

# New Deal for Communities

## The National Evaluation

### Research Reports

#### Healthy Eating Initiatives Case Studies

Research Report 56

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

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



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# **Healthy Eating Initiatives Case Studies**

Research Report 56

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# Executive Summary

## Background

- There is an obesity epidemic, which can be attributed to an increased consumption of foods high in sugars and saturated fats in conjunction with a reduction in physical activity.
- Poor eating and obesity are associated with specific health conditions, such as heart disease, diabetes and cancers.

## Healthy eating associated issues for NDCs

- In the NDCs there is clear evidence of problems with respect to poor eating practices, whether due to environmental, personal or social factors, and of ill-health:
  - limited access to healthy affordable food
  - limited consumption of healthy food
  - lack of confidence and/or skills in using fresh fruit and vegetables in preparing and cooking healthy food
  - lack of awareness of the impact of a healthy food intake upon physical and mental health
  - general poor health status of community members
  - low levels of disposable income
  - previous short-term and unco-ordinated activities around health and or healthy eating
- There is little robust systematic evidence published on what works to tackle obesity and to promote healthy eating and weight loss in a community. This makes the NDC's task harder when developing and introducing interventions to promote healthy eating.

## NDC approaches to healthy eating

- NDCs are taking multiple approaches to healthy eating:
  - they are targeting healthy eating at all ages and across a range of communities
  - they are using individual one-off projects, projects that are part of a programme focussing on healthy eating, and projects linked to a broader health agenda that is tackling health through several themed programmes such as healthy eating and exercise
- Of the projects currently running:
  - food co-ops and allotments:
    - offer good long term potential and a synergy to the benefit of both the producers and users of healthy food
    - can contribute to addressing the issues around deprivation by providing good quality nutritious food at affordable prices
    - can contribute to healthier diets, which in the longer term could result in reduced morbidity and premature mortality from associated health conditions
    - are appropriate for the engagement and involvement of a wide range and large numbers of community members
    - can provide opportunities for community members to develop new skills

- school-based interventions:
  - provide a successful avenue for accessing large numbers of people (children, teachers, parents)
  - provide an opportunity to introduce the development of healthy eating habits from an early age
  - can link into other funding opportunities within the national agenda, such as breakfast clubs and fruit schemes
  - can learn from the experiences of other institutions already providing interventions such as breakfast clubs
- projects that involve peer-support appear to be effective, for example group therapy sessions to promote weight loss.
- Healthy eating initiatives provide good opportunities for partnership working with multiple agencies, such as:
  - health care professionals, such as dieticians, school and practice nurses
  - local authority, local schools and employment agencies, social services
  - academic establishments
  - private enterprises
- Such partnerships have been shown to provide mutual benefit.

### **Evaluating effectiveness**

- Some NDCs have set specific health-related objectives, outcomes and targets for their individual health projects and overall health programmes, but a number have focussed on process measures that relate to the provision and use of services.
  - clearer, specific objectives, outcomes and targets that relate to activities and realistic expected outcomes. For example, targets related to food consumption and nutrition, or weight reduction, or provision and use of specific services would provide a clearer focus for projects to assess progress
  - time-limited targets will help to provide momentum
- One-off events and short-term pilots serve as useful awareness-raisers but to maintain momentum and community enthusiasm they need to be followed up fairly quickly with other longer-term projects.
- Staff retention is an ongoing problem and this will have an impact upon the sustainability of some projects.

### **Links to national targets**

- It is not possible to demonstrate some health benefits within an NDC in terms of a reduction in premature mortality from such as cardiovascular disease or changes in morbidity rates during this evaluation period for several reasons:
  - data at NDC level does not exist, or numbers are too small to measure any meaningful change
  - any increases in life expectancy and reductions in specific morbidities will only be seen over time as the population ages

## Lessons learnt from early NDC experiences

- It is difficult to attribute changes in community health to NDC specific funded interventions within the ongoing changing local and national context.
- There are benefits in NDCs building onto, or extending, local existing projects. This provides ready-made partners, use of pre-existing experience and expertise, established practices and clientele, and reduced start-up times.
- There are advantages where NDCs are linking into national schemes, such as the '5 a day' fruit and vegetable scheme. NDCs can benefit from national publicity and access to national funding.
- In general, the other NDC themes appear to be considered of higher priority than health. Possibly because of this, of the health activities proposed in the business plan, few have started, and of these, most have only been running for around six months, even in the first wave NDCs. Of those that are running some have the potential to be effective in the longer term, but will need to be evaluated against realistic objectives and targets.

## Key messages

- Engage with staff with strong knowledge of the local area and the specific needs of the local community.
- Link healthy eating projects with local exercise and physical activity programmes to help maximise the impact on tackling overweight and obesity.
- Promote cross-cutting work in association with other NDC projects wherever possible.
- Build on or extend existing projects. There are benefits in terms of experience, established practices and clientele, and reductions in start-up times.
- School-based projects may target children but they can raise awareness in the parents.
- One-off interventions are important to inform and raise awareness.
- Sustainable longer-term projects are needed to produce a change in habits towards adopting healthy lifestyle practices.

# 1. Introduction to the Problem

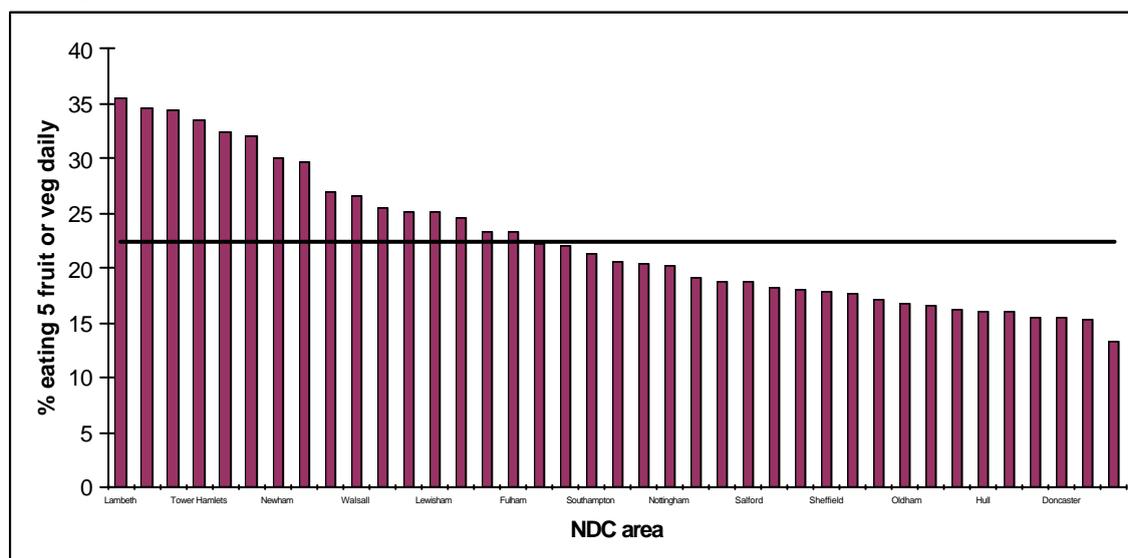
In March 2003 WHO announced that there was an obesity epidemic world-wide, which it attributed to an increased consumption of foods high in sugars and saturated fats in conjunction with a reduction in physical exercise. The prevalence of obesity in England has increased dramatically over the past 20 years and now ranges from five and ten percent in men and women aged 16 to 24 years through to 23 percent and 29 percent in those aged 55 to 64 years (Department of Health, 1/998). The issue of being overweight or obese is important, as both are associated with higher risks of having Type 2 diabetes, cardiovascular disease, hypertension, stroke, osteoarthritis, and certain forms of cancer. Coronary heart disease and cancers are the leading causes of morbidity and mortality in England and most NDCs have higher morbidity and mortality rates for these than the national averages.

This report looks at **community-based approaches being taken by six NDCs to tackle poor nutrition and obesity through healthy eating initiatives** and sets these within the local context and national health care policy.

## 1.1. Local context

The household survey conducted by MORI in 2002, with residents of NDC communities and matched non-NDC communities, produced quantifiable data relating to a number of specific problems such as poor diet, which contribute to high levels of heart disease and obesity. For example, levels of fruit and vegetable consumption are low in many of the NDC areas (Figure 1). Other local information highlighted mainstream services that have failed to actively engage and support local people in reducing their risk of heart disease. In addition to the needs identified by the NDC household survey and a lack of access to adequate provision, local health issues will be exacerbated by a lack of acknowledgement and/or awareness of the impact of certain behaviours on health and well-being.

**Figure 1: Percentage of population sampled by NDC consuming five portions of fruit or vegetables per day**



Source: MORI 2002

The six NDCs studied for this report identified their local needs with respect to health and nutrition. Some of these needs are common to all the NDCs whilst others vary between the NDCs. By virtue of being an NDC, all NDC areas have some of the highest levels of deprivation and inequalities in health in England that can be related to inappropriate nutrition and diet. Within these communities levels of unemployment are high and levels of

disposable income low. Specifically there is an issue around lack of access to opportunities for purchasing and consuming healthy food. There are often only a limited number of local shops, prices are high and choice is poor. Public transport is inadequate and car ownership is low so access to out of area supermarkets is difficult, for example, in Walsall. Low consumption of fresh fruit by many residents is a problem in Oldham. In Southampton, problems include high rates of low birth weight and poor nutrition levels. Poor access and low consumption are compounded by a lack of awareness and/or acceptance that environmental, social and personal factors have a negative impact upon health. Even in areas, such as Salford, where there have already been a number of pre-NDC local initiatives around increasing consumption of healthy food, such efforts have previously been uncoordinated, small in size, short-term, and consequently less than effective and unlikely to have made a significant difference to longer term outcomes.

#### Summary of healthy eating issues for NDC communities

- limited access to healthy affordable food
- limited consumption of healthy food
- lack of confidence and/or skills in using fresh fruit and vegetables in preparing and cooking healthy food
- lack of awareness of the impact of a healthy food intake upon physical and mental health
- general poor health status of community members
- low levels of disposable income
- previous short-term and unco-ordinated activities

## 1.2. Pre NDC initiatives

Interventions implemented prior to NDC status have helped to quantify the needs of the local people. Evidence from Walsall has pointed to the need for services and initiatives that provide affordable and accessible healthy eating opportunities. Demand for such services was illustrated by the uptake of existing food-based programmes, including cook and eat schemes. The Food Co-operative supplied 50 households from neighbouring areas and a number of primary schools. It also worked in partnership with the community dietician to provide produce for their cook and eat schemes, breakfast and lunch clubs and it linked into a growing scheme, which provided organic foodstuffs for distribution through the co-op. An evaluation of co-op users in the neighbouring ward indicated that poor transport links, poor choice, poor quality of provision, and high costs limited accessibility, but that demand existed where barriers to access have been removed by providing healthy food locally.

## 1.3. National public health policies

National public health policies, such as the National Service Frameworks for heart disease, diabetes, and cancer provide an appropriate and convenient framework within which to address healthy eating.

**Health care management in primary care:** The National Service Frameworks for Coronary Heart Disease and Diabetes require annual reviews of patients with, or at risk of developing, these conditions, and national targets have been set to achieve reductions in coronary heart disease by 2010. Since obesity, its prevention or management, links into both of these objectives, there are opportunities to tackle the problem through patient annual reviews in primary care.

**Targeting children:** There are also reasons to tackle obesity in the community and from birth onwards as weight control from early life onwards can prevent high blood pressure in later life, leading to improved life expectancy and quality of life. This is the justification for investing in healthy eating programmes for children as well as for adults.

**Ill-health prevention through healthy eating:** The NHS Plan, the NHS Cancer Plan, and the National Service Frameworks for Coronary Heart Disease, Diabetes, and Older People all target diet and nutrition, with proposals to reduce fat, sugar, and salt in the diet and to increase fruit and vegetable consumption. The Government has introduced a 'five a day' programme to increase fruit and vegetable consumption by raising awareness of the health benefits and by improving access to provision. As part of this programme all four to six year old children in state schools will be entitled to a free piece of fruit or vegetable each day at school. This National School Fruit Scheme is currently being rolled out across England.

**Meeting Government inequalities targets:** Addressing inequalities in health is high on the Government's agenda. National health targets have been set to reduce infant mortality and to increase life expectancy in those areas with the poorest outcomes currently. Improvements in maternal and foetal nutrition and healthier eating within the population in general will make a considerable contribution towards achieving these two targets as well as those set in Saving Lives: Our Healthier Nation (1999) to reduce deaths in the under 65's from coronary heart disease and cancer. Tackling obesity in NDCs provides one approach in tackling inequalities in health given the strong links between obesity and social deprivation, especially for women, and men not in manual jobs.

## 1.4. The evidence base

Robust evidence on what works to help people lose weight, and maintain weight loss, is limited and focuses on interventions that have an impact on diet, exercise and behaviour, either alone or combined (HDA, 2003). There may be more benefit, in the long run, on engaging in effective prevention interventions and methods for maintaining weight loss rather than those tackling obesity (HDA, 2003).

## 2. Approaches

### 2.1. Approaches used in the NDCs

**Approaches:** To address the identified needs of their communities, individual NDCs have taken a variety of approaches, with few covering weight loss and the majority aimed at effective prevention of obesity and increased weight through healthy eating. Interventions adopted cover growing food, mapping or provision of food sources, cooking or provision of meals, and education and support groups and sessions. One less usual approach is Bristol's art and healthy food initiative.

**Populations:** Targeted groups within the community have included children, usually through school-based settings, those with learning needs, those with risk factors for coronary heart disease, and the elderly.

**Activities:** Two NDCs are addressing healthy eating with one activity apiece, Oldham are using allotments whilst Middlesbrough have weight management meetings. The other four NDCs used to inform this report have established larger programmes or projects containing several activities in each. In some cases healthy eating is just one theme within a wider programme, e.g. Walsall have a Healthy Hearts programme that addresses the primary risk factors for coronary heart disease, i.e. smoking and physical activity as well as

poor diet and nutrition, overweight and obesity. Southampton has a Health and Well-being Project, which has within it, specific activities tackling poor diet and inappropriate nutrition. Within Southampton's project, one activity - breakfast clubs - is jointly funded from both the health and education NDC budgets. Further details of health issues associated with healthy eating in the NDCs used to inform this report and their individual projects are provided in the boxes.

### **Bristol NDC**

The NDC area comprises four neighbourhoods within two Bristol wards, Lawrence Hill and Easton.

The population is 6,100, with 12% from black and minority ethnic communities.

17% of residents are workless, 28% in households in receipt of income support.

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

### **Projects**

- *Support to lose weight groups* - these are support groups not diet classes. Words of encouragement are the key issue. If necessary members can be referred to a CHIPS (Complementary Health In Partnerships) nutritional therapist, contracted to work with the group for half an hour per week. Members are also supported by the health visitor team and by the Health Promotion Service Avon who provide up to date information
- *Art and Health* - a four-week glass art workshop, working with an artist commissioned to do the glass art in the healthy living centre. The work was about healthy food, education about fruit and vegetables and healthy eating. It also focused on issues around positive attitudes, confidence building and relaxation
- *Lunch Club* - a 6-month pilot project to provide a community Sunday lunch. The meal costs £3 and has been subsidised by two other projects. The organiser, a local woman was given support from BEST (Bristol East Side Traders) to set up her catering business. Around 40 people have lunch each Sunday. The idea behind the lunch club, from the health perspective, is to reach people who may be suffering from mental health and/or addiction problems and who feel particularly isolated on Sundays
- *'Eat 5 A Day project'* - a local theatre company worked with teachers and children in Primary, Nursery and Infant schools to convey the message of the importance of eating 5 portions of fruit and vegetables a day

## **Walsall NDC**

Walsall NDC covers 3 areas - Blakenall, Bloxwich East & Leamore, which form a 'natural community' suffering disadvantage across a range of socio-economic indicators.

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

Rates of male and female unemployment are high at 11.6% and 4.8% respectively in Blakenall, with a high dependence on benefits and low levels of disposable income. One in every two households has no one in employment. 28% of households live on a low income (2001).

Levels of morbidity and mortality are high. The Standardised Mortality Ratio (SMR) is 148, the Standardised Illness and Disability Ratio (SIDR) (an indication of levels of illness and disability) is 162 and 21.3% of the population suffer from depression, anxiety or psychoses. The CHD Standardised Mortality Ratio (SMR) (under 75) is 140 for men and 129 for women (i.e. age-standardised rates are 40% and 29% higher than the rates in the population as a whole).

Food access is a problem. There are a limited number of shops selling fresh produce, prices are high and choice is poor. Public transport is inadequate and the incidence of car ownership is low (<50%), making travel to out-of-town supermarkets difficult. Local shops have either disappeared in the face of competition from large supermarkets or are charging high prices for limited choice creating 'food deserts'. 77% of the population do not eat 5 portions of fruit and vegetables each day.

### **Projects**

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

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

Originally there were plans for a Food Co-operative as part of the Healthy Hearts project, with the aim of providing access to good quality fresh produce and other basic foods at low cost, whilst creating employment and training opportunities for local people. However the plans were not approved.

## **2.2. Approaches used by the research team**

Programmes to introduce healthy eating initiatives have been implemented in a number of NDCs. This review of healthy eating initiatives is based upon case studies from six NDCs: Walsall, Bristol, Salford, Oldham, Middlesbrough and Southampton. Information to inform the case studies was taken from multiple visits to each NDC with additional communication via telephone and email, written material supplied by NDC personnel, and a survey of the existing evidence-base for healthy eating initiatives from the published literature. The six have been selected to illustrate the wide range of identified problems and issues that NDCs can have with respect to health and nutrition and the wide range of approaches that can be taken, and which they are taking, to tackle healthy eating issues.

## **3. Findings**

### **3.1. Status of healthy eating projects**

In their initial business plans the six NDCs studied proposed a plethora of projects, 33 in total, to address healthy eating, few of which are common to more than two NDCs. Of these, 12 have not yet started. In some cases the NDC have taken over projects that were already underway and formed partnerships with the original organisers. For example, in Salford, an existing initiative to supply local residents with fresh produce to order has now become a food co-operative supported by the local authority and the NDC. Alternatively, earlier projects have helped to inform the development of the NDC programme, for example the HAZ Innovations programme in Walsall. Staff from both programmes are now working together to ensure synergy between the two activities. A third approach has resulted in the creation of new referral pathways into the NDC health programme thus co-ordinating the programme's approach to coronary heart disease prevention with existing activities.

Few of the current longer-term projects have been running for more than six months, a number have been one-off events, and others have been run as short-term pilots. In this respect there have been some benefits as, through such pilots, organisers have identified additional unbudgeted costs and resources that will be required if they are to initiate a full programme. Such pilots have also provided the project leads with a measure of the level of enthusiasm and support that members of the local communities have for such initiatives and in this respect the ideas and projects proposed do seem to meet community members requirements, even if the links between such projects and NDC expressed outcomes are less tangible.

### **3.2. Key projects**

#### **Food co-ops and allotments**

Food co-ops and allotments both have longer term potential and a synergy in that food grown on the allotments could supply the food co-ops. Both can make a contribution to addressing issues around deprivation by providing good quality nutritious food at affordable prices. In the much longer term, appropriate nutrition will prevent or reduce obesity and subsequent premature mortality or morbidity from coronary heart disease, diabetes, and cancers. Both projects are appropriate for a wide range and large numbers of community members, of varying ages, ethnicities, disabilities, and both sexes. Indeed, there has been interest in one of the allotment projects from ethnic minority groups who are looking to grow their own food and herbs for traditional cooking. There are also some additional benefits from such projects as local community members can be trained up to manage them, thus learning marketing, accounting and management skills.

## School-based interventions

School-based interventions are also proving successful, as a way of accessing large numbers of children, their parents, and the teaching staff, and also as a method for promoting the development of healthy eating habits at an early age. One approach has been to **provide fresh fruit**, as a response to the Government's five fruit a day programme. A second approach has been the introduction of **breakfast clubs** in all primary schools in one NDC. The initial pilot, with average numbers attending of around 20 per day, evaluated very positively by staff, pupils and their parents. Children were reported to be better behaved, have greater concentration, and to perform better at their schoolwork.

## Group sessions promoting weight loss

The third successful project area is one that mirrors to a certain extent slimming clubs. Weekly group sessions are held, led by a trained leader, to encourage weight loss through group encouragement. Two positive outcomes are an overall group loss of 12 stone to date and a skilling up of the leaders from attending accredited training courses. However numbers attending are small, with an average of 12 per week and the longer-term benefits are not obvious.

## 4. Emerging Issues

### 4.1. Objective setting

Few of the six NDCs studied have produced clearly defined objectives, and in only one, Walsall, are some of these objectives specific to improving the nutritional status of the residents.

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

- to increase the consumption of fruit and vegetables in the NDC area
- to reduce levels of overweight and obesity in the NDC area

Both of these, with others, address some of the primary risk factors for coronary heart disease, notably: poor diet and nutrition, overweight and obesity.

### **Bristol**

Bristol NDC objectives also refer to health promoting activities in general:

- to increase the numbers of residents taking part in health promoting activities, especially those groups who are hard to reach e.g. those with a physical or sensory disability, parents and carers of young children, those who live in isolation, and black and minority ethnic groups
- to reduce the standardised mortality rate for heart disease in the NDC to the city average

Whilst for Oldham, Middlesborough, Southampton and Salford, the objectives set relate to health more generally and to provision of services. The actual development of such services is measurable but identification of appropriate measurable outcomes to

demonstrate that such services have met the expressed or relevant health needs of local communities is likely to prove more difficult:

### **Oldham**

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

### **Middlesbrough**

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

### **Southampton**

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

### **Salford**

The intentions of Salford NDC, through its healthy living project are to:

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

However, such intentions cannot be met through Salford's initial actions which were to provide opportunities for local residents to enhance their physical activity levels and healthy eating habits with the creation of an Exercise Referral Scheme.

In a recent development, Salford NDC are now working in partnership with the Salford 5-A-Day Programme to increase accessibility, affordability and acceptability of fruit and vegetables, and awareness of the 5-A-Day message in the NDC area.

### **Oldham NDC**

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

Premature rates of death are higher than the national average. Premature deaths from respiratory disease and heart disease are particularly high. The Standardised Mortality Ratio is 159; the Standardised illness and disability ratio 185, and 20% of the population suffer from depression, anxiety or psychoses.

### **Project**

*Local Food For Local People* - an allotment-based project to develop horticultural skills among people with learning disabilities, and produce fresh fruit and vegetables for sale locally at affordable prices. Most of the produce available will have been grown from seed at the nursery project.

## 4.2. Process measures

Many of the available outputs relate to process measures such as the number of workers in post in connection with a single project or a food-related programme, or the number of sessions held, or numbers attending a session, in connection with a specific individual initiative.

### Salford NDC

Charlestown and Lower Kersal NDC are in the inner city of Salford, typical of Salford's many tight-knit and relatively stable communities. The majority of people have lived there over ten years.

There are approximately 3500 households and a population of 9750, with 6% Black and ethnic minority population although the percentage has risen recently.

Unemployment is high.

There are high morbidity and mortality rates. The SMR is 172, the SMR for coronary heart disease is 246, the SIDR is 208 and 24% of the population suffer from depression, anxiety or psychoses. There are few health facilities.

The steady economic decline in the area has meant many of the local shops have been unable to maintain their business and have closed down. For residents who do not own cars it had become difficult to access fresh produce on a frequent basis.

### Projects

- *The Food Co-operative* - A project was set up to bring fresh produce to local people. A previous initiative supported by the Community Health Action Partnership (CHAP) and Local Authority for local residents who brought fresh fruit and vegetables into the area to order has turned into a practical food co-operative, with many residents enjoying deliveries of fresh produce to the corner of their street. The project began to trade as CLockwork Orange and continues to provide fresh produce but without the need to order in advance
- *You Are What You Eat* - As part of the 'Real Time Community Change' 'You Are What You Eat' initiative planned to get people to look at their diet through confidential consultations and question and answer sessions for education and nutritional awareness
- *Salford 5-A-Day Programme* - Aims to increase accessibility, affordability and acceptability of fruit and vegetables, and awareness of the 5-A-Day message. Activities include a growing scheme, school cookery clubs, training programmes in healthy eating and cooking skills for residents, promotion of healthy eating in food establishments, and various other primary school-based initiatives

## 4.3. Partnership working

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

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

With respect to NHS health care provision, several NDCs have established formal contacts and partnerships with primary care staff such as dietitians and health visitors. For example, within Walsall's Healthy Hearts Programme, formal partnerships and agreements

have been made with the dietetics department, the WMBC Health and Fitness Development Team and Groundwork Black Country. In Bristol there are also links into the NHS with involvement of a health visitor team in their health development project supporting to lose weight groups. The group is also supported by a self-employed nutritional therapist who is a member of the Bristol Complementary Health In Partnerships (CHIPS) project. Salford NDC has also established partnership working with dieticians and health visitors to promote healthy eating in people with coronary heart disease risk factors.

### ***Partnerships with local authorities***

Other local partners include local government agencies such as local authorities, city councils, and social services.

### ***Partnerships with academic institutions***

Other partnerships have been established between the NDC and academic or private enterprises. Initiatives have involved providing student placements (Salford NDC and the University of Salford), training and education for community participants (NDC and the Workers' Educational Association, Open College Network validation of Southampton's Community Health Educators' Project) and advice (from Middlesbrough and Teeside University dietetics department for NDC staff). Partnerships between NDCs and private organisations have been established for developing underused allotments (Walsall NDC in partnership with Intermediate Labour Market) thus linking employment, training and work experience issues with the production of healthy food.

### **Middlesbrough NDC**

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

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

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

There are high levels of morbidity and mortality, the Standardised Mortality Rate is 179, the standard mortality rate (SMR) for deaths of under 75s from CHD is 218, and the SIDR is 193.

### **Project**

*Weight Management Project* - 2 local residents have been trained as weight management leaders. Additional nutritional support, advice and guidance are provided by the dietetics department (Teeside University). The project has been evaluated externally by Teeside University who recommended further training for its weight loss leaders and training leaders as motivators through an accredited course, leading to qualifications. The project charges £2 per session to encourage commitment from participants. Approx. 12 people attend each group, although this varies. The project promotes an informal process to losing weight through a local, accessible group with a friendly atmosphere. The participants feel on a level with the leaders and other participants. The group meets in a local community centre, resource packs are provided for participants.

## 4.4. Factors limiting success

### Staff recruitment

Recruitment of staff is an ongoing issue across the NDCs, particularly where specific skills may be required. Oldham NDC had problems in recruiting staff with experience of working with learning difficulties and an interest in horticulture to lead their allotment project. They solved the problem by splitting up the skills and recruiting two people. They also have a problem in that the Oldham NDC area does not have a community dietician, and yet for community-based projects around healthy eating nutritional input from a dietician would seem to be essential. Getting advice and support from hospital-based dieticians has proved difficult.

### Protocol and legal issues

Some projects have got stuck around protocol and legal issues. For example, the allotment scheme requires the ability to sell the produce in order to cover the costs and ultimately sustain itself. At present allotment grown produce cannot be sold, so a means of distributing the produce needs to be found. In other instances other organisations have raised concerns that an NDC initiative will put paid people, such as carers, out of a job, and such concerns have to be addressed before such a project can be taken forward.

### Sustainability

Many of the projects to date have been pilots or one-off events, which will have limited impact upon community members. Projects need to be ongoing and ultimately self-sufficient or mainstreamed, if effective, in order to be sustainable. For example, for the allotment projects, sufficient amounts of fruit and vegetables need to be produced by the scheme in order for it to sustain itself.

Other problems are more specific to individual projects or areas and have led to some setbacks. For example, Oldham has had a problem with vandalism and theft in the allotment project.

## 4.5. Allocated funding

The **amount of funding** from NDC budgets allocated to these healthy eating projects **varies considerably** between the six NDCs and obviously this will have an impact on the size of the projects that can be sustained and on the outcomes achievable. The largest amount invested is £1.8 million and the smallest, £40,500. In general, the amounts invested reflect the size of the programmes around healthy eating adopted in each NDC. In one NDC the funding distribution has been allocated in a 2:3:4 distribution for physical activity: smoking: and food related programmes, because the NDC considered that the latter need more for start up costs. The hope of the NDCs is that where appropriate, projects will become self-financing in time or mainstreamed. Also, in most cases the NDC chosen programmes are also being supported with funding from other programmes such as Sure Start, or alternative funding is being sought, from sources such as the Single Regeneration Budget or the European Social Fund.

## Southampton NDC

The Thornhill estate is 5 miles east of the city centre, a hilly area that divides the neighbourhood, predominantly constructed in the 1950s and 1960s, into three areas. 'Up the hill' is characterised by three high-rise blocks of flats and 'down the hill' by 90 four floor, flat roofed walk-up blocks without lifts. In contrast, the 'poets roads' are made up of smaller owner-occupied bungalows mainly inhabited by retired residents. The Public Sector Housing Conditions Survey (1988) identified the need for catch-up repairs totalling £10m.

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

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

### Projects

- *Breakfast Clubs* - A pilot study of breakfast clubs was conducted in three primary schools in 2002. Each breakfast club employed three members of staff who undertook the basic training including First Aid and Basic Food Hygiene. The clubs averaged about 20 children a day, with capacity to accommodate 30 children by the end. The scheme was highly popular and achieved some major successes. There was anecdotal evidence from teaching staff and others that the participating children are showing a marked improvement in behaviour and concentration skills
- *Cooking on a budget for parents with pre school children* - This was a pilot study in May 2002, run by a group of organisations Two pilot cookery sessions were funded
- *Healthier Thornhill Day* - this was an event organised by the health development worker to show residents how they could become more healthy i.e. eating more fruit and vegetables. The event was designed to show people how to improve their health through health promotion, physical activity, healthy eating, dental services, and children's services. The event involved many different agencies but there was a real sense of community ownership. 23 organisations took part, 160 volunteer hours were contributed and 250 people attended
- *Food Mapping* - this food mapping exercise is citywide but is being piloted in the NDC area. The project works with the local community and local businesses and focuses on food costs and quality, and transport costs to access the food shops. The project tapped into local knowledge by recruiting local people to work on the project
- *Community Shopping Scheme* - for the elderly and housebound and for families with young children. The Project is on hold at the moment as the NDC want to link it to the Time Bank project. The project is bogged down with protocol and social services issues. People are worried the project will put paid carers out of a job. The project preference is to take people shopping rather than do it for them (if appropriate) as shopping is a sociable activity and this would give people the opportunity to get out of the house and meet people

## 5. Outcomes and Effects

### 5.1. Targets

Achievement of objectives can be assessed through the practical measurement of completion of pre-set targets or outcomes. The **outcomes** chosen are **wide ranging**. They cover **reductions in morbidity and mortality**, from such as coronary heart disease, through to **process-related** outputs such as increasing the proportions in the NDC population **consuming fruit and vegetables** and increasing the amount of fruit and vegetables consumed.

Some, such as Walsall and Southampton, have set time-limited targets and outcomes, related to both health and disease and fruit and vegetable consumption. Walsall, using the MORI findings that 77 percent of the NDC population do not currently eat five portions of fruit and vegetables each day as a baseline, aims to:

- to decrease the SMR to the Walsall average by 2011
- to reduce the SMR for CHD (in people under 75) to the Walsall average by 2011
- to achieve a decrease in obesity in 10% of those individuals receiving support (any food education group)
- to increase fruit and vegetable consumption amongst 3% of the NDC area by the end of March 2005 (approximately 12,000 population, 1991 census)
- to see a 10% increase year on year in the number of individuals taking part in all food initiatives

Southampton's targets are:

- to achieve a reduction in the age standardised mortality ratio from 77 deaths per 10,000 residents to 74 per 10,000 residents by 2008 and to 72 per 10,000 residents by 2011
- to increase the proportion of residents eating three or more pieces of fruit and vegetable daily from 51% to 64% by 2011

Oldham has focused on fruit and vegetable consumption based on baseline measures: 17% of the NDC population eat five portions of fruit and vegetables per day (MORI Survey), 36% of the NDC population eat vegetables 3-5 times weekly (PHA), 26% of the NDC population eat fruit 3-5 times weekly (PHA).

- by 2008 27% of the NDC population eating five portions of fruit and vegetables per day
- to contribute towards an increase from 36% in 2003 to 46% of the NDC population in 2008 eating vegetables 3-5 times weekly
- to contribute towards an increase from 26% in 2003 to 36% of the NDC population in 2008 eating fruit 3-5 times weekly

Bristol has focused solely on health-related outcomes with no defined time limits:

- to reduce standardised mortality ratios for heart and lung disease to the city average

However, other NDC areas, such as Salford and Middlesbrough, have been less than explicit in their target setting and it will be difficult to measure how successful projects and programmes have been without explicitly defined outcomes or targets. As can be

deduced, the questions on fruit and vegetable consumption in the follow-up MORI poll of the NDC residents in 2005 will provide important information to assess the progress of NDCs towards achievement of their outcomes and targets with respect to this.

## 6. Conclusions

Apart from initial scoping exercises with food mapping projects, some interesting innovative projects tackling health eating issues through cook and eat sessions have been established or are proposed. Implementation of healthy eating projects has been slow, with several having only been set up in the past few months and others listed in NDC business plans but as yet undeveloped, which makes it impossible to draw conclusions as to the potential impact on local population health. This seems to be partly attributable to the perceptions of NDC organisers that health is of a lower priority compared with education, crime, housing or employment, and partly due to problems with short-term funding and staff recruitment and retention. The biggest concern, however, is that many of the projects do not link directly back to changes in health outcomes, and indeed some have not identified any health-related outcomes or targets.

### **Key messages to partnerships**

Use local NDC staff with strong knowledge of the local area and the specific needs of the local community.

Link healthy eating projects with local exercise and physical activity programmes to help maximise the impact on tackling overweight and obesity.

Promote cross cutting work in association with other projects in the NDC health theme wherever possible, e.g. healthy eating with physical exercise.

Build on or extend existing projects, such as food co-ops if possible. There are some benefits in terms of experience, established practices and clientele, and reductions in start-up times.

School-based projects may target children but they can raise awareness in the parents.

One-off interventions are important to inform and raise awareness.

Sustainable longer-term projects are needed to produce a change in habits towards healthy lifestyle practices.

## 7. Appendices

### Appendix 1: New Deal for Communities - Healthy Eating Initiatives

<b>NDC</b>	<b>Projects</b>
Birmingham, Kings Norton	Women's fun and fitness, cooking classes
Bradford, Trident	Healthy Living Project (cook & eat sessions, cooking skills, healthy eating) Food Growing & Environment Project Shree Prajapati Association (health event and lunch club for elderly Asians)
Brent, South Kilburn	Food Co-op, nutrition advice for pensioners
Brighton, East Brighton	Fresh Ideas (Supportive Development Worker to promote healthy eating and increase access to and consumption of fresh food) Cooking in the Community (Innovative health and education initiative combining cookery programmes with opportunities for learning in numeracy and literacy)
Bristol, Barton Hill	Healthy Lifestyles Project (weight management classes, art and health, lunch clubs, 5 a day project)
Hackney, Shoreditch	Gardening strategy
Hammersmith and Fulham, North Fulham	Healthy Living Project, taster classes
Haringey, Seven Sisters	Healthy Living Centre
Hartlepool, West Central	Health Development workers (improving diet)
Hull, Preston Road	Good Grub (nutritional assistants provide information and advice on nutrition - emphasis on value for money and quality) Healthy Eating Partnership with Surestart and Hull College (Basic Food Hygiene courses) Healthy Living Centre (Planned)
Islington, Finsbury	Healthy Living Initiatives
Lambeth, Clapham Park	Healthy Living Centre, allotments/gardens/greenhouses, fresh food co-op
Luton, March Farm	Community Café
Manchester, Beswick & Openshaw	Healthy Living activities
Middlesborough, West Middlesborough	Good Grub Club (cooking, nutrition, food hygiene, two health mentors promoting healthy lifestyles) Weight Management Project
Newcastle, West Gate	Activities for health (promote healthy living activities particularly amongst vulnerable groups)
Newham, West Ham & Plaistow	Food Access Project (Breakfast clubs, fruit delivery scheme, food co-ops, pensioners lunch club, home delivery service, cook and eat sessions, fruit tuck shops and juice bars in secondary schools)
Nottingham, Radford	Healthy Lifestyles project
Oldham, Hathershaw & Fitton Hill	Local Food For Local People (food growing scheme, nursery project), Healthy Living Centre, food co-op
Plymouth, Devonport	Promoting food and nutrition
Rochdale, Heywood	Healthy Living Centre
Salford, Charlestown	Community Health Action Partnership, Food Co-op (CloKwork orange), 'You Are What You Eat' (education sessions), Food Mapping, 5-A-Day projects, Grow Your Own Fruit and Vegetables, School Cookery Club, Training programmes in healthy eating and cooking skills, promoting health eating in food establishments,

Sheffield, Burngreave	Healthy activities, healthy eating, lunch clubs
Southampton, Thornhill	Breakfast clubs, health education in the home, cooking on a budget, food mapping, Healthier Thornhill event, community shopping scheme (on-hold)
Southwark, Aylesbury Estate	Breakfast Clubs
Tower Hamlets, Ocean Estate	Food Co-op, community dietician, Bengali food worker
Walsall, Blakenall	Healthy Hearts (Food Access & Consumption, food mapping, food growing scheme)

## Appendix 2: Existing and Proposed Healthy Eating Initiatives in Six NDCs

Illustrated by the six NDC Case Study Areas covered in this report (Walsall, Bristol, Salford, Oldham, Middlesbrough, Southampton).

<b>Healthy Eating Initiative (Existing or Proposed)</b>	<b>Number of NDCs implementing the initiative</b>
Food Mapping Exercise	5
Food Co-operative	2
Food Growing Scheme	3
Cook & Eat Sessions/Cooking Skills	5
Weight Loss/Management Programme	2
Art-based Project	2
Work with Local Shops/Retailers	2
Lunch Club	1
5 A Day Project	3
Breakfast Club	1
Community Shopping Scheme	1
Health Events	2
Education/Seminars	2
Referral Scheme/Pathway	2
Dietetic/Nutrition Support	4