Tower Hamlets Healthy Borough Programme
Phase 1 Progress Report: Executive Summary
September 2011

A report by Keith Williams, Esther Trenchard-Mabere and Cathie Shaw
Tower Hamlets Healthy Borough Programme started as part of the national Healthy Towns pilot programme funded through the Cross Government Obesity Unit between 2009 and 2011. NHS Tower Hamlets was the accountable body and the programme was delivered in partnership with London Borough of Tower Hamlets, Tower Hamlets voluntary sector and other partners.

The programme has now been mainstreamed. Further information on the Healthy Borough Programme can be accessed via the website: www.towerhamletshealthyborough.co.uk or by contacting Cathie Shaw at cathie.shaw@elc.nhs.uk.
We are delighted to present this summary report on the first phase of our Healthy Borough Programme which had external funding from December 2008 to March 2011 to innovate and test new approaches to tackling obesity.

Being a part of the national Healthy Towns programme was particularly timely for Tower Hamlets as it enabled us to strengthen our efforts to make this borough a more supportive environment for children and families to maintain a healthier weight, reducing the chances of chronic health problems in the future. We particularly focused our work on the need to reduce our challenging child obesity levels, but we also wanted to improve the environment for people of all ages from all communities.

Evaluation of the programme has shown significant and identifiable changes during the first two years. There are some visible expressions of a more positive environment, such as better facilities for cycling and more walking and cycling groups, cafes and restaurants offering healthier choices in response to our healthy food awards scheme and more land in the community being used for community food growing and other local health promoting projects. Just as importantly there are encouraging signs of a changing mindset across the ‘whole system’ with people at all levels thinking more about the health impacts of their actions, whether that’s in the Council planning teams or parents planning their family mealtimes.

The support provided through the Cross Government Obesity Unit gave us a unique opportunity to pilot innovative approaches to creating a health promoting environment and fostering a learning culture. To share what we have learnt from the programme we have created a shared learning resource at our Healthy Borough website with valuable and detailed information about the work we have been doing and the findings from extensive evaluation. We hope you will make use of it.

Finally, we are pleased to state our commitment to mainstreaming and building on what works from the Healthy Borough Programme – as part of its second phase. Despite the current difficult financial circumstances we have, so far, continued many of the interventions. And we remain committed to the longer term journey of creating a healthier borough.

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Thanks and Acknowledgements

Many people played a part in delivering the first phase of the Healthy Borough Programme. Many remain engaged for the next phase.

It is difficult to thank everyone. Strategic sponsors have changed over time and are listed under the board membership. However, particular thanks goes to Esther Trenchard-Mabere who led the bidding process and has sustained a robust steer on the public health integrity of the programme.

Our thanks go to the many individuals and community organisations who took part in phase 1 and remain committed. We have valued their leadership, their innovation and passion and their generous giving of time.

The Healthy Borough Delivery Team ended in May 2011. They have left a strong legacy on which to build. Our thanks go to:

- Keith Williams – Head of the Healthy Borough programme;
- Cathie Shaw – Head of the Healthy Borough programme - first 6 months;
- Communications: Akbal Ahmed, Sylvia Arthur, Debra Bean;
- Community Engagement: Wendy Sugarman, Maria Kastrater, Souheb Khan;
- Evaluation Support: Shahin Bakth;
- Administrative Support: Hasna Begum, Kalpana Jahan, Shuhela Hannan,

Many (not all) project leads are still in post and will continue to work on the Healthy Borough Programme. Some were on short life funding which has ended. Our thanks go to:

**Project Leads: LBTH** - Altan Ahmet, Ashraf Ali, Manmohan Dayal, Michelle Davies, Laura Flanagan, Frank Harrington, Claire Hatton, Jill McGinley, Wilf Nicholls, Sam Margolis, Colin Stuart, David Tolley

**Project Leads: NHS East London and the City** – Abi Gilbert, Tim Madelin, Michele Sandelson, Judith Shankelman, Simon Twite, Lisa Vaughan

**External Evaluators:** CAG Associates, Integrated Transport Planning Ltd, NLH Associates, Options UK, Red Pencil and Resources for Change and Shared Intelligence

**Cross Government Obesity Unit:** Bryony Butland, Nathan Davies, Richard Cienfala, Iain McIntyre, Liz Prosser, Sorwar Ahmed, Alison Williams,

**Healthy Borough Programme Board:** Anwara Ali, Michael Bell, Jamie Blake, Heather Bonfield, Mary Durkin, Stephen Halsey, Shazia Hussain, Helen Jenner, Helen Taylor, Owen Whalley, (all London Borough of Tower Hamlets), Andrew Attfield, Ian Basnett, Chris Lovitt, Esther Trenchard-Mabere, (all NHS Tower Hamlets), Joan Murphy (Poplar Harca), Geof Rayner (City University), Soni Rushmi and Barbara Abrahams (Barts & the London Trust), Fozia Parveen Sheikh (ELBA), Gill Moffett and Katie Williams (Regional Public Health – London), Carl Pittams (Sustrans), Toni Meredew (Account 3), Alex Bax (LDA)

Thanks also to Paul Collins at NHS East London and the City for his help with Healthy Borough communications work and for proof reading this report.

To find out more about the Tower Hamlets Healthy Borough Programme visit our website at

www.towerhamletshealthyborough.co.uk
Executive Summary

National and Local Context

The Tower Hamlets Healthy Borough Programme (HBP) was one of nine pilot ‘Healthy Towns’ awarded by the Cross Government Obesity Unit and funded through the national Healthy Communities Challenge Fund (HCCF) between December 2008 and March 2011. Tower Hamlets was allocated £4.68 million of additional funding building on a similar level of local match funding. The aim of the HCCF was to pilot approaches to mitigating the “obesogenic environment” as identified by the Foresight report, *Tackling Obesities*, published in 2007. In Tower Hamlets, an inner London borough which has some of the most deprived communities in the country despite recent economic growth, and poorer than average levels of health, the target group was children and families.

Obesity had been identified as one of the top public health priorities in Tower Hamlets and a local target on child obesity was incorporated into the Local Area Agreement in 2005. The results from the national child measurement programme in 2006/07 showed that Tower Hamlets had amongst the highest levels of child obesity in the country. The borough’s partnership-based Healthy Weight, Healthy Lives Strategy was adopted in 2008 and the HCCF provided an opportunity to extend and develop the work already started.

Programme Delivery Model

The ‘Becoming a Healthy Borough’ programme in Tower Hamlets set out its long term vision as being:

*To transform Tower Hamlets into a place that promotes and supports health and well being and makes it easier for children, families and the wider community to be more physically active, eat well and maintain a healthy weight throughout their lives.*

The programme delivery model was focused around three core themes - Healthy Environments, Healthy Organisations and Healthy Communities and three cross cutting strands which were active travel, active lives and healthy food.

The Healthy Environments theme included proposals to transform spatial planning for health and to develop a green grid, active travel routes that help to increase walking and cycling, promoting physical activity through parks and open spaces and active play and improved access to swimming for women and girls, as well as healthier food choices including a pilot awards scheme for restaurants and work with fast food outlets.

Healthy Organisations focused on creating environments which promote healthy food, physical activity and active travel in three settings: early years, schools and workplaces.
The Healthy Communities theme included community engagement in initiatives across the whole programme, opportunities for community sector organisations and local people to put forward their proposals for ‘community led projects’ to tackle barriers to physical activity and healthy eating, an active travel in the community programme, parenting initiatives and marketing and communications.

There were 16 Healthy Borough projects (see Table 1), but many more ‘sub projects’ underpinning these whilst the Community Led Projects scheme supported over 200 local projects and initiatives.

To secure sign up to the whole system change the HBP aimed to use a variety of levers of change, from strategic planning at senior officer level to bottom-up community-led approaches. The governance process aimed to reflect that and was delivered through a Programme Board comprising councillors, senior staff in the local authority and the NHS, regional representation, and other stakeholders from the community and business sectors.

Healthy Borough programme delivery staff were located in the Tower Hamlets Partnership Team in the local authority with the aim of linking into programmes and policies across the local authority and partner agencies, emphasising the synergy with environmental sustainability and community cohesion. This was felt to be important to a key objective of the programme which was to ensure that ‘Health’, in its wider sense, would be more explicitly embraced at the heart of the local authority and the Local Strategic Partnership.

The Programme adopted a Community Engagement Strategy to ensure that involving communities was at the heart of the programme so that the strong ‘top down’ strategic drivers could engage with ‘bottom up’ messages about how being overweight and related health impacts affected communities and to gather local people’s own ideas about how these could be most effectively addressed.

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Table 1: Healthy Borough Projects by Theme.
Data collected by the programme shows that participants in projects and focus groups were representative of the target communities of parents and families, particularly from ethnic minority communities and low income white families.

A number of broad learning points emerged from the programme delivery and its evaluation and these focused around the key requirements for successful delivery of a Programme of this type:

• Allowing adequate lead in time to assemble the project teams and develop well thought out delivery plans;

• Engaging stakeholders at all levels is essential and this requires a range of different communication techniques;

• Leadership and champions should also be at all levels and these will need to be continually renewed;

• Building on strong existing service/project delivery is a good way to secure additional or accelerated outcomes especially if timescales are short;

• When there is a lot of change happening in the background it is vital to have a very strong programme plan with a clear vision, agreed performance measures and an agreed accountability process;

• Whole system change is necessary to address a ‘wicked issue’ like obesity but is unlikely to be an even process across the system;

• A commitment to building knowledge and learning from the work is essential.

Change in Environments

Key results from Healthy Environments projects included the new Local Development Framework Core Strategy adopted in 2010 that acknowledges the importance of addressing poor health and health inequalities and promoting healthy and sustainable communities far more than previous planning frameworks. Strands that are embedded under ‘Strengthening Neighbourhood Wellbeing’ include ‘creating healthy and liveable neighbourhoods’ and ‘creating a green and blue grid’ to support healthier food choices and increased physical activity.

New cycling routes have been established, existing cycle routes improved and volunteer cycle rangers have carried out audits and reported defects to the Council that have been quickly remedied.

Significant numbers of residents, primarily families from BME communities, have attended a wide range of events in different parks across the borough and gained confidence about making more use of these free facilities. The importance of play in young people’s development and to help provide the physical activity levels needed has been demonstrated to schools and stronger partnerships between schools, parents and play providers have been established.

Substantial numbers of women and girls, a majority from BME communities, have been encouraged to go swimming regularly. Many have improved their swimming ability and a significant commitment to sustain the women only swimming offer has been made by the borough’s leisure services provider.

Over 100 catering businesses have improved the availability of healthy food choices that they offer to secure a Food for Health Award, a significant number of these have been local take aways and cafes, and 22 convenience stores now offer a much improved display of fruit and vegetables with evidence that this has resulted in increased sales.

See Appendix A for headline results for Healthy Environments interventions.
Change in Organisations

Key results from the Healthy Organisations projects were that most of the boroughs’ nurseries and children’s centres participated in the Healthy Early Years Accreditation award scheme and 22 achieved the required standard by March 2011 with others still working towards achieving it later in the year. Over 120 breast feeding welcome venues were accredited across Tower Hamlets in venues ranging from Idea Stores to pharmacies to restaurants. 34 parents achieved a qualification in participatory appraisal and the team engaged with more than 700 peers in outreach work.

A range of additional activities were delivered in schools that helped schools achieve Healthy School status including a neighbourhood games programme, physical activity and healthy food workshops, a Recipes for Fun website, cycle training through the Bike It scheme, and pupil led projects where pupils themselves implemented their ideas about how to encourage a focus on health in schools.

The Workplaces project engaged a total of 49 workplaces in the borough including public sector, private sector and voluntary and community sector employers. 36 workplaces achieved the Healthy Workplace Accreditation. 48 Get Active Healthy Workplace grants were awarded to employees who had developed their own activities. The Active Travel Plan work, led by a joint NHS and LBTH Active Travel Officer, achieved a significant increase in workplace cycling at Tower Hamlets Council, NHS sites and other workplaces through investment in improved and more secure facilities, cycling training and other support for cyclists such as free “Dr Bike” maintenance sessions, pool bikes, networking and competitive events.

Walking to work was also promoted - for example through walk to work week - and a range of healthy walks were provided.

Travel plans were developed in partnership with Transport for London for major destinations including East London Mosque and a range of active travel maps were produced and distributed right across the borough.

See Appendix B for headline results for Healthy Organisations interventions.
Change in the Community

Key results from the Healthy Community projects included the Community Led Projects work stream where some 216 community led projects were commissioned between 2009 and 2010 – 16 project grants, 24 small grants and 176 Can Do awards of £500 each; just under 20,000 people took part and benefited. In addition a further 10 community food growing projects were commissioned in a partnership with registered social landlords (social housing providers). The activities funded through the grants ranged across the active lives, active travel and healthy food cross cutting themes with some projects involving a mix of approaches.

Independent evaluation of the community led projects and the Can Do awards showed that the community based projects delivered locally by community organisations or individual activists made a significant difference to people’s lives and were highly valued by participants. Knowledge and awareness of health issues was increased, real behaviour change – particularly changes to food preparation - resulted for many people and in some cases this extended more widely to the immediate family and sometimes wider family networks.

There was an important finding that the social interaction involved in participating in the projects was hugely valued by participants and that increased social capital and improved social cohesion were a significant outcome of the investment in projects delivered through the community itself. This was also strongly evidenced by other projects such as the Healthy Families project.

44 nursery, infant, junior and primary schools took part in the Healthy Families project (HFP) of which 11 delivered more than one programme; 17 children’s centres and early year’s centres were engaged of which 5 delivered more than one programme. In total 1,776 parents and carers attended the 80 programmes that were delivered over two years. 2,275 children benefited.

Feedback about the programmes was very positive with 100% of parents and carers reporting an increase in ‘knowledge and confidence’, particularly around ‘making healthy food choices while shopping’, preparing healthy lunchboxes and doing more physical activities. 60% of parents surveyed for the evaluation said that they had made changes to the family diet and the whole family had become more active and 45% of mums said that they had become more physically active.

The Active Travel in the Community projects supported a range of active travel initiatives in community based settings. Evaluation of this work provided valuable evidence on different approaches to engaging local communities and there were some promising cost effective interventions that justify further development and support.

The Social Marketing and Communications project delivered three major campaigns of activity in the borough, from January to March 2010, June to August 2010 and January to March 2011, using a range of publicity techniques including advertising on bus supersides and interiors, lamp post banners and street furniture and billboards. The impact of the campaigns work was tracked through face to face and telephone surveys using samples of 500 residents from the Tower Hamlets Citizens Panel. This showed that levels of awareness of the Programme increased from 19% in January 2010 to 28 % in July 2010 to 33% by March 2011. This is considered a positive level of recognition and compares well with other initiatives.

See Appendix C for headline results for Healthy Communities interventions.
Strategic and Cultural Evaluation

As part of the programme’s evaluation strategy, an external evaluation was commissioned of the strategic and cultural impact of the Healthy Borough Programme over its two-year period of external funding, ending in March 2011. The evaluation was based on a theory of change framework so it could explore how different projects, processes and change mechanisms have contributed to strategic and cultural change. It was carried in out in two phases, with an Interim Report produced in August 2010 and a final report in May 2011.

The Final Report concluded that there is evidence of strategic change such as:

- Strengthening and building new partnerships
- Influencing strategic and operational plans such that the Local Development Framework (LDF) and associated policies now have health priorities embedded in their core principles.

But less evidence of strategic impact through changes in strategic decision making and commissioning and resourcing and the need to embed healthy borough agenda further in all systems and processes.

The evaluation further said that cultural change is visible in a number of areas:

- Influencing the way that organisations work
- Stimulating community leadership and building social capital
- Behaviour change within statutory organisations, individual staff, local businesses and in different sections of the community.

Notwithstanding this progress, cultural change has happened at a faster pace in some areas compared to others. This reflects the general complexity of a short-term change programme, in that the rate of progress can be determined by partnership, relationships and service context.

The evaluation report concluded that the positive mechanisms for change were:

- Use of an evidence-based rationale
- Effective leadership at all levels
- Building on existing partnerships and developing new ones
- Linking in with wider initiatives
- Using funding as a catalyst
- Community engagement and involvement
- Strong programme identity
- Fostering a learning culture, and
- Adapting in a changing policy environment

The Healthy Borough programme had especially added value in the following ways:

- Enabled the expansion of existing work
- Gave added coherence, structure and shape to existing projects and activities
- Enabled innovation
- Helped to embed health into work streams
Impacts and Benefits for Tower Hamlets

The Healthy Borough Programme has contributed to significant positive change in the physical, social and cultural environment in Tower Hamlets that will assist parents and families to maintain a healthier weight in future.

As the Healthy Community Challenge funding had to be used as revenue it made only a small direct contribution to physical changes - such as investment in cycling routes, parks and play areas - which were largely supported through other funding streams. However, the Healthy Borough Programme added to the sense of change through its support for ‘softer’ interventions to engage people with the improving environment through cycle training and mentoring schemes, active play sessions, outreach to encourage more use of parks, a free swimming programme for women, more community based physical activity opportunities, significantly more community food growing sites and visible displays that food outlets were offering healthier products and meals for consumers.

The Healthy Borough communication campaigns also contributed through its highly visible use of the Change4Life messaging across the borough in street advertising, bus supersides and its marketing presence in Idea stores and health and community venues.

The key specific benefits have been:

- Raising the level of awareness about the health risks of obesity and building on the national Change4Life movement;
- Influencing long term strategies and plans and embedding improved health in the population as a central objective;
- Strengthening existing partnership work on obesity and related public health risks and building on the borough’s Healthy Weight, Healthy Lives Strategy;
- The opportunity to test out a range of different approaches to tackle the environmental causes of obesity and overweight;
- Physical changes to the environment such as more growing sites, improved walking and cycling routes, improved play areas – observable differences that people notice and that create a sense of positive change taking place;
- Increased physical activity opportunities in a range of settings including schools, early years centres, workplaces, parks, leisure centres and the public realm generally through improved walking and cycling routes;
- More community driven activity to promote healthier lives and particularly physical activity and healthy diets;
- Increased knowledge about healthy behaviours, particularly in our most hard to engage communities;
- Healthier workplaces and opportunities for the borough’s workforce to build more healthy activity into their working lives;
- Healthier food offers in restaurants, cafes, takeaways, convenience stores, schools and early years centres and workplace canteens reflecting a positive developing engagement with food businesses and retail outlets;
- Raising the profile of the borough as a leading and forward thinking authority in respect to public health issues and obesity in particular.
Key Learning Points from the Programme

The strong focus on learning from the Programme about what works in terms of delivering accelerated change as well as what did not work out as planned has created significant additional knowledge about delivering interventions in a complex local environment such as Tower Hamlets. A summary of some of the key points is shown below:

Governance

• Creating and supporting leadership and champions as change agents was essential to strategic and cultural change but also itself vulnerable to turbulence within the wider governance system;

• Involving stakeholders at all levels – political, strategic, operational and community – was important to ‘whole system’ change and helped create a sense of a wider movement that was permeating life in the borough;

• Partnership work was recognised as a vital tool for creating strategic and cultural change and the external evaluation reported back a strong sense that the programme had both strengthened existing and built new partnerships at strategic and operational levels “so there is a more joined up approach to making Tower Hamlets a healthy borough through agencies working together…”;

• The programme provided a coherent and well articulated ‘structure’ that framed a range of projects, made the connections between them explicit and ‘branded’ them as part of a wider movement to create a recognisable sense of change and momentum;

• The programme’s governance structures generally worked effectively but there was a sense that greater value could have been extracted from the Programme Board as a mechanism for strategic and cultural change;

• Basing the delivery team in the local authority to secure greater local authority buy in worked effectively as a means to engage the local authority service areas more strongly in the delivery of the programme;

• A stronger focus on formative evaluation from the start of the projects would have been useful and enabled a clearer assessment of all the interventions at the end of the programme.
Programme Delivery

- The short lead in time available meant that some projects got off to a slow start. Future national programmes of this kind should ideally have a longer timeframe, of at least 3-5 years;

- Baseline data was a problem for a number of the projects, particularly the more creative interventions which were trying out new approaches not tested before. This made the setting of realistic but challenging delivery targets difficult but a good deal was learned about setting targets and also measurability;

- Some of the healthy community projects such as Healthy Families reported encountering very low levels of health literacy in some communities. This interacted with language and literacy difficulties to complicate the delivery of educational and training programmes;

- Building on existing work on food and physical activity was important to create a critical mass to help accelerate and embed the changes;

- Flexibility in the delivery of project work was important and the most effective projects proved themselves to be flexible about how the project was delivered particularly in respect to meeting the needs of users or shaping project delivery around what produced the best results;

- A sense of collective iterative learning was embedded in the programme from the start;

- The programme of community led interventions engaged large numbers of local people and created an inclusive feeling about the programme;

- The community food growing initiative was particularly positive, generating a wide range of benefits, strong community enthusiasm and buy in from social housing landlords;

- Evaluation of the community projects reported strong civic engagement, social cohesion and community capacity building benefits; these were valued by communities as highly as the health benefits;

- Establishing a strong local Healthy Borough branding with an easily recognisable Change4Life ‘look and feel’ as well as co-branding was effective and led to high levels of recognition locally.
Wider issues

There were a number of broader messages:

- Some of the national targets for physical activity and healthy eating may be too challenging for the most at risk communities;

- Both targeted and universal approaches are needed in combination if whole population behavioural change is to be stimulated and supported;

- Project work that does not sit so easily with mainstream service delivery poses more of a challenge to sustain yet may be important and worthwhile to sustain;

- Community engagement identified scope for much better and more productive use of land and other resources such as community facilities held by the public sector.

Future Development of our Healthy Borough Programme

In order to build on the foundations that have been established through the first phase of the Healthy Borough Programme, described in this report, it has been agreed that the Healthy Borough Programme Board should continue to provide strategic direction and support for multi-agency action to tackle obesity. The remit will widen to include the adult and child weight management programmes that have been developed as part of the original Healthy Weight, Healthy Lives in Tower Hamlets Strategy (2008–12).

The first phase of the Healthy Borough Programme has generated commitment, enthusiasm and knowledge for continuing to respond to the challenge of an obesity epidemic set out the in the Foresight report. And its legacy goes further. As public health transfers in to the local authority over the next two years the HBP work also offers a wider model of how public health can be taken forward through and across a local authority.

To find out more about the Tower Hamlets Healthy Borough Programme visit our website at:  www.towerhamletshealthyborough.co.uk or contact Cathie Shaw in Tower Hamlets Public Health at cathie.shaw@elc.nhs.uk
## Appendix A

### Healthy Environments Projects – Headline Results by project work stream 2009-2011

#### Healthy Spatial Planning
- Health Integrated into Core Strategy of Local Development Framework
- Protocol agreed for joint meetings between planning and health (NHS)
- Recommendations developed for Development Management Policy including definitions of ‘over concentration of unhealthy uses’ and guidance for planning control officers on health considerations
- Best practice guidance on use of health impact assessments and guidance for estate regeneration schemes

#### Green Grid
- Green Grid Strategy adopted by Mayor and incorporated in LDF
- Business Plans agreed for 2010-11 and 2011-12

#### Active Travel Routes
- Meath Bridge/Connect 2 Route linking Bethnal Green and Victoria Park
- Cycle Route Improvement Stakeholder Investment Plan (CRISP) produced covering all main cycle routes
- 14 volunteer cycle rangers recruited, 41 site visits completed and 151 defects remedied

#### Parks Outreach
- 42 organised activity events held in 12 parks across the borough
- 3,735 people attended the events of which 62.5% were from BME background
- Over 80% said it had improved their confidence about using parks more in future

#### Active Play
- 267 active play sessions delivered in partnership with community sector
- 80 schools were engaged by the project
- 18 junior youth service (after school clubs) engaged
- 316 staff from 47 different schools were trained in aspects of active play

#### Swimming for Women and Girls
- 1,154 swimming only sessions delivered through GLL and the four main swimming pools
- 5,520 women and 706 girls registered for the scheme and 59,853 individual swims taken up by women and girls
- 220 women registered for swimming lessons

#### Influencing Food Outlets
- 1,146 ‘healthier food choices’ visits made by environmental health officers to food businesses
- 121 cafes, takeaways and restaurants achieved a bronze, silver or gold award through the Food for Health Awards
- 22 convenience stores joined the Buywell scheme to improve the availability of fruit and vegetables and achieved an average 45% increase in sales across the 2 years
- 18 healthy eating and frying workshops held for food businesses
### Healthy Organisations Projects - Headline Results by Project Workstreams 2009-11

#### Healthy Food and Active Lives in Early Years
- 22 EY settings achieved Tower Hamlets Healthy Early Years Accreditation
- 128 Venues supported to achieve Breastfeeding Welcome Places standard
- 34 local parents and staff trained in participatory appraisal
- 700 local parents/children accessed and given their perceptions and input through PA activity

#### Healthy Food and Active Lives in Schools
- 77 schools have a Physical Activity Policy
- 78 schools implemented a ‘whole school food policy’
- 12 schools signed up to ‘recipe for fun’ (social marketing initiative)
- 66 small grants distributed to pupil led projects
- 1,733 pupils at 25 schools trained through Bike It of which 1,078 achieved Level 2 of National Cycling Standard
  (inc. match funding)
- 10% of pupils cycling to school at least once a week by 2011
- 41 parents took part in Bike It U Can2 training sessions

#### Healthy Food and Active Lives in Workplaces
- 36 organisations fully accredited
- 6 organisations trained as mentors with unaccredited organisations

#### Active Travel Plans
- 2,213 participants at Active Travel events
- 33 participants on Try Cycling to Work programmes
- 23 SME and Community Sector employers adopted Travel Plans
- 9 community sector organisations delivered additional walking and cycling training with Healthy Borough grants
- 6 new weekly community health walks introduced
- 27 volunteer walk leaders trained
- 932 participants across various walking programmes
- 765 adult cycle training sessions delivered
- 155 adult participants achieving minimum Level 2 of National Cycling Standard
- 416 individual adult participants in total
- 53 participants on cycle buddy scheme
- 30 families took part in cycle training

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Appendix B
### Healthy Communities Projects – Headline Results by Project Workstream 2009-11

#### Community Engagement
- 6 community focus groups held engaging diverse communities – 42 participants
- 8 focus groups in schools with Key Stage 1 and 2 children – 82 participants
- Community engagement strategy agreed by the HB Programme Board
- Four community engagement good practice models were developed, written up and disseminated through networks
- 17 feedback and learning events held

#### Community Led Projects
- 40 community led projects – project grants and small grants – awarded
- 13,462 beneficiaries – 54% adults and 46% children
- 176 Can Do grants awarded – minimum of 6,175 participants
- 25 organisations who have not previously benefited from obesity funding were supported
- 12 food growing projects supported in partnership with RSLs

#### Healthy Families
- 44 schools and 17 early years centres participated in the programme plus one community venue
- 1776 parents and carers took part in the programme, benefiting 1558 early years children and 717 key stage 1 children
- 100% participants reported increased knowledge and confidence about healthy choices
- 80 healthy family 5 or 6 week programmes delivered
- 78 consultation events and taster sessions were delivered
- 351 parents/carers attended trips to other physical activities
- 247 early years children and 61 KS1 children attended the trips
- 60 school/setting staff attended a shared learning event

#### Active Travel in the Community
- 273 households on the Ocean Estate were surveyed for the Get Out Get Active project
- 800 people from 600 households were contacted through surgeries, workshops and door knocking
- 79% of respondents reported the amount they walk had increased and 61% stated that they felt healthier and had a better understanding of health as a result of the project
- 119 patients were referred to the Cycling on Prescription cycling training
- 37 women received cycling training through the Oceans 11 cycling project
- 27,000 active travel walking and cycling maps were produced and distributed
- 780 user sessions delivered by the All Ability Cycling Club with membership of 131 users
- 133 people benefited from the Getting Around project

#### Marketing and Communications
- Communications Strategy agreed by the HBP Board
- 3 three month marketing campaigns delivered
- Healthy Borough presence at 10 other major public events e.g. Baishaki Mela
- 729 people signed up to the Healthy Borough website
# Appendix D

## Healthy Borough Programme

### Research, Evaluation and Progress Reports: Dec 2008 to July 2011

#### Whole Programme
- Tower HBP, Phase 1 Progress Report, Keith Williams, Esther Trenchard-Mabere, Cathie Shaw, July 2011
- Tower Hamlets HBP, Phase 1 Progress Report: Executive Summary, Keith Williams, Esther Trenchard-Mabere, Cathie Shaw, July 2011
- Cultural and Strategic Impact Evaluation, Final Report, Shared Intelligence, May 2011
- HBP, Cultural and Strategic Impact Evaluation, Executive Summary Report, Shared Intelligence, May 2011
- HBP, Cultural and Strategic Impact Evaluation, Case Studies, Shared Intelligence, May 2011
- Cultural and Strategic Impact Evaluation (Interim report), Shared Intelligence and Gillian Granville Associates, August 2010
- Healthy Borough Programme (HBP) Annual Report 2009 – 10, HBP Team, July 2010

#### Healthy Spatial Planning
- Tackling the takeaways - a new policy to address fast-food outlets in Tower Hamlets, Dr Foster Intelligence and Land Use Consultants, 2011
- Strategic guidance for safeguarding and improving the health of communities affected by estate regeneration in Tower Hamlets, IMPACT/Birely HIA, 2010
- Planning for a Healthier Urban Environment In Tower Hamlets, Recommendations Summary, Jabed Rahman, 2011

#### Green Grid
- Tower Hamlets, Green Grid Strategy, LDA Design, April 2011

#### Parks Outreach
- Healthy Borough Parks Outreach Evaluation: Final, CAG Consultants, September 2011

#### Active Play
- Active Play project evaluation, LBTH (Wilf Nichols), July 2010

#### Women and Girls Swimming
- Women and Girls Swimming Programme Project Report 2009-11, Michele Davies

#### Access to Food
- Evaluation of Food for Health Awards, 2009 – 2011, Michele Sandelson, due December 2011
- Influencing Food Outlets, Project Report 2009 - 11
- RSL ‘Grow Your Own’ Projects Evaluation, Sarah Clement, November 2010
- School Children’s Preferences for Chips and Portion Sizes of Chips Sold by Fast Food Outlets in Tower Hamlets (Draft), Dr Mei-Yen Chan and Simon Doff, London Metropolitan University, September 2010
- Food Growing Areas and Initiatives in Tower Hamlets, HBP (Sarah Clement), May 2010
- Buywell Retail Project, Final Report, Sustain and partners, April 2010
- Fast Food Outlets in Tower Hamlets and the Provision of Healthier Food Choices, London Metropolitan University, August 2009
### Healthy Organisations
- Breastfeeding Welcome Venues Accreditation Scheme, Women’s Health and Family Services, April 2011
- Healthy Early Years (Accreditation) Project Report, Selina Heer, April 2011

### Community Engagement and Community Led Projects
- Community Engagement Project, Project Report, 2009 – 11
- TH HBP Can Do Community Grants evaluation: Executive Summary. NLH Partnership January 2011
- Community Led Projects, Options UK, July 2010
- Community Engagement Model of Good Practice: Children & Young People’s Participation, Jo McGreal, March 2010

### Healthy Families
- Healthy Families, Project Report 2009 -11
- Healthy Families Project External Evaluation, Women’s Health and Family Services (WHFS), March 2010

### Active Travel
- Women’s Cycling Audit, Sarah Clement, April 2010
- Travel behaviour in Ocean Estate Tower Hamlets, A report on 2010 and 2011 travel data, Sustrans, May
- Ocean Estate Community Travel Planning, Project Activity Report, Sustrans, February 2011

### Social Marketing and Communications
- Communications project evaluation, final report, May 2011, Red Pencil and Resources for Change
- A summary evaluation of Campaigns tracking research delivered by Social and Market Research, Shahin Bakth, Sylvia Arthur, August 2010
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BFW</td>
<td>Breastfeeding Welcome</td>
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<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
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<td>CRISP</td>
<td>Cycle Route Stakeholder Improvement Plan</td>
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<td>GLL</td>
<td>Greenwich Leisure Limited (leisure services provider for Tower Hamlets)</td>
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<td>HBP</td>
<td>Healthy Borough Programme</td>
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<td>HCCF</td>
<td>Healthy Communities Challenge Fund (the Healthy Town funding stream)</td>
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<td>HFP</td>
<td>Healthy Families Project</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>London Borough of Tower Hamlets</td>
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<td>Local Development Framework</td>
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