Staying Healthy Working Group Report

ANNEX: London Case Studies

Tackling health inequalities - Overtly and proactively addressing London's entrenched health inequalities

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Newham Fit Club

Newham Fit Club is a joint venture between the council and Newham Primary Care Trust. It was launched in 2005 and is a central component to the Borough's approach to improve health and well being of citizens.

Newham Fit Club supports adults to get active who might not otherwise, and works with a range of adults from all age groups and ethnic/social backgrounds. As part of the Neighbourhood Renewal Fund Healthy Hearts programme for 2006-2008, it aims to help reach targets to improve life expectancy in Newham.

Newham Fit Club has two central delivery components: the Open Programme; and the Targeted Programme.

Open Programme

This programme is open to all residents across the Borough and has incorporated a number of projects and events encouraging residents to engage with physical activities. These are mainly focused on fitness awareness and walking activities, and include:

- Newham lifestyle journals: provision of advice on improving fitness and increasing physical activity.
- Fit Club Road shows: delivery of key health messages and signposting opportunities.
- Pedometer project.
- Fit Club Mile events
- Newham Ramblers

Targeted Programme

This comprises a range of tailored activities for specific target groups. This has included Senior Swims and a range of exercise activities for Newham Borough Council employees. A major focus for the targeted programme has been training for health professionals (and support staff) in encouraging and supporting residents and communities to participate in physical activities. To date, 59 health professionals from Newham PCT, including district and practice nurses, physiotherapists and health care assistants have received training.

Physical activity can help to prevent and manage many health conditions and diseases including coronary heart disease, stroke, diabetes and cancer. It also promotes mental well-being and helps people to manage their weight. According to current recommendations, adults should be at least moderately active for at least 30 minutes, at least 5 days a week. By supporting adults to become more active, Newham Fit Club is helping many people to improve or maintain their health.

Croydon Health Champions

Croydon's Health Champions will develop stronger community leadership skills within communities to support people to tackle health inequalities. The programme will be an Open College Network accredited training programme. CVA is developing this programme in response to the government's Choosing Health agenda.

The Heath Champions Project is currently in development with delivery expected to begin in June 2007.

The project has suffered delays due to late funding and loss of the project worker. After a short gap we were able to recruit a short term project worker on a consultancy basis and plan to have a new worker in place by August 2007.

The project has an ambitious aim which is to support and empower men and women to become Health Champions to play a more significant part in making a difference in their community. The project is on track to achieve the target of a minimum of 45 people over three years.

Publicity

A significant number of organisations have been contacted about the project; this has included charities, community groups, individuals, libraries, health centres as well as Healthy Living Centres in the borough. The process of informing people about the project and how they could benefit from taking part has included a substantial amount of 1-1 time. Publicity material has been sent to a number of BMER charities and community groups who have agreed to place information about the project on their website.
A number of presentations have been made to community groups about the Health Champions project and there would appear to be a great deal of interest from a wide range of community groups and individuals.

Accreditation

CVA is in the process of becoming an OCN Approved provider. This process has taken some time but is vital if the organisation wishes to provide beneficiaries with accreditation. Discussions have taken place with a number of agencies that provide training and involvement in the area of health and health promotion to try and find ways of engaging people in becoming health champions. Modules are currently been put together for the project which will be held once ever two weeks. The project is expected to consist of approximately 10 modules plus designing an event by the last week. The modules will be completed and a program available for the delivery to begin in June 2007. The learning modules will provide a comprehensive introduction to community leadership in tackling health inequalities using community development values and practice. Modules to include:

- Campaigning for health,

- Understanding health inequality and health decision making in Croydon
- Self-advocacy (speaking up) on health inequalities
- Healthy living Locally
- How to lobby and make a difference
- Meeting local & national experts
- Organising health promotion events
- Developing a voice for change and making an impact
- Public health and community research

Response

To date 10 'full' completed applications have been received with a number of applications sent out and awaiting return. An overview of the candidates would suggest a diverse group of people who represent all sectors of the community in Croydon. The project to date has attracted men and women with a strong interest in understanding health inequality and how health decisions are made in Croydon. Many of the applicants want to learn how to organise health promotions events and others wish to learn how they can use their 'voice' to make a difference. Work is continuing to focus on attracting people to the project from communities that often do not engage with statutory and provision where it exists.

Timescale

April 2007
Publicise programme & recruit participants
Co-work CVA workers & key partners
Open Day
Min 15 Champions selected
Module development
Accreditation agreed
May 2007
Modules complete
Accreditation process complete
Health Champions selected
Programme Starts
June 2007
Programme sessions
Handover

Jo Gough
Croydon Voluntary Action

Joseph Jeffers
www.jeffersassociates.co.uk

Population-level interventions across the broader public health canvas - population-focused approaches and the development of healthy and sustainable local communities.

Increasing Healthy Food Access in Newham

Community Food Enterprise Limited (CFE) was established by residents in the West Ham & Plaistow New Deal for Communities (NDC) neighbourhood in 2002. They were concerned by the difficulties of accessing, fresh, good-quality and healthy food in their communities, and the effect that this had on their ability to maintain healthy lifestyles. The company now employs 15 local people and provides regular volunteering opportunities for over 50 people. CFE receives significant support from local business Tate and Lyle, who have donated a warehouse, office facilities and a delivery van. Tate and Lyle also give mentoring support to the CEO and provide a member to the CFE Board. CFE's core aims are:

- Reducing food poverty by improving access and availability of fresh fruits and vegetables at affordable prices
- Providing and promoting quality health education by way of its National Training Programme for Community Food Workers
- To develop a viable and sustainable community food enterprise that will provide training, capacity building and employment opportunities for members of the community
- To support the development of food access projects and work in partnership with other agencies to bring about effective and long-term food access solutions across Newham
- Encouraging the community to play an active role in health and regeneration issues in the London Borough of Newham

CFE contributes to improving the health of Newham's residents by making it easier for residents to buy affordable fruit and vegetables through a range of community-led projects which include:

- 12 fixed Social Food Outlets (SFOs) which are mainly located in schools across the borough. These SFOs sell a wide range of fresh fruit and vegetables to members of the community at affordable prices.
- A Mobile Food Store (MFS) which stops at 27 strategic points throughout Newham to ensure that residents on low incomes, older people, isolated or homebound residents, pregnant women and families with children under 4 can access fresh fruit and vegetables and other essential grocery produce.
- A free Home Delivery Service
- Fruit deliveries to workplaces, nurseries, school breakfast clubs, and fruit tuck shops
- Box Schemes and Juice Bars

CFE ensures that its services reach those who are likely to experience food poverty and therefore contributes to reductions in health inequalities.

Social Food outlets are run by local volunteers. This volunteering opportunity provides training, capacity building and employment opportunities for members of the community. It provides them with skills to increase their employability which can impact on their health. Volunteers also receive vouchers to spend at the social food outlet, enabling them to increasing their fruit and vegetable intake and that of their families.

To promote health education and provide training for food workers, CFE have developed the National Training Programme for Community Food Workers which is accredited by the Open College Network (OCN). To date, 159 people have completed the programme and a total of 204 accredited certificates have been issued. Training has also been provided for 92 school cooks in Newham.

Achievements to Date

Since its beginning, Community Food Enterprise has made a fantastic contribution to the diets of Newham's residents. During the year 2005 – 2006:

- Over 45,000 customers purchased goods from Social Food Outlets or the Mobile Food Store
- Over 200,000 pieces of fruits were consumed by key stage 2 pupils
- Almost 44,000 meals were served at school Breakfast Clubs or after school clubs
- 5,000 pieces of fruit were given to residents attending lunch clubs
- 110,000 pieces of fruit were delivered to Nurseries
- 60,000 pieces of fruit were delivered to Fruit Tuck Shops
- 30,000 pieces of fruit were consumed by parents attending Sure Start projects
- 1000,000 pieces of fruits were delivered to employees in workplace
- 80 housebound residents received home delivery

Future plans/Next steps:

Plans for the future include developing three new social food outlets, beginning to source produce from local farmers; developing a food hub to support local food projects; and upgrading the National Training Programme qualification to NVQ.

Community Food Enterprise. Eric Samuels Chief Executive Officer

Public health programmes and pathways focused at the level of the individual - interventions undertaken specifically for the purpose of improving the health of individuals

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Haringey Active for Life

Background

Despite the well documented physical and mental health benefits gained through regular participation in physical activity, the majority of the adult population in the UK (approximately 70%) are not active at levels to achieve health benefits.

Modifying behaviour is challenging and overall the evidence for effective methods to pursue active lifestyles is sparse, and to-date exercise initiative and maintenance remain poorly understood topics.

Physical activity/exercise referral schemes provide a targeted approach to assist individuals with health problems to become more physically active. They involve a GP/practice nurse referring a patient to a structured 8-12 week supervised exercise programme in a leisure centre/community venue. The service offers an initial assessment, the design of a tailored physical activity programme, monitoring of progress and a follow-up appointment at the end of the programme. However, although these schemes are becoming more popular, few have been rigorously evaluated and little is known about their effectiveness.

Active for life physical activity referral scheme

Inactive/moderately inactive patients with established CVD/at high risk of CVD can be referred onto the Active for Life 12-week Scheme by their GP or practice nurse. This includes patients with severe mental illness (eg. bi-polar disorder, schizophrenia) as their physical health is poor compared to the general population, in that they are more than twice as likely to have diabetes and are also more likely to experience ischaemic heart disease, obesity, stroke and high blood pressure.

The Active for Life physical activity referral scheme will be evaluated as part of a 4-group randomised controlled trial (RCT) to examine its effectiveness to increase physical activity levels at 6 months from referral. Two psychological theoretical frameworks, namely Motivational Interviewing and Implementations, inform the Scheme.

1. Motivational Interviewing is an evidence-based client-centred style of counselling. MI uses a range of techniques to facilitate the change process including open-ended questions, affirmations (eg. statements of appreciation), reflective listening (eg. statements of understanding) and summarising.

2. Implementations are specific plans outlining the when, where and in what manner to implement a goal intention. Findings from numerous studies lend support to the effectiveness of implementation intentions in attaining goals, in that individuals are more likely to enact their intended behaviour if they have formed an implementation intention.

The Scheme commences June 2007

For more information about the Scheme/RCT contact:

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South London - Raising awareness about high blood pressure and promoting healthy behavioural change

Background

There is a higher reported prevalence of hypertension in Lambeth and Southwark than the national average. Hypertension is a major cause of kidney disease. Controlling hypertension reduces the risk of developing kidney disease and other cardiovascular illnesses.

Aim and Objectives

The project aims to deliver a campaign to raise awareness of high blood pressure and promote healthy behavioural change amongst at risk groups. The objectives of the project are:

- To raise awareness of the risks of developing high blood pressure amongst the target population;
- To promote healthy lifestyle change; and
- To encourage individuals to have regular blood pressure checks

Market research/ scoping

Quantitative research was undertaken to ascertain levels of high blood pressure awareness. Caribbean, West African and White middle aged men were identified as high risk groups.
A literature review was conducted to identify evidence of effective social marketing programmes and health promotion interventions for men. The model was developed through shared learning from other projects including National Kidney Prevention Programme, Atlanta, African Caribbean Organ Donation Awareness Project, Southwark Men's Health Project and Blood Pressure Association "Know your numbers" Campaign.

Insight generation
Focus groups explored the beliefs, attitudes and lifestyle choices of the target audience. This formed the framework of a targeted awareness campaign taking place between August 2006 and July 2007. The campaign consisted of 3 phases targeting each of the segments over a 4 month period.

The intervention

The Caribbean phase took place August – November 2006. Daddy Ernie, a Choice FM DJ faced the campaign. A range of media activities took place including seven major blood pressure check events offering blood pressure checks and healthy living advice. Also, flyers were distributed at night clubs, record shops, and Caribbean restaurants. Adverts were aired on Choice FM and Daddy Ernie gave live reads about campaign activities during his reggae program.

The West African phase took place from December – March 2007. The face of this campaign was DJ Abrantee, also from Choice FM. Campaign interventions included a blood pressure check road show involving a West African GP speaking to the congregation about high blood pressure in churches and mosques. Other activities included the dissemination of flyers at Churches, Mosques, night clubs, barber shops and W African restaurants. The campaign was featured in local and ethnic press.

The phase targeting White men is taking place from April – July 2007. This campaign aimed to communicate the message that high blood pressure can cause impotence. Focus group participants were not aware of this and they thought that a hard hitting message was necessary to engage them. Campaign activities included endorsement by Bobby George, celebrity darts player. Posters were displayed in pubs, Millwall FC and in men's toilets in various venues. Campaign scratch cards were given out at betting shops and lottery outlets. A series of road show events took place offering blood pressure checks at summer festivals.

Evaluation

The evaluation will be undertaken in August 2007 and findings will be disseminated from September 2007.

Contact details: Davinia Springer, Modernisation Initiative, 020 7188 7758, Davinia.Springer@gstt.nhs.uk

Health Trainers Scheme in Lewisham

The aim of the scheme in Lewisham has been informed at one level by the local Community Development Strategy and at another by the need to use the Health Trainers scheme to address priorities required by government, particularly those outlined in the Choosing Health Public Health White Paper as well as similar policy areas. An example of similar policy areas is the supporting people with long term conditions contained in the Health and Social Care White Paper, Our Health Our Care Our Say.

In summary therefore the aim of the scheme is: **to build on work began in Lewisham in promoting health through a community development approach and to help deliver on Choosing Health[1] and other related local and national priorities.** The more specific objectives are outlined below.

Objectives

- To develop and test out a Health Trainer model involving partnership working between volunteers and paid NHS staff.
- To develop and test out a Health Trainer service delivery model that targets BME communities as well deprived neighbourhoods.
- To develop the community health intelligence collection role of Health Trainers and link this to informing service re-design and delivery.

The '3 in 1' Lewisham Health Trainer Model

The Lewisham model is that of a single Health Trainer scheme but made up of 3 categories of people who will be delivering the service. The three categories of people are:

a) the volunteers who will be working with Black and minority Ethnic Communities (Community Health Trainers - BME);
b) the volunteers who will work across population groups in neighbourhoods with high concentration of ill health (Community Health Trainers - Cross-population); and
c) Paid NHS, local authority and voluntary sectors staff e.g. dieticians, sexual and reproductive health staff, leisure service staff, youth and community workers who come into daily contact with member of the public. They work in partnership with the volunteer health trainers. Presently in Lewisham there is a total of 19 volunteer Health Trainers.

Service Delivery

The Health Trainer role is about helping people to learn how to make better health choices and supporting them to make changes to their lifestyle. This includes helping people to find and use the right services. The role also

[1] The six Choosing Health priorities are: Reducing the number of people who smoke; reducing obesity and improving diet and nutrition; increasing exercise; encouraging and supporting sensible drinking; improving sexual health; improving mental health

includes recording and reporting activities the Health Trainer undertakes with individuals and groups. In engaging with the community the Health Trainer is likely to come across gaps in service provision. The role therefore includes recording and reporting such gaps to the Line Manager who in turn will report to the PCT and other relevant partners for action. Where appropriate, the Health Trainer will work with professionals to develop and run specific health activities in the community as the need is identified.

Current activities Health Trainer activity

1. Physical activities and social support for older people in Bellingham and Heathside
2. Information on and signposting posting to sexual health services targeted at young people in Bellingham
3. Diabetes and healthy lifestyle group in Evelyn, targeting Black and Minority Ethnic communities and refugee groups
4. Regular Food Co-op fruit and vegetable outlet in New Cross Gate NDC area to promote access to healthy food.

Links to behaviour change

When the Health Trainers come into contact with individuals at each of the above activities a Health Stock-take is conducted. This is a questionnaire aimed at assessing the support that the individual may need with regards to the following:

- Stopping smoking
- Healthy eating
- Weight watching
- Sensible drinking
- Physical activity
- Mental well-being
- Sexual Health
- Social and leisure activities (social support)

Once the needs are identified the individual and the Health Trainer agree an action plan that they work together on and regularly review over a set period of time.

Evaluation

The evaluation of the scheme is at the planning stage. However the following are the type of monitoring information that will inform the evaluation:

1. Sex/Gender
2. Age
3. Ethnicity
4. Occupation
5. Type and source of referrals (e.g. from Lifestyle Assistants/Health Care Assistants/Community Matrons, Youth and Community Workers)

6. How the client found out about the service (if different from referral route)
7. Where the client was seen
8. e.g. home, GP surgery, community centre, pharmacy
9. Numbers and reasons for dropping out of the service early (i.e. before achieving their goal)
10. Completion of health stock takes
11. Completion of personal health plans (including goal setting)
12. Appointment and reviews undertaken
13. What the key issues for each client are
14. Where clients signposted to
15. Behaviour outcomes e.g. self-reported quitting (for smoking), exercise, diet, alcohol consumption.
16. Health/physical outcomes
17. blood pressure, weight, BMI, waist measurement
18. Belief/well-being outcomes
19. Such as knowledge of risks, confidence to change/self-efficacy beliefs, self-esteem, intention to change, attitudes towards healthy behaviours, depression, sense of well-being
20. Long term change/behaviour maintenance
21. Any other long term behaviour change or maintenance.
22. Services referred/signposted to
23. Percentage of clients seen (at least once) from disadvantaged communities
24. Total number of first client visits during the year

Southwark Childhood Obesity Campaign: Pilot Social Marketing Project to Reduce Childhood Obesity

Background

Brilliant Futures is a social enterprise specialising in providing social marketing training, consultancy and practical interventions. We are working with Southwark Health and Care on a pilot social marketing project , specifically targeting parents and carers, in order to reduce the number of overweight and obese children in Southwark (February 2007- April 2008).

A qualitative focus group approach is being taken to explore the attitudes and beliefs of parents in Southwark towards childhood obesity and providing a healthy diet for their children

This will inform a campaign/service in two Southwark primary schools, targeting children in reception years.

Scoping and Research

We are currently scoping and researching the project. We are in the process of:

- Reviewing desk research/best practice including the evaluation of these interventions and their implications for this project.
- Liaising with Department of Health to ensure we are informed and comply with national strategy and initiatives.
- Consulting stakeholders (health professionals, educationalists, social workers, voluntary groups, charities and other interested parties) to understand current interventions, gather opinions, clarify terminology and reach a common understanding of the issues.
- Working with two schools in Southwark to act as a pilot for recruiting parents and carers to focus groups using demographic controls and split according to levels of obesity.
- Conducing focus groups with parents who are taking part in the MEND programme
- We will also conduct focus groups with children to compare and contrast perceptions and views in a school setting.
- Subject to the findings from above and budget constraints, we are planning to recruit a small sample of respondents from focus groups to participate in observational /continuous research to understand diet and lifestyle in the context of the family home. This stage may include the use of diaries and/or ethnographic research to provide in depth study material.

Behavioural goals

In line with good social marketing practice these will be set once the scoping and research has been analysed.

The intervention

This will be determined when the research has been completed and behavioural goals tested. It is scheduled to take place autumn 2007

Evaluation

Baseline data is currently being evaluated. This will be used as a basis for evaluation of the intervention. We will ensure that all behavioural goals set as part of the intervention with be measurable.

Southwark Health and Social Care with Brilliant Futures Ltd

Health improvement as an integral element of all healthcare services - health promotion and prevention actively built in to every part of any patient journey

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Sutton and Merton Specialist Stop Smoking Programme for People with Severe and Enduring Mental Health Problems

Setting

Services for people with severe and enduring mental health problems.

- Sutton pilot project: Sutton Rehabilitation Centre
- Merton programme (Local Area Agreement funding for three years): health promotion drop-ins in the community, Merton community mental health teams

Level of action

Individual, community and organizational

Target group

- Sutton (pilot) and Merton residents with severe and enduring mental health problems who smoke.
- Studies suggest that this group are: more likely to start and less likely to stop smoking, have high rates of smoking and higher levels of cigarette consumption and nicotine dependence than the general population.

Aim

- The pilot study investigated whether a tailored approach integrating mental health and standard smoking cessation service is effective in helping people with severe and enduring mental health problems quit smoking during general health consultations and health promotion drop-ins.
- Based on the successful results of this pilot, the programme in Merton aims to assist clients with severe and enduring mental health problems to stop smoking

Programme

The Merton programme, currently being established, is modeled on the pilot study in the Sutton Rehabilitation centre. Both programmes are based upon the standard approach of the national stop smoking service: brief

opportunistic intervention to quit backed up by intensive specialist behavioural support. These are provided by community psychiatric nurses trained with appropriate stop smoking methods and tailored to the specific needs of this client group.

Brief opportunistic advice is at health promotion drop-ins and other routine consultations whether or not clients attend to seek help with smoking cessation. This typically includes discussion on current smoking, advice on how to stop, offer of a referral to the specialist service and basic information on pharmacological aids.

The specialist stop smoking service is adapted from the standard programme:

- Clients are given a flexible period at the start of the programme during which they can cut down and set a quit date; thus their total period on the programme is longer than the standard period
- Clinicians are informed when a client is due to start pharmacological aids to help them quit so that psychotropic medication can be adjusted if necessary
- Cognitive behavioural therapies are used in conjunction with behavioural, diet and stress management strategies

Outcomes

- Of the 35 participants in the pilot study who were offered Brief Opportunistic Intervention, 12 were motivated to enter the stop smoking service and 10 remained abstinent throughout the standard 6 weeks of treatment and for further 6 weeks following treatment
- The 12 clients in the pilot study entering the smoking cessation service reported:
    - smoking 40-110 cigarettes every day
    - a longstanding history of smoking of over 10 years (n = 10), with longest duration of smoking reported as 35 years
    - previous attempts to quit smoking within the past 5 years
    - high levels of dependency for all participants (from the Fagerston Test for Nicotine Dependence)
    - high levels of carbon monoxide (CO_2) at baseline (A sample mean of 68 ppm compared with 2ppm after the treatment programme)
- This pilot study suggests it is possible for this client group to be motivated to join a stop smoking programme and that standard treatment can be adapted to meet this client group's needs in order to improve efficacy. However, further research is needed to confirm these findings, with a larger sample.
- Based upon the pilot study, the SMPCT Stop Smoking Service in partnership with South West London St Georges Mental Health Trust has established a programme in Merton from pump priming funds for a Local Area Agreement. The LAA commits to a specific number of clients with severe mental illness to quit for 4 weeks, the programme is tailored to allow a longer lead-in period.

Contacts

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Sutton & Merton PCT, Falkland Wing. Nelson Hospital, Kingston Road, London SW20 8DB. Tel. 020 8251 0499.

Corporate social responsibility of health services - achieving health gain and sustainability through the raft of areas where the NHS has social, economic and environmental impact: for example, through employment practices, the use of capital and procurement.

The Well @ Work (Newham) Project

Well @ Work is a 2-year national project led by the British Heart Foundation with funding from Active England (Sport England and Big Lottery Fund's joint awards programme) and the Department of Health. The project is one of the Government's 2004 Public Health White Paper commitments and was set up in 2005 to test the effectiveness of health promoting interventions in the workplace, relating to physical activity and other lifestyle behaviours such as diet and smoking. There are 9 regional projects encompassing a variety of workplaces from the public, private and voluntary and community sector. Newham NHS was selected as the project for the London region in conjunction with St Mary's College, Twickenham, who have been awarded £100,000 to run the initiative. The project will run from September 2005 through to August 2007 with the objectives of getting people to become more active and eat a healthier diet; and promoting smoking cessation.
Three Trusts are involved, namely Newham University Hospital NHS Trust, Newham Primary Care Trust and the East London and the City Mental Health Trust, and all staff working on the Newham General Hospital site can take advantage of the project.

The project is managed by the Centre for Workplace Health at St. Mary's College in Twickenham. A full time co-ordinator is employed to oversee the project on a daily basis and is based on the Newham site. He is supported by a group of workplace health champions, who work in different capacities at each of the three Trusts involved.

The project consists of a number of key activities. For example, staff can access:

- Cheaper bicycles; free cycle lessons and maintenance workshops; and secure cycle storage at work
- Monthly health MOT events (measuring blood pressure, blood sugar level and weight status)
- Activity clubs (based on staff requests)
- A team pedometer challenge
- Information on lunchtime walking routes around the site
- Smoking cessation services

Loughborough University is carrying out the national evaluation of the project and has developed an evaluation framework and toolkit to assess the impact and outcomes of the project and the process of implementation.

Baseline information on how healthy the workforce is was collected in early 2005. This will be repeated again in May 2007 to demonstrate the effectiveness of the project.

The next steps are to analyse what works best, so that activities and approaches can be sustained and mainstreamed at Newham General, and also other public sector employers in the borough.

Newham University Hospital NHS Trust
Scott Lloyd Well @ Work Project Co-ordinator

National and local evidence has shown that sedentary behaviour and a lack of physical activity are linked to social deprivation. The Fit Club therefore also aims to reduce health inequalities.

Data from a local survey suggests that Fit Club was successful in engaging with some target groups, including older people, those from black and minority ethnic groups and those from social class D/E. Older people, Black ethnic groups and males all reported disproportionately high benefits from Fit Club.

Other outcomes were that:

- The Fit Club events succeeded in attracting and engaging Newham residents in physical activity.
- Senior Swims have been very popular, with almost 1,700 swims recorded in one month.
- Fit Club has had a positive impact on its users in relation to health and fitness, healthier eating and 'connection to the community'.
- Focus group participants believed that, through its presence at Borough-wide events and road shows, Fit Club has succeeded in raising awareness amongst residents of the importance of both physical exercise and self health checks.

Plans for Newham Fit Club through to 2008 include:

- More Newham Fit Club road shows and events including free swims, pedometer, physical activity incentives
- Slimming on referral pilot as part of a new obesity care pathway
- Social marketing campaign to involve more people 50+ (who are most at risk of developing cardio-vascular disease, Newham's biggest killer)
- Establishing activity groups, maps and walking routes in and around Newham
- Health professional training on physical activity
- Completing the "Moving More Often" programme for hard to reach older people

Douglas McKenzie Manager, Newham Fit Club
London Borough of Newham