Fit Fans for Her) has been provided following requests from family and friends of successful Fit Fans graduates. Fit Fans targets participants in the most deprived areas of the city by using postcode data.

Part of the success of the Fit Fans model seems to be about offering men the opportunity to benefit from the nutrition and fitness information that is available to professional athletes and 'coaching' them to adopt and maintain healthier lifestyles. The education component is simple but relevant and the physical activity component is easily replicable at home.

The size of the group is a critical feature. Early groups were larger but this was quickly adapted to a group size of 12 to 15 because smaller groups got better results. Group dynamics are an important part of Fit Fans and this seems to be the best size for the group to 'gel' as a team.

### **Overcoming Barriers**

Initially the physical activity component consisted of practical class based exercises but it became clear that men did not understand the importance of physical activity and its contribution to a healthy lifestyle and weight management. So an educational component about physical activity was built into the programme and incorporated into the workshop style presentations. The uptake of physical activity at home increased after this and demonstrated that men valued the knowledge about physical activity as well as the practical experience.

### **Outcomes and impact**

In the first year 616 men joined the programme (compared with 140 men using other weight management services in the area in the previous year). Fit Fans is successfully targeting and engaging men who need to lose weight. The average weight of participants at the beginning of the programme is over 100kg and the average weight loss of participants is 5 to 6kgs. The lightest man to complete the programme was 83kgs and the heaviest was 145kgs. Over 80% of men commencing Fit Fans complete it and 50% of these achieve a 5% weight loss. 75% of these have maintained that weight loss after 12 weeks. Follow up of those who drop out suggests they are men who are facing great challenges around weight and have medical conditions.

### **Funding**

Fit Fans is commissioned and funded by NHS Hull. Fit Fans runs at a cost of £175,000 per year. Based on a target of 1000 recruits annually, the unit cost is £175.

### **Staffing and resources**

Fit Fans Project has a Project Manager and 8 full and part-time deliverers who have a minimum level 3 NVQ qualification in both Weight Management and Exercise. Most of the Instructors are Exercise Referral and/ or BACR Phase IV Instructors. Mature male deliverers are a key component of the success of the programme and most are recruited from training courses provided by the Weight Management Centre.

### **Further information**

[www.fitfans.co.uk](http://www.fitfans.co.uk)

Telephone: 01482 224545

### 3 Food Net - A Cook and Taste Programme to build knowledge and skills about healthy eating

#### Location

Food Net operates across the city of Birmingham.

#### Summary

For the last 10 years Food Net has worked to promote good nutrition and reduce nutritional inequalities with the long term aim of reducing the risk of cardio-vascular disease and cancer by:

- tackling barriers to healthy eating by using a practical approach to building food skills and knowledge
- targeting areas with high indices of deprivation and levels of nutrition-related ill health
- taking account of the cost and availability of food, as well as acceptability to individuals and families .

Food Net's Cook and Taste programme is a fun, free, hands-on cookery course for community groups targeting low income, deprived areas. Food Net trains and employs local people to become Food Health Advisors. The Advisors lead groups through five weekly sessions of practical cooking of easy, tasty, healthy meals made from affordable ingredients available in local shops.

#### Context and background

The project was originally set up 10 years ago to promote a cardio protective diet in the general population in wards with high multiple deprivation indices and the focus has now shifted to include obesity prevention. Consultation with community groups identified a number of barriers to healthy eating: cost, access, skills and knowledge, and attitude and culture. Food Net has developed a successful five week programme that is delivered in venues such as schools, community centres and children's centres. The most deprived wards in the city are targeted and partner organisations such as schools are asked to encourage those most in need of this support to take part.

#### What happens?

A five week structured programme is delivered in a friendly and non judgemental way:

**Week 1** - Introductions, the Eatwell Plate, five-a-day message and making and tasting a fruit salad recipe or similar plus discussion of recipe interests for the next week.

**Week 2** - Cooking and tasting one or more of the Food Net healthy eating recipes – copies are available for people to take away and try at home. Sessions include an interactive visual quiz about the amount of fat in a number of popular foods or snacks such as a chocolate bar. Samples of the amount of fat that could be in the item are displayed and participants are asked to select the correct amount. They are usually shocked.

**Weeks 3 and 4** are the same but the interactive quiz focuses on salt or sugar content. Discussions include key messages such as five-a-day. Alcohol messages may be addressed in some groups if appropriate.

**Week 5** - Cooking and eating a Food Net recipe and evaluation.

Sessions last between one and half to two hours and can use any community venue with safe facilities for cooking. Total spend on ingredients must not exceed £10, so it is a taste rather than a meal.

### **What works well?**

The 'show not tell' approach seems to be particularly successful as participants do the preparation and cooking themselves and experience cooking and tasting a healthy and tasty recipe from scratch.

Visual messages work well and make an impact on participants - they often recall this in the evaluation for example the fat, sugar and salt content of various items.

Food Net recipes are developed by the Food Health Advisors based on the interests and requests of group participants - they are then double checked by nutritionists. Recipes - such as healthy chicken nuggets - are often researched and developed in response to requests from mums.

Food Net participants are mostly women and it reaches large numbers of Pakistani women. Each group will use recipes that are selected by the group - they often find that Pakistani women want to know how to cook a healthy pizza and White women want to know how to cook a healthy curry. Running groups in schools and community centres where women already meet or visit frequently has been successful. Most women attending are cooking for an average of three other people

### **Overcoming Barriers**

Cook and Taste sessions work best with an existing group where participants know each other. Early Cook and Taste groups tried to recruit totally new groups and found that people didn't turn up or attendance was poor. Where groups know each other - even a little - this makes the difference and each group usually has about nine participants.

In some groups not all participants engage at first but will try the food prepared and then often join in the following week. The Food Health advisors take a non-judgemental, informal and practical approach.

Food Net have successfully engaged many harder to reach groups such as those in homelessness groups, young mothers on housing estates and drug misusers. Cooking on a mobile bus for one project was a challenge that was successfully overcome by selecting appropriate recipes for the limited kitchen facilities – which often mirrored the limited facilities in some homes.

A new initiative involves training Cooking Mentors who are paid to recruit a group of people - friends, family, and neighbours - and run a Cook and Taste session. This is proving to be a good way to target those who would never attend a group. In the last two years Food Net has also been running 'Cooking with your Kids' a five session course in schools. Each child works alongside their parent or carer to prepare Food Net recipes.

**Outcomes and impact** Each course is evaluated and shows a consistent average reported increase in daily fruit and vegetable intake of one portion a day, an increase in confidence to cook a healthy meal plus many reported changes to nutrition knowledge, shopping and cooking habits.

A follow up of 40 Cook and Taste participants between seven and twelve months after taking part showed that the reported increases in fruit and vegetable consumption was maintained at just over one portion a day, there were numerous changes to shopping, cooking and eating habits and reported reductions in fat, sugar and salt intake. Participants also reported still feeling confident about cooking a healthy meal. A one portion a day increase has been



equated to 6% reduction in risk of stroke and 4% reduction in risk of heart disease<sup>3</sup>. A recent study showed that one portion of green leafy vegetables a day reduces risk of type 2 diabetes by 14%.<sup>4</sup>

Most were still using Food Net recipes and several mentioned passing them on to family and friends. Most participants said they had made changes in order to benefit their children's health.

Although participants often want the groups to go on longer Food Net has found that 5 weeks is long enough to get across the key messages and change behaviour.

### **Funding**

The three Birmingham Primary Care Trusts fund the project in a mix of mainstream funding and annual service level agreements. A five week cook and taste project costs approximately £1,271. The average cost per participant is £128.

### **Staffing and resources**

The Food Health Advisors are recruited from local communities and a bespoke training course devised by dietitians and nutritionists has been developed. The most effective advisors are those who live locally, are interested in food and have had to bring up a family on a low income – they have the right attitude and knowledge of the local area.

**Further information**     [www.dietetics.bham.nhs.uk](http://www.dietetics.bham.nhs.uk)

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<sup>3</sup> Joshipura, K. J et al, 2001. *The effect of fruit and vegetable intake on risk for coronary heart disease* Ann Intern Med: 134: 1106-1114

<sup>4</sup> Carter Patrice et al. *Fruit and Vegetable intake and the incidence of type 2 diabetes mellitus: systematic review and meta-analysis*. BMJ 2010; 341:c4229 doi:10.1136/bmj.c4229

## 4. Lighten Up – A Weight Management Referral and Support Service

### Location

Lighten Up operates in South Birmingham.

### Summary

Lighten Up uses a call centre to direct and manage the referral and support of people with a BMI over 30 to local weight management services. GPs are the first point of contact, sending a letter to their patients inviting them to contact the call centre to find out about free access to seven different weight management programmes. Lighten Up has been very successful in targeting deprived areas of South Birmingham and a large majority of those taking part in the programme have successfully lost 5% of their starting weight and maintained that loss after 12 months.

### Context and background

A review by South Birmingham PCT examined how it could tackle the risk to health caused by rising obesity. In South Birmingham it is estimated that up to 73,000 adults have a BMI over 30 and the review found that only 0.04% of the obese population currently accessed community based weight management services. One effect of this was that the specialist services were receiving a high number of inappropriate referrals at very high cost (a referral to a specialist service costs £1,200 per patient) and these patients had not previously accessed any community weight management service.

The review was undertaken in the light of '*Healthy Weight, Healthy Lives: a Cross-Government Strategy for England*', NICE guidance on obesity which recommends that the first line treatment is a supported weight loss programme and other published evidence. An 'Obesity Summit' of health professionals including GPs, service users and patient representatives led to the development of 'Lighten Up' – a community based project targeting people with a BMI of 30+ and offering them a choice of weight loss programmes and telephone support based on a model used in the stop smoking service. The project aims to provide 10% of the identified obese population with access to a weight management service per year.

A pilot programme using two GP practices enabled the project to be tested and refined before being rolled out across South Birmingham. It is being evaluated by the University of Birmingham in an RCT.

### What happens?

GPs write to their patients with a BMI of over 30 (recorded in the last 15 months) to advise them that they can receive free vouchers to use local weight management programmes – commercial and NHS. The letter invites them to contact the Lighten Up call centre to find out about the range of services available.

The call centre is staffed by local people who provide practical information and signposting to local services – over 53 different sessions in South Birmingham. People can receive 12 free vouchers for seven different evidence based commercial and public sector weight management programmes. Once the patients has chosen a service, the call centre:

- makes and confirms the booking
- contacts the patient by telephone to remind them about their first appointment
- follows-up the patient after their first visit to see how they got on, offering the opportunity to change provider if necessary

- liaises with the service provider to ensure attendance and weekly weights are recorded on the Lighten-Up client management system
- at 12 weeks clients are provided with a 12 months maintenance pack and an agreed follow-up schedule that can include for example referral to an exercise programme.

### **What works well?**

The call centre staff do not offer any opinions or undertake any motivational interviewing. They listen, offer positive reinforcement, encouragement and pass on factual information and signposting - this has been found to be successful in Stop Smoking programmes. It seems that people like this practical and non-judgemental approach – anecdotal evidence has suggested that the anonymity of the phone may also contribute - the final evaluation may provide more information about this.

People report that they like being offered a choice of services and this was a key factor identified in the consultation undertaken as part of the obesity summit – people wanted to be able to choose which service they used.

Invitation letters sent from a patients GP work better than letters sent from the service. The pilot project in two GP practices helped to get the wording right to describe the project.

The maintenance pack has proved very popular; this consists of a voucher for a free set of digital scales (redeemed at Lloyds chemists), a weight record card, a hints and tips leaflet and follow up phone calls at 3, 6, 9 and 12 months.

### **Overcoming Barriers**

Lighten Up is successfully targeting areas of deprivation. 83% of patients taking part in Lighten Up live in PCT deprivation quintiles 1 and 2 - the most deprived areas of South Birmingham where cost of attending a programme is highly likely to prevent people joining a weight management service.

In common with many weight management services more women than men use the service. However between 16 and 20% of men are using some of the weight management services which is much higher than before Lighten Up began. There was better male representation at Rosemary Conley classes, possibly due to the exercise element which has led us to look at the possibility of single gender groups and building in more exercise.

Sometimes people attended one session and then wished to change to another service – initially this was allowed but meant that two sets of 12 week vouchers had to be provided. To overcome this, the providers were asked if they could provide a taster session *before* people made a choice but two providers refused. The solution has been that people are now asked to sit in on a session they are interested in before making a final choice.

Contracts with weight management services need to be very specific, there have been difficulties with some providers around issues such as management of data; some providers have been more flexible than others.

### **Outcomes and impact**

In the first 18 months of the Lighten Up service:

- 5,240 patients (average BMI of 34) have accessed the service
- the average weight loss at 3 months is 5.6% of body weight (n=4,837)
- initial results show that 5.1% is maintained at 12 months
- the call centre remains in contact with over 75% of patients
- the call centre links to other lifestyle services such as Health Trainers and Stop Smoking services.

The final evaluation report carried out by the University of Birmingham is due in September 2010 and will report on the effectiveness of the individual interventions - i.e. commercial vs. NHS - and, the effect the call centre and patient choice had on increasing patient compliance and participation.

Other knock on effects that have been noted have included:

- Inappropriate referrals to specialist weight management services for patients with a BMI between 30 and 40 have reduced by 45% to 140 per year.
- Prescribing for weight management has slowed compared against national trends, showing that local GPs are offering referral to Lighten Up first before pharmacological treatment.

### **Funding**

Lighten up is funded by South Birmingham PCT and the cost per patient per year is £68.

### **Staffing and resources**

The call centre is staffed by two staff trained in the call centre management system and customer relations but not in nutrition or weight management. Lighten up is managed by a Project Manager and overall management is by NHS South Birmingham.

### **Further information**

[www.sbpct.nhs.uk](http://www.sbpct.nhs.uk)

<https://www.sbpct.nhs.uk/your-services/lighten-up.aspx>

Jane Beach email: [jane.beach@nhs.net](mailto:jane.beach@nhs.net) John Denley email: [john.denley@nhs.net](mailto:john.denley@nhs.net)

## 5. SHAPES – a weight loss nutrition and exercise programme

### Location

SHAPES is provided in Dudley and runs in Dudley Council Leisure Centres.

### Summary

SHAPES is a free 10 week weight loss programme of nutrition and exercise, targeting the general population and adults who have completed a commercial weight management programme and reduced their BMI from >30 to below 28 (or below 23 for people of Asian origin) and are registered with a GP in Dudley. It is run in local Council Leisure Centres (at no cost to the PCT), by their staff and offers twice weekly sessions of physical activity and one nutrition workshop. It aims to help people continue their weight loss and sustain it in the long term by making healthy eating choices and engaging in regular physical activity. It is funded by NHS Dudley.

### Context and background

The Dudley Obesity Strategy developed in 2005 identified a need for a range of services to tackle obesity and SHAPES is one of seven services on the Dudley Adult Weight Management Pathway. The programme began in 2009.

### What happens?

SHAPES aims to have a positive impact on participants in terms of:

- A reduction in body weight and BMI
- Sustained weight loss after completing the programme
- A 5 to 10% weight loss after a 6 month review
- Increased knowledge of nutrition and the benefits of physical activity
- An increased level of physical activity.

Participants attend twice a week for a total of 3 hours at local leisure centres. The first session of the week (e.g. Tues) introduces participants to the range of exercise opportunities the facility offers and consists of a 1 hour basic 'tasters' allowing them to try a new physical activity each week such as aqua aerobics, dance mats, circuit training, spinning and other activities depending on what is available at the leisure centre. The second sessions (e.g. Thurs) lasts 2 hours. The 1<sup>st</sup> hour is a nutrition workshop, discussing the importance of healthy eating and long term weight management strategies, enabling them to incorporate the newly learnt healthier food choices into part of their new lifestyle. The second hour consists of a weekly aerobic workout which increases in intensity each week to improve fitness. Participants are informed that to receive the maximum benefits they should attend all 20 sessions (2 sessions a week) or a minimum of 80% of the programme.

### What works well?

Offering an opportunity for people to try out a range of physical activities in a supportive environment has been successful and many people have gone on to maintain their involvement in the leisure centre by becoming members and attending mainstream classes of the activities they enjoyed independently and regularly. It is a gentle introduction for those who may not have experience of this kind of physical activity and supports them to access local leisure services. The group based programme also helps manage the anxiety people may feel about their size or their ability to take part in physical activity in a public environment like a leisure centre.

The programme is open to the general population of Dudley and is free to attend, and as such attracts a wide spectrum of participants including those from low incomes and the employed. A mixed age group from 20's to 70's attend, and a mix of gender, although it is predominately female.

### Overcoming Barriers

A 5% weight loss target is set for everyone – although the evidence is that 10% weight loss is needed to experience most health benefits - reduced blood pressure, reduction of total cholesterol and increase in HDL cholesterol, better diabetes control, reduction in mortality and physical complications etc - 5% has proved to be a more realistic starting point for participants and in itself nets many health gains. Many do go on to lose more weight and if they are doing well then their target weight can be adjusted as they go through the programme. Losing 5% seems to give people confidence in their ability to control their weight. Early SHAPES groups set no target and the group became a social event with little weight loss taking place - setting a target has been much more successful.

Participants who drop out of the programme are contacted twice by the programme facilitator by phone and then a letter is sent by the Weight Management Team offering the opportunity to use our services at a later date (when the participant is more ready to make the change). This open door policy allows the participants to feel that this service is for them but the onus is on them to use the service. Reasons given for dropping out of the programme included being no longer interested/not motivated, having joined a different weight loss group, illness and other person circumstances.

SHAPES offer a 'Buddy' system for participants who have been successful on the programme and reached their 5% weight loss target. The aim is for the Buddy to support a new participant and guide them through difficult times, based on their own experience. To maintain the Buddies motivation they are also set a 5% weight loss target to reach and to lead by example with the new participant.

### Outcomes and impact

Pre Assessment anthropometric measures include: height, weight and waist circumference. A questionnaire is used to assess participants' motivational levels and a further questionnaire assesses their nutritional knowledge (this is used to set a baseline). During the programme participants weights are recorded fortnightly - or weekly if requested - and SMART goals are set and monitored to aid weight loss and lifestyle changes. Post Assessment anthropometric measures include: height, weight and waist circumference. The questionnaires are repeated to assess increased knowledge.

Below is the data of a mixed population group based in a leisure centre in one of the deprived areas in Dudley in May 2010.

No of participants in group	18	% of participants who lost weight	100%
No of participants who completed group	18	Average kg weight loss	4kg
BME participants	4	Average CM weight loss (waistline)	4.25cms
No who attended >50% of the group	18	No who lost 5% of starting weight	3
No who dropped out of the group	0		

An informal indicator of the success of the programme has been that many who have used the programme and benefited now recommend it to family and friends.

### **Funding**

SHAPES is funded through mainstream Dudley PCT funding for obesity. The initial set up costs including venue hire if required are £2,283.10, however subsequent programmes can be delivered at a lower rate because sessional staff will have been trained and equipment purchased.

### **Staffing and resources**

Dudley Council Leisure Centre Exercise Professionals are trained by the Weight Management Team in nutrition and behaviour change and NHS Dudley Volunteers support the facilitator during programme i.e. with setting up/handouts etc. The programme is managed by NHS Dudley's Weight Management Advisor.

### **Further information**

[www.nhsdudley.nhs.uk/WeightManagement](http://www.nhsdudley.nhs.uk/WeightManagement)

Wendy Hillary-Patten – Adult Weight Management Advisor (Dudley) Telephone: 01384 366 601

## 6. Slimmers Kitchen – A community based weight management programme

### Location

Slimmers Kitchen operates in Dudley and focuses on the 40% most deprived residents through use of post code data. It runs in a range of venues such as community centres and children's centres.

### Summary

Slimmers Kitchen is a free 12 week programme of practical cookery and physical activity sessions that aims to help participants lose weight and learn about healthy eating. It targets those on a low income and other vulnerable groups and aims to be practical, supportive and focused. It is delivered by staff trained in nutrition and group facilitation skills. The programme is managed by NHS Dudley's Weight Management Service and funded by NHS Dudley.

### Context and background

The Dudley Obesity Strategy developed in 2005 identified a need for practical cooking advice for patients, with calorie controlled recipes. Slimmers Kitchen is one of seven services on the Dudley Adult Weight Management Pathway. The programme began in 2007 and was re-launched in 2008.

Slimmers Kitchen targets patients registered with Dudley GPs in deprived areas who have:

- a BMI over 30 (or 27 for people of Asian origin)
- a BMI over 28 (or 23.5 for people of Asian origin) and existing co-morbidities.

Participants are recruited to the programme via GP referral or self referral in response to a leaflet '*Lose weight, feel great*' and word of mouth recommendations from those who have successfully completed the programme. There is a now a waiting list.

### What happens?

Slimmers Kitchen aims:

- To improve the practical cooking skills of participants
- To increase knowledge of nutrition and the benefits of physical activity
- To offer free calorie controlled recipes
- To increase participants physical activity levels
- For participants to lose weight (a 5% weight loss target is set for each participant)
- To decrease participants waist circumference.
- 

Participants join a weekly programme for 12 weeks, each session lasts for 2 hours. Each week participants are given nutritional information about healthier eating and healthier food choices. On alternate weeks they will take part in a led walk or a practical cookery session using calorie counted recipes. Slimmers Kitchen encourages participants to make lifestyle changes that will not only help them lose weight but also maintain the weight loss. Each participant receives a Slimmers Kitchen manual that is completed by collecting the weekly handouts. Once compiled this becomes a point of reference post programme. They also receive copies of the recipes used during the programme, which are sourced from the British Heart Foundation, the Stroke Association and are developed by Dudley's Weight Management Team using Diet plan 6<sup>5</sup>.

<sup>5</sup> A nutrition analysis software package for professional dietitians and nutritionists



### What works well?

The combination of practical cooking and exercise attracts a different client group to other services and also allows participants to learn new skills and make friends in an informal yet informative setting. The led walks are delivered by PCT staff trained in led walks and the Healthy Hubs Park Rangers. The walks are delivered in all weathers and have proven to be a most effective method of improving activity levels post programme. Participants are also signposted to Dudley PCTs 'Steps to Health' programme offering access to local Leisure Centres at half the regular cost.

Targeted groups have been set up and are well used for example women only groups with female facilitators and men only groups run by male facilitators. Groups for Black and Minority Ethnic communities are also provided such as Dudley's South Asian women's group, that is delivered by a facilitator in community languages at appropriate venues and dishes cooked are chosen to reflect the cultural tastes of that group.

### Overcoming Barriers

A 5% weight loss target is set for everyone – although the evidence is that 10% weight loss is needed to experience most health benefits, reduced blood pressure, reduction of total cholesterol and increase in HDL cholesterol, better diabetes control, reduction in mortality and physical complications etc – 5% has proved to be a more realistic starting point for participants and in itself nets many health gains. Many do go on to lose more weight and if they are doing well then their target weight can be adjusted as they go through the programme. Losing 5% seems to give people confidence in their ability to control their weight. Early Slimmers Kitchen groups set no target and the group became a social event with no weight loss taking place - setting a target has been much more successful.

Initially it was hard to get GP's to make referrals but this was overcome by 1-1 meetings in GP practices to explain the service and eligibility criteria – GP referral is now working well and 10% of referrals now come via GP's.

### Outcomes and impact

Below is the data from a mixed population Slimmers Kitchen group, it ran in a children's centre in a deprived area of Dudley in June 09. Most Slimmers Kitchen groups follow a similar pattern.

No of participants in group	7	% of participants who lost weight	100%
No of participants who completed group	6	Average kg weight loss	3kg
BME participants	2	Average CM weight loss (waistline)	4.25cms
No who attended >50% of the group	6	No who lost 5% of starting weight	2
No who dropped out of the group	1		

Pre and post dietary assessment shows an increased knowledge of nutrition for the 6 participants who completed the programme.

Slimmers Kitchen facilitators strongly promote the benefits of losing inches around the waist, and have found that some participants may not lose as many kg as expected but do lose inches.

Those who do not complete Slimmers Kitchen groups give a range of reasons:

- No longer interested in coming/not motivated
- Joined a different Slimmers Kitchen Group
- Illness
- Personal circumstances
- No reason given

### **Funding**

Slimmers Kitchen is funded through mainstream Dudley PCT funding for obesity. The initial set up costs for the programme were £1,220.47, and a Slimmers Kitchen group costs £823.72 to run.

### **Staffing and resources**

Slimmers Kitchen groups are run by self employed sessional workers who have been trained by the Dudley PCT not only in nutrition and physical activity but also in facilitation skills as group dynamics are very important. The Led Walk is led by trained volunteer walk leaders who have completed Dudley Councils training for Led Walks. Successful participants of Slimmers Kitchen are encouraged to become 'Slimming Buddies' to support others in the group based on their experience of completing the programme and their weight loss journey.

**Further information**      [www.nhsdudley.nhs.uk/WeightManagement](http://www.nhsdudley.nhs.uk/WeightManagement)

Wendy Hillary-Patten – Adult Weight Management Advisor (Dudley) 01384 366 601

## 7. 10% Club – A Community Healthy Lifestyle Project

### Location

The 10% club began in the Devonport area of Plymouth and is now operating across Plymouth.

### Summary

The 10% Club aims to help people work towards losing 10% of their starting weight by making small but significant lifestyle changes that can be maintained in the long term. The free 10 week course focuses on how to eat healthily, be more active and maintain a healthy weight. Feedback from participants is that they feel better, have lost weight and are motivated to continue doing so. The 10% Club was successfully piloted in the Devonport area of Plymouth which has high levels of deprivation and it is now being rolled out across the Plymouth area.

### Context and background

The cross government strategy '*Healthy Weight, Healthy Lives*' (Department of Health 2008) led to the development of a number of initiatives to support people to manage their weight. The 10% club was initially developed in Devonport and funded by Devonport Regeneration Community Partnership and NHS Plymouth to target high levels of obesity and cardiovascular disease, low levels of physical activity and poor nutrition. Of the 39 Neighbourhood Development Areas in the country, Devonport has the 3<sup>rd</sup> worst health and has a high rate of mortality from circulatory disease.

The 10 week programme was developed following feedback that many commercial weight management programmes were too complex and that what people wanted were simple messages about healthy lifestyles that could easily be put into practice, it also revealed that few people cooked meals from 'scratch' and many did not understand the need to eat a healthy well-balanced diet.

### What happens?

The 10% Club targets those with a BMI of 30 to 35 although anyone with a BMI of 26+ will be accepted. The only exception is people with high BMI's and several co-morbidities. People can self refer or be referred by their GP or health professionals, many people find out about it at health fairs and events or respond to banner type advertising displayed locally suggesting they phone or text for more information. They will be invited to join a group near them and at a time that suits them – groups run during the day and in the evening.

The 10 week programme covers:

- Food groups and portion size
- Fats and sugars and label reading
- Trigger factors to unhealthy eating
- Cravings and hunger
- Behaviour change and setting achievable goals
- Cooking from scratch
- Increasing Physical Activity
- Maintaining progress

Participants are encouraged to increase their physical activity levels and are given a pedometer and an activity log to record how many steps they take a day and other physical activity. Interactive activities and quick quizzes are used to reinforce key messages and

promote discussion. Groups run in a range of different community venues such as children's centres, community centres, sports and leisure facilities and schools. The average number of participant in a group is 6-12

### **What works well?**

A questionnaire based on the Eatwell plate is used at the beginning and end of the group to help assess knowledge and it consistently shows increased knowledge and understanding of healthy eating as a whole and increased uptake of fruit and vegetables. The questionnaire – like others used in the project – is also a tool for participants to explore what they need to change.

10% Club members come from some of the most deprived areas of Plymouth and are unlikely to take part in commercial weight loss programmes. Feedback from members is that they like the focus on simple, clear messages about healthy eating – for example five-a-day as well as the resources used to support the programme like shopping and eating diaries and the physical activity log.

Focusing on losing 10% of starting weight is a goal to be achieved over time – for many joining the 10% Club it is about kick starting slow but steady progress towards that goal. Some people will do the programme twice because they want to. One person on a waiting list for bariatric assessment joined the 10% Club in the meantime, lost 1.5 stone and is continuing to lose weight.

Increasing levels of physical activity is encouraged from day one with free pedometers being given to each participant. Participants are encouraged to keep an activity log to show progress. One week of the course is about physical activity and participants are encouraged to try different kinds of physical activity other than joining a gym (which often what people think they will be told to do). So some people have joined a dance group and some groups have tried chair based exercise to music. One group runs alongside an exercise class that 10% Club members are encouraged to take part in also.

### **Overcoming Barriers**

After 10 weeks people are offered support via a weekly drop in to be weighed – if they wish – and have a chat about how they are getting on. Many still bring their diary sheets and seem to value this low key support and encouragement.

A Joint Dance Class and Drop in for support didn't work very well. People who didn't want to dance stopped coming for support and some people just wanted the dance class. It has proved more effective to offer the support as a separate weekly drop in. The dance classes still run and people are sign posted to this if they want that type of exercise.

People drop out for many reasons and the projects steering group is currently exploring how to tackle this. People who come with a friend or know others in the group find it easier to complete the course. Developing supportive relationships within the groups seems to be important in reducing drop out rates.

### **Outcomes and impact**

The Health Survey Short Form 36<sup>6</sup> is also used and measures general physical and mental health outcomes – this has shown increased physical activity levels and weight loss for participants (very few participants have lost no weight) – most lose between 3 and 7

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<sup>6</sup> [www.sf-36.org](http://www.sf-36.org)

kilograms and report an increased sense of feeling well. The sense of improved health is considered important as it helps to sustain the motivation for new habits and lifestyle changes.

A small number of people don't lose weight and there seem to be several factors associated with this including illness and medication, family crises, chaotic lifestyles, and sabotage - deliberate or otherwise - by relative or friends.

The 10% Club was identified as good practice in the South West Obesity Peer Review exercise.

### **Funding**

Funding to develop this programme was provided by the Devonport Regeneration Community Partnership and NHS Plymouth. It is now funded entirely by NHS Plymouth.

### **Staffing and resources**

The groups are run by Community Health Practitioners who are skilled in facilitating groups, change management processes, and have knowledge of nutrition and physical activity. The practitioners are all trained in a variety of food, nutrition and physical activity support packages including Shape Up, the MEND programme for obese parents and children, Shine, Activity Leadership and Walk Leader training. They have found these can be usefully applied with the 10% Club too. The team also take part in providing training for staff in the local sports centre and children's centre to support both the 10% programme and other healthy lifestyle activities.

Discussions are currently underway with a range of voluntary sector providers who have sports and fitness skills and are experienced in running groups as they are interested in delivering the project in their organisations. This will make the project more sustainable in the long term.

### **Further information**

Elisabeth Mawhinney email: [Elisabeth.Mawhinney@plymouth.nhs.uk](mailto:Elisabeth.Mawhinney@plymouth.nhs.uk)

Sally Sleeman email: [Sally.Sleeman@plymouth.nhs.uk](mailto:Sally.Sleeman@plymouth.nhs.uk)

## 8. Weight Busters – An alternative weight loss programme for those on a low income

### Location

Weight Busters runs in deprived areas of Nuneaton and Bedworth- a Spearhead area <sup>7</sup>- and operates in a range of community venues.

### Summary

Weight Busters offers an affordable weight loss programme to people who are interested in losing weight and want to join a programme. It provides weekly meetings with information about healthy eating and lifestyles, weight monitoring and support from a group leader. The programme encourages small but sustainable life style changes that promote weight loss and the maintenance of a healthy weight.

### Context and background

Weight Busters was set up as alternative to commercial weight loss programmes following feedback that many people with weight problems and who were living on a low income said they could not afford commercial programmes but were interested in joining. Nuneaton & Bedworth Healthy Living Network decided to make this an opportunity and has developed a free healthy lifestyle/healthy eating programme marketed as a weight loss programme and targeting adults on low incomes who want to lose weight.

Weight Busters members are recruited via Street Health MOT's (such as a weight check and chat about healthy weight), GP referral and frequently, word of mouth. The programme targets areas of deprivation and those with a BMI of 30+ although anyone who wants to lose weight can join. Venues are chosen for acceptability by members and ease of local access – such as community centres, day centres, GP surgeries, children's centres and meeting rooms within places of worship. Weight Busters began in September 2008 and currently has 298 members and like commercial programmes people can keep coming for support and encouragement.

### What happens?

Members receive a Weight Busters pack with British Heart Foundation and Eatwell resources, they are encouraged to keep a food diary and will be asked to complete a sheet about why they want to join Weight Busters – this is to help them focus on motivating factors. All members are set a goal of 5% loss of starting body weight. They will be weighed weekly to monitor progress and have a weight loss card. The 5% goal can be amended later but the aim is to set a realistic and sustainable target from the beginning. An action planner is used to help them plan how they are going to achieve their goal. The first session and subsequent sessions stress that the programme is about making small but significant changes that can be sustained over a long period.

Weight Busters weekly meetings include a talk given by the group leader on a range of issues:

- Portion control
- Fats, sugar and salt
- Eatwell Plate and a balanced meal
- Shopping for healthy meals
- Cooking healthy meals
- Being more active

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<sup>7</sup> Spearhead areas are those with the worst health, mortality and deprivation.

Each group is different and the group leader will shape the content of talks around the needs of each group – for example if they need more focus on portion control. The Weight Busters programme has been designed by dietitians using British Dietetic Association information and resources.

### **What works well?**

Weight Busters does not use calorie counting or any system associated with commercial weight loss programmes - all messages are kept simple and consistent and are about healthy lifestyles and healthy eating for life. Resources that have proved to be acceptable and popular with members are those produced by British Heart Foundation and Eatwell.

Groups have been developed for specific groups such as a group of Muslim women – feedback from Street Health Fairs was that they wanted to join a weight loss programme but needed to be sure it would be women only with a woman tutor and be run somewhere that was appropriate for them to go. A group was set up in an older persons day centre in the heart of the community, runs in the evenings so that those who are working can attend and has 38 member. The group is delivered in English and translated into Gujarati for some members. Weight Busters also has a men's group running in a social club.

### **Overcoming Barriers**

Engagement in physical activity can be very difficult for some members. Each session includes some physical activity - called '*Gently does it*'. One group of women meeting in a children's centre began doing chair based exercise but has now moved on to hiring their own high impact aerobic fitness tutor. They have now re-named their group *Fit and Fabulous* and one member trained as a group leader and runs the group on a voluntary basis with support from Nuneaton & Bedworth Healthy Living Network.

Some people have joined groups but after four weeks have not lost any weight. They often like the social side of the group but are not motivated to lose weight. This can have an impact on the overall morale and focus of the whole group. After four weeks of no loss a group leader will discuss this with the member to try and find out why and to reinforce the groups' purpose. If the member wishes to continue they can do so but if there is still no weight loss after another four weeks they will be asked to leave the group. The leader will explain that it may not be the right time for them to be part of the group. Of those asked to leave 50% return and successfully lose weight but 50% do not come back.

### **Outcomes and impact**

In June 2010 Weight Busters had 385 members and 215 had lost some weight, 26 members had lost 10% or more of their starting weight and 62 had lost 5% of their starting weight.

### **Funding**

Weight Busters is funded by Warwickshire County Council through its core grant programme to the Healthy Living Network.

Each class costs approximately £50 to run regardless of how many people attend, so the more people attending the more cost effective it is. Exercise is optional for groups and costs £1.50 but the Weight Busters programme is free for participants.

### **Staffing and resources**

Group leaders are recruited and trained for their interest in health, their understanding of local communities and health inequalities. Refresher courses for group leaders are important. Volunteers are trained to take over running groups and often members who have successfully lost weight. This makes groups sustainable over time. Volunteers receive monthly support and advice from Nuneaton and Bedworth Healthy Living Network.

**Further information** Sonya Johnson Telephone: 07789512230 or [Sonya.johnson@nhs.net](mailto:Sonya.johnson@nhs.net)

## Appendix Three

Questionnaire sent to informants for community project to complete

Projects were asked to complete the form below if they met the following criteria

<b>Table 1: The criteria agreed by the NICE team for inclusion of projects</b>	
1	<p>The project must contribute to the prevention of risk factors associated with pre-diabetes – this is defined as raised and impaired glucose levels - and address one or more of the following lifestyle interventions:</p> <ul style="list-style-type: none"> <li>• Reducing sedentary behaviour and/or increasing physical activity levels</li> <li>• Achieving/maintaining a healthy body weight, or body mass index (BMI), or waist circumference</li> <li>• Improving dietary intake for example, by               <ul style="list-style-type: none"> <li>○ by reducing intakes of fat, saturated fat and/or sugar</li> <li>○ and/or by increasing intakes of fibre rich starchy foods, fruit and/or vegetables.</li> </ul> </li> </ul> <p><b>OR they</b> may be projects that raise awareness about the risk factors for pre- diabetes.</p>
2	The project <b>must</b> be for adults aged between 18 and 74 years.
3	<p>Projects <b>must</b> target one of the following high risk groups:</p> <ul style="list-style-type: none"> <li>• Black and minority ethnic groups</li> <li>• Lower socio economic groups</li> </ul>
4	Family based interventions can be included if the adults are <b>actively</b> involved (for example swimming with their children as opposed to just taking children to a swimming session and watching). Interventions which target children only are not within the scope of this particular piece of work.
5	<p>The project should have undertaken some form of evaluation <b>or</b> have some evidence of outcomes achieved.</p> <p>NB. Projects may not have been independently evaluated but still have some form of evidence of their success.</p>



## Community Projects addressing risk factors for the development of pre-diabetes

Please complete as many boxes as you can.

Information should be brief – bullets points are fine.

<b>Project Name</b>		<b>Project start date and end date if finished</b>	
<b>Who is the project for?</b>			
<b>Town, city or area where the project takes place</b>			
<b>What sort of venue does the project use?</b> <b>Such as health or community centre, religious meeting place etc</b>			
<b>How is the project funded?</b>			
<b>Why was this project set up?</b>			

Thank you for completing this questionnaire – it will help The Centre for Public Health Excellence at NICE to understand more about how community based projects are addressing risk factors for the development of pre-diabetes in adults.

<p><b>What has the project set out to achieve?</b></p>	
<p><b>Please list the job roles of those who work on the project such as a dietician etc.</b></p> <p><b>Include any volunteers or lay workers.</b></p>	
<p><b>Who manages the project?</b></p> <p><b>What organisation do they represent?</b></p>	
<p><b>Briefly describe what the project aims to do and how it does this</b></p>	

<b>What is working well?</b>	
<b>What has been <u>less</u> successful How has the project overcome this?</b>	
<b>Has the project been evaluated? What were the key findings?</b>	
<b>What advice would you give to others who were planning a similar project?</b>	

<b>Are there any reports about the project?</b>  <b>If yes, please list these</b>	<b>If possible please email reports to: <a href="mailto:communityprojects@btinternet.com">communityprojects@btinternet.com</a></b>		
	<b>Please put your project name in the subject field</b>		
<b>Is there any information about the project on any websites?</b>  <b>If yes, please provide the web address.</b>			
<b>Lead contact person for the project</b>		<b>Lead contact Role/Job title</b>	
<b>Lead contact telephone number</b>		<b>Lead contact email address</b>	
<b>Lead contact address including postcode, please</b>			

Please save the completed questionnaire with the project name as the document title.

You may wish to keep a copy for your records.

Please return this questionnaire as soon as possible by email to: [communityprojects@btinternet.com](mailto:communityprojects@btinternet.com)

## Appendix Four

### The West Midlands Food and Health Audit

The West Midlands Food and Health Audit 2010 report<sup>8</sup> identified in excess of 152 projects that were commissioned or delivered by primary care trusts in the region and potentially met the criteria for inclusion (it was not possible to examine each project in detail but the report overview indicated the objectives of the project, target group and evaluation undertaken). The audit focused only on food and health projects although some projects included physical activity as part of their programme. It was clear from the audit that most primary care trusts were focusing on tackling obesity, obesity prevention and that children were a key target group.

Of the projects targeting adults, the majority focused on weight management closely followed by healthy eating education which was often delivered as a project around cooking and cooking skills.

Projects that particularly targeted the high risk groups for pre-diabetes included projects such as:

**Feeling Good - a South Asian women's project in Walsall.** A 13 to 15 week programme that included physical activity and healthy eating sessions and used the Warwick Edinburgh Wellbeing Scale, a five a day questionnaire, body image questionnaire and general activity questionnaire to help evaluate the programme.

**Volunteer Community Champions in Stoke on Trent** running physical wellness projects in community settings that focused on physical activity, healthy eating and mental well-being. These particularly targeted areas of deprivation. Success was measured by the number of Champions trained and actively delivering sessions.

**Food Access is a project in Dudley** targeting parents and children in deprived areas. Success was measured by quantities of fruit and vegetable sales, improved food knowledge, improved food skills and dietary change.

**Cook well in Sandwell** offers a six week cooking skills course to vulnerable and at risk groups. It aims to increase consumption of fruit and vegetables and high fibre foods, decrease consumption of salt, sugar and saturated fat and to increase nutrition knowledge and cooking skills. It uses a before and after dietary questionnaire to measure change and a food interest group explored more qualitative issues.

**Make and Taste is a group for young parents in Solihull** focusing on improving knowledge about nutrition and confidence in food preparation.

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<sup>8</sup> (Department of Health West Midlands 2010) West Midlands Primary Care Trust Food and Health Audit April 2009 – March 2010  
[http://www.foodwm.org.uk/resources/Food\\_and\\_Health\\_Audit\\_2009\\_2010.pdf](http://www.foodwm.org.uk/resources/Food_and_Health_Audit_2009_2010.pdf)

**Maternal and early years pilot** – this is running in six PCT areas targeting pregnant women with a BMI>30 and who were eligible for healthy start<sup>9</sup> The project aims to minimise weight gain during pregnancy, support weight loss post pregnancy, prevent the development of obesity in infants and reduce inequalities. It has been commissioned by the West Midlands Strategic Health Authority.

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<sup>9</sup> Free milk, infant formula, vitamins, fruit and vegetables for pregnant women receiving certain benefits, and for all pregnant women under 18.

## Appendix Five List of Community Projects Reviewed

	Project and Location	Target Group	Project Focus	Evaluation
1.	<b>1 Great Life, Essex</b>	Patients with long term medical conditions including Diabetes (type 1 & 2), Obesity, Musculo-skeletal conditions, Asthma, COPD	Lifestyle modification programme. Offers lifestyle advice in group seminars - healthy eating, physical activity, stress management, sleep, goal setting, and management of conditions. Also take part in twice weekly functional circuit to increase physical activity levels.	Aims to positively affect: weight, waist measurement, HbA1C, physical activity levels, depression etc. Independently researched and showed positive results.
2.	<b>10% Club, Plymouth</b>	People in areas of deprivation and BMI of 30 to 35	10 week programme to start people focusing on losing 10% of body weight. Focuses on healthy lifestyle advice and making small sustainable changes. Also focuses on cooking and physical activity – gives out free pedometers.	Use Health Survey short form 36 to measure improvement in general health, weight loss and increased physical activity levels. <b>See appendix 2 case study 7.</b>
3.	<b>Active for Health, Coventry</b>	Over 16's referred by GPs Also those with mild to moderate conditions that are stable such as asthma, hypertension and diabetes.	12 week GP exercise referral programme, individualised training plan is put together and small charge to use local facilities. Choices of activities such as swimming, gym and group exercise.	Health checks at weeks 1, 6 and 12. Demonstrated good physiological improvements for completers
4.	<b>Active Health Scheme, Lancaster and Morecombe</b>	People aged 16 plus referred by GP for range of reasons, obesity was the major reason for referral	Patients are assessed and then choose an activity (more than one activity can be chosen) – most patients have chosen gym activities. A programme is then agreed.	Of the first 30 patients – 14 lost weight, 19 decreased waist circumferences, 14 lowered BMI and 21 lowered blood pressure.
5.	<b>Apnee Sehat West Midlands</b>	South Asian Communities	A social enterprise that aims to raise awareness of risk factors for diabetes and vascular disease in South Asian communities – provides health education sessions and screening in venues such as places of worship and community centres. Can provide culturally sensitive sessions for different South Asian Groups.	Warwick University, School of Health and Social Studies have evaluated the programme positively. Also do their own follow up of people after sessions by phone to check how well key messages are remembered. <b>See appendix 2 case study 1</b>

6.	<b>Cook and Eat Sessions Surrey</b>	People in disadvantaged groups e.g. adults with learning disabilities, people attending community centres, families being supported by family support workers.	Provides cookery leader training to community cooks and chefs and supports them to deliver 'Cook and eat' sessions in their own settings – for example hostels, women's centres, children's centres etc. Many organisations fund their own sessions once the cookery leader has been trained.	Pre and post evaluation done in each group – improved scores for fruit and vegetable consumption and cooking skills. Poor response to 6 month follow up but those who did respond maintained positive changes.
7.	<b>Diabetes Community Champions, Diabetes UK, London</b>	People from Black, Asian and minority ethnic communities	Members of the target communities are trained to provide education sessions about diabetes – risk factors and prevention as well as awareness raising about the condition. Sessions are provided wherever the Champions can deliver them and the community meets.	No evaluation yet but hope to undertake it – project in its first 6 months of operation.
8.	<b>Drivers Health, Nuneaton and Bedworth</b>	People who drive for a living – taxi drivers, bus and delivery van drivers in disadvantaged areas	Provide healthy lifestyle advice especially healthy eating and keeping a healthy weight, undertake blood pressure checks, signposting and handholding to use health services, have run sessions on healthy breakfasts and lunches and work with employers re healthy meals in workplace cafes, also workplace health days.	A six month evaluation is underway. Consultation with drivers showed a major concern for them was healthy eating while on the road.
9.	<b>Early Identification Project, Surrey Diabetes UK</b>	People visiting mosques, community venues and pharmacies and other busy sites such as high streets.	The project aims to raise awareness of the risk factors for and symptoms of type 2 diabetes. Risk assessment sessions have been run – some particularly targeting Black, Asian and Minority Ethnic groups and all visitors given lifestyle information.  Also publicity and information sent to all GPs and pharmacies during the same time period.	Not complete yet but findings so far suggest are identifying those at high risk e.g. Staines Roadshow – 244 risk assessments undertaken. 60% scored as moderate or high risk and referred to GP for further tests. Busy venues work better.
10	<b>Fit Fans, Hull</b>	Men aged 40 to 65 years in deprived areas who want to lose weight and improve fitness	12 week weight management programme that runs at local professional sports stadia. Participants take part in healthy lifestyle workshops followed by supervised physical activity that increases in intensity and can be replicated at home.	Before and after assessments include weight, waist circumference and other measurements. 80% of men complete the course and 50% of these lose 5% of starting weight and some more. <b>See appendix 2 case study 2</b>



11	<b>Fit for Fun, Redbridge</b>	Adults who are sedentary/hard to reach	Provides 20 weeks of a selected physical activity to community groups for example chair based exercise , Bhangra dancing, aerobics, tai chi etc.	Internal report and testimonials from participants. Some groups have continued the activity themselves.
12	<b>Food Net, Birmingham</b>	Areas with high indices of deprivation	5 week cook and taste programme delivered by locally recruited Food Health Advisors in community venues. Provides hands on cooking experience to help develop skills as well as knowledge about healthy eating. Emphasis on healthy, tasty and affordable meals.	Follow up of participants after 7 to 12 months showed increased fruit and vegetable consumption, changes to shopping and cooking habits and reported reductions in fat, sugar and salt consumption. <b>See appendix 2 case study 3</b>
13	<b>Go4Life, Essex</b>	Adults aged 19+ who want to find out about how to have a healthier lifestyle.	A healthy lifestyle course that focuses on health eating, increasing physical activity, emotional wellbeing and barriers to healthy lifestyles. The course is attracting people with health issues	The projects evaluations show improvements in self assessed well being, improved healthy eating and physical activity levels.
14	<b>Healthy Eating on a Budget, Wirral</b>	People living in a health action area – especially most deprived wards	Healthy eating programme covering balanced diet and key healthy eating messages also includes cooking and eating healthy recipes. Delivered in a range of venues including drug and alcohol projects , over 55s groups, community centres and faith centres.	Pre and Post questionnaires are completed and show positive changes. Also follow phone call after a month and positive changes reported e.g. reduced salt intake.
15	<b>Healthy Hearts, Nottinghamshire</b>	Adults with learning disabilities	Used arts, dance and creative activities to get across key messages, ran in community centres, group homes and sports centres. Also worked with carers and staff so they could understand and support healthy lifestyle choices/changes.	A Department of Health Pacesetter Project. Participants showed increased knowledge and some behaviour change such as reduced salt intake.
16	<b>Healthy Weight, Brighton and Hove</b>	Adults with a BMI of 26-40 including people whose doctors have advised them to lose weight.	Provides a 12 week group programme 'Shape Up' about key nutrition issues including reading food labels and 'count your portions' to ensure a balanced diet. Also take part in gentle exercise and encouraged to raise levels of physical activity. People can receive 1-1 support for up to six months	6 and 12 month evaluation data is being gathered and will report soon. Interim evidence is that people are losing weight.

17	<b>Keep Well and Well North, Scotland</b>	Adults aged 45 to 65 in the 15% most deprived communities including rural areas	Provide a 40 minute health check in community venues such as pharmacies, community centres, workplaces and also in high streets, prisons and via a mobile unit for rural areas. Undertake a heart risk assessment with onward referral if necessary and advice on healthy lifestyle including brief alcohol interventions.	3 year National Evaluation will report July-November 2010. A large no of local evaluations have been completed and are very positive. 80% engagement rate.
18	<b>Lighten Up, South Birmingham</b>	People with a BMI over 30 in areas of deprivation	Uses a call centre to provide a weight management and support service. GPs invite patients to contact the call centre and select a weight management service which is free for 12 weeks. Call centre support is based on successful Stop Smoking call centre model.	Birmingham University about to report on RCT evaluation. Interim findings are positive, average weight loss is 5% of body weight. <b>See appendix 2 case study 4</b>
19	<b>Measure Up Roadshow Diabetes UK</b>	General public especially those at risk and undiagnosed. Also seeks to target harder to reach groups and Black, Asian and minority groups.	A mobile unit travels to busy venues around England – markets, high streets, community events and shows etc  Members of the public are invited to take part in a risk assessment – a quick questionnaire - and are given general healthy lifestyle information about how to prevent type 2 diabetes. Dietitians are available to talk to people about lifestyle and how to reduce risk.	Currently being evaluated. In 2009 - 5050 people were risk assessed with 1929 being at moderate to high risk. So far in 2010- 7373 people have been risk assessed with 3610 being at moderate to high risk.
20	<b>Men's Health, Nuneaton and Bedworth</b>	Men aged 50 to 74 in places where they meet such as pubs and social clubs, workplaces and job centres	Provide health MOT checks and engage men in health related discussion re: healthy weight, alcohol consumption, healthy eating and other lifestyle information and advice. Referral and signposting to other services as appropriate.	Internal monitoring shows that it is hard to engage men in health issues and takes time to build trust.
21	<b>One Body, One Life, Coventry</b>	Families interested in a healthy lifestyle , adults, people with learning disabilities and their carers, over 55's	10 week programme focusing on healthy eating and physical activity running in schools and community settings. Each week provides a session on healthy eating followed by a physical activity session – for example team or ball games.	Health check at the beginning and end of the programme to monitor progress. Evaluated within regional evaluation of weight management programmes for children and families and compared favourably with other programmes.

22	<b>Plants to Plates, Wirral</b>	Adults in a local area with depression, mental health problems and those wanting to increase physical activity levels	An allotment project run by a local charity - has been successful in attracting residents from a deprived area especially those with no access to a garden. A health trainer works with the group for example providing a cookery session to eat seasonal produce and give healthy eating messages.	Projects has been monitored but not evaluated yet.
23	<b>SACHE Campaign – Diabetes, London</b>	South Asian community aged over 25 years	Pilot project undertaken - uses a Bollywood style DVD within an education and awareness raising sessions about diabetes, risk factors, prevention and signposting to services. Sessions delivered in community languages and in places where the community meets - places of worship, workplaces and community centres.	Not for this project but does have qualitative evaluation of a similar project for vascular health using the same model that was successful.
24	<b>Saheli Women’s Group and Saheli Adventure Group, Birmgham</b>	Asian women and girls	A women only gym and fitness centre run as a social enterprise which aims to provide culturally supportive services to promote engagement in physical activity. Offers a wide range of women only physical activity sessions – including healthy walks - and physiotherapy and has a project for Asian girls to do adventurous activities. Encourages and supports women to become fitness instructors – 95% of staff are local and have been trained by Saheli.	Birmingham University 2008 undertook a Social Return of Investment Evaluation with positive findings. Currently being evaluated by Birmingham University Health Services Management Centre and Acton Shapiro Evaluators.
25	<b>Seek Diabetes Awareness Charity, East and West Midlands</b>	Black and minority ethnic groups especially South Asian groups	Community based charity set up to raise awareness of diabetes among the BME community. Provides screening sessions in a range of community venues – places of worship, workplaces and community centres with onward referral to GPs if appropriate and information about prevention and healthy lifestyles.	Internal monitoring data of sessions and screening results and referrals.
26	<b>Shapes, Dudley</b>	People who have completed a commercial weight loss programme and brought their BMI to below 30	Twice weekly programme of exercise and nutrition information. Participants try a range of activities at local leisure and fitness centres. Also take part in a weekly aerobics workout. Sets a 5% weight loss target.	Weight loss and waist circumference measurements before and after plus dietary assessments before and after. Achieves positive results. <b>See appendix 2 case study 5</b>

27	<b>Slimmers' Kitchen, Dudley</b>	People living in 40% most deprived areas and with a BMI over 30 or 27.5 for people of Asian origin)	12 week course based on nutritional information, practical cookery sessions and a led walk. Aims to help participants make long term life style changes. Sets a 5% weight loss target. Runs tailored groups for men, women and BME communities.	Before and after weight loss and waist circumference measurements and dietary assessments. Achieves positive results. <b>See appendix 2 case study 6</b>
28	<b>Well London Project Be Well, Be Creative</b>	Residents in 11% most deprived areas of London – targets local areas with 1,500 to 2000 residents	Part of Well London that seeks to increase skills and capacity of local communities. This project is funding a wide variety of cultural activities such as dance and drama which provide an alternative to sport and promote a sense of community and mental well-being.	The Well London Programme is being evaluated overall and a cluster based RCT used with evaluation follow up surveys. Project ends in March 2012.
29	<b>Well London Project Buywell Project</b>	Residents in 11% most deprived areas of London – targets local areas with 1,500 to 2000 residents	Part of Well London that seeks to increase skills and capacity of local communities.  This project is helping to increase the supply of healthy eating options, through work with local food retailers, and building infrastructure where required through community cafes, food co-ops and similar.	The Well London Programme is being evaluated overall and a cluster based RCT used with evaluation follow up surveys. Project ends in March 2012.
30	<b>Well London Project Eat Well Project</b>	Residents in 11% most deprived areas of London – targets local areas with 1,500 to 2000 residents	Part of Well London that seeks to increase skills and capacity of local communities. This project aims to increase the take-up of healthy choices and bring people together to celebrate food. The Cook & Eat courses aim to inspire, enable and motivate the community to eat more healthily; build community cohesion; showcase, where possible, local, seasonal and community produced food and celebrate different cultural and ethnic traditions through cooking.	The Well London Programme is being evaluated overall and a cluster based RCT used with evaluation follow up surveys. Project ends in March 2012.
31	<b>Weight Busters, Nuneaton and Bedworth</b>	People from disadvantaged areas and on low incomes. Targets those with BMI over 30	Aims to provide an affordable alternative to commercial weight loss programmes. Sets a 5% weight loss target. Has a four week exit strategy for those who do not lose weight. Trains local volunteers to run classes.	Evaluated using monthly weight loss figures and attendance. <b>See appendix 2 case study 8</b>
32	<b>Weigh of Life, Wirral</b>	People aged over 16 with a BMI of 25-35 and living in deprived areas	9 week healthy eating and healthy lifestyle project incorporating a healthy walk. Runs in community venues and delivered by Community Health Advisors.	No information provided

### Appendix Six - List of Projects Excluded as did not meet criteria

	Project Title & Location	Target Group	Project Focus	Reason for Exclusion
1.	<b>X-PERT Diabetes Programme</b>  UK wide	People diagnosed with type 2 diabetes	Aims to inform about type 2 diabetes and how to manage the condition through a six-week structured education programme. Has been evaluated positively by an RCT. Being delivered in 10 different languages and learning materials are visual. Trains trainers to deliver the programme. Also does awareness-raising about diabetes but is primarily for those diagnosed. Programme directors believe the model could be used for those at risk of pre-diabetes.	Primarily for those who are diagnosed
2.	<b>Eurofins Survey on the Nutritional value of meals specifically prepared for older people 2009 Warwickshire</b>	Older people	This survey is to assess whether meals provided by the 'meals on wheels' scheme meet the nutritional requirements of the population group they are prepared for.	Not a community project
3.	<b>Healthy Cookery for people with diabetes, Wirral</b>	Adults with diabetes and those who cook for them	Provides 6 week courses of demonstrations of recipes suitable for people with diabetes, using ingredients such as: porridge oats, lentils and pulses and vegetables. The practical skills are supported with the theory behind the recipes and hints and tips.	Primarily for those who are diagnosed
4.	<b>Migrant Health Access Project, London</b>	Migrant communities	Aims to increase the number of people registering appropriately with GPs and decrease the number of unregistered patients accessing Accident and Emergency Departments.	Does not focus on preventing risk factors for pre-diabetes
5.	<b>Shropshire Community Exercise Development Project</b>	Exercise tutors working with frail and sedentary people	Project supports exercise tutors to work with frail and sedentary people, set up an exercise tutors network and offer CPD activity	Not a community project
6.	<b>Born in Bradford</b>	Children	Research Project on interventions to prevent childhood obesity in multi-ethnic populations	Focuses on children
7.	<b>PODOSA Prevention of Diabetes and Obesity in South Asians</b>	South Asian people who are diagnosed with diabetes	Research Project Focuses on those with impaired glucose tolerance and/or impaired fasting glucose	Focuses on those with impaired glucose tolerance

8.	<b>BEACHES</b>	Children aged 6-8 of South Asian background	An exploratory trial of obesity prevention	Focuses on children
9.	<b>Commissioning for Diabetes in Northamptonshire</b>	Commissioners of services	Commissioning for Quality review of diabetes pathway – showed a need to focus on pre-diabetes	Not a community project
10.	<b>Active Travel Support and Interventions Middlesborough</b>	Families	Cycling/walking support and training Working with Sustrans, Environment City and Groundworks to remove barriers to cycling. They will provide training courses on road safety, and cycle maintenance and led cycle rides. There will also be a bike recycling scheme to provide roadworthy bikes	Generic project to promote physical activity
11.	<b>Growing Interventions Development of Allotments, Middlesborough</b>	Families, BME groups and cross generational groups	Aim to establish 2 new allotment sites as plots for community gardens and pocket allotments in the town. Based in South Middlesbrough, in a newish suburb. Will also have a coordinator and mentors	Generic project to promote physical activity
12.	<b>Community led projects: Middlesborough, Tower Hamlets, Halifax and Thetford</b>	Middlesborough -Not specified Tower Hamlets – children and families, bme and faith groups Thetford – town residents and those who are overweight and BME communities	Middlesborough - Tower Hamlets –grants to support 28 community projects focused on promoting physical activity and healthy eating, and 28 grants to support 24 schools promoting physical activity and healthy eating Halifax – funding for voluntary and community led initiatives such as walking routes, health impact assessments Thetford – supporting physical activity projects with hard to reach groups eg dance as exercise, GP exercise referral	Project to support community projects but not about the projects themselves
13.	<b>Provision of Physical Activity Facilities, Dudley</b>	Children and families	Five parks and play areas in Dudley to be turned into family health hubs which include community buildings, cycle storage, improving toilets, lighting and changing facilities etc, employment of parks activity rangers, improvement of outdoor gym equipment in parks, working with police community support officers re park safety, improving cycling and walking paths, branding – ‘let’s make Dudley a healthy town’	This is about healthy town vision, project development, infrastructure development, community involvement etc but not a targeted community project focusing specifically on high risk groups for pre-diabetes
14.	<b>Community Growing Middlesborough</b>	Families and most disadvantaged	Promotion of food growing – bringing old allotments back into use, annual town meal celebration, setting up community growing groups	Town wide approach

15.	<b>Planning Interventions:</b> <b>Tower Hamlets,</b> <b>Thetford, Sheffield,</b> <b>Halifax</b>	Planning system and redevelopment	Tower Hamlets - Appointment of a health and well-being planning officer, developing a planning strategy on fast food outlets. Thetford – appointment of a planning consultant to promote healthy environment Sheffield – appointment of a healthy urban planner Dudley – partnerships to support active travel corridors Halifax – healthy regeneration	Focused on planning and built environment to promote healthy living
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