

The background of the cover page is a photograph of a town square. In the foreground, a person is walking across a large, colorful sign that says "Healthy Town". The sign is made of large, colorful letters and is partially obscured by the person. In the background, there are buildings, a car, and other people. The overall scene is bright and sunny.

Thetford Healthy Town Evaluation Report

July 2011

“Healthy Towns – that bring together changes in physical infrastructure and community action to promote healthy living”

Authored by:

Sue Smithurst - Research Development Manager
Priory Research Services
Great Yarmouth Community Trust
Priory Programme
Priory Plain
Great Yarmouth
Charity Number: 1095214
Company Number: 4329682

Executive Summary

In November 2008 Thetford was announced by the Secretary of State for Health as one of the nine towns which was awarded 'Healthy Town' status, and a share of £30 million investment as part of the Government's programme of work to tackle obesity, to increase physical activity and to enable healthier food choices. NHS Norfolk and Breckland Council (November 2008) successfully accessed £900,000 of funding from the Department of Health to deliver a Healthy Town Programme in Thetford.

The Thetford Healthy Town (THT) Programme was one of nine Healthy Town programmes delivered in England to address issues of overweight and obesity by encouraging healthier lifestyle choices and increased physical activity. The programme is part of the overall vision of 'Moving Thetford Forward', to regenerate the town through the provision of education, skills training, the private sector and local residents.

The Thetford Healthy Town (THT) Programme devised a number of individual projects and schemes to meet the long term goals. The key primary objective was to *'embed a healthy lifestyle in a rapidly growing town, by ensuring health is fully integrated into the growth plans and regeneration projects'*. The secondary objective was *'to deliver a series of highly visible initiatives on the ground, mostly within existing communities (which are very diverse, with a high migrant population) some building on good practice and other new initiatives, not only to encourage healthier lifestyles within existing communities in Thetford but to foster a town wide understanding and commitment to deliver, in the long term a rapidly growing and regenerating town with healthy lifestyles at its heart'*.

To achieve the primary and secondary objectives, a further four objectives were included in the programme delivery:

- To increase the knowledge and the understanding of the Thetford community and their health needs and aspirations
- To embed a culture that delivers health promoting environments within the built and social infrastructure, and the future large-scale growth of Thetford
- To address issues of obesity and overweight through physical activity and community nutrition interventions, with an approach that seeks to engage Thetford's new communities
- To build on existing good practice in health promotion and the prevention of poor health outcomes using a 'community development' approach

Throughout the lifespan of the programme and particularly over the past year, Thetford Healthy Town has been heavily involved in planning a forward strategy to ensure the sustainability of the programme post funding in March 2011.

Methodology

The process and impact evaluation was delivered between January 2010 and March 2011. An initial literature review was conducted to identify outcome measures, research and public policy. Monitoring data reports were provided on a monthly and quarterly basis to provide information about the progress against outcomes. The monitoring helped to steer decisions about specific areas to investigate in the evaluation. The evaluation employed quantitative and qualitative methods within an emancipatory action research approach. Methods used included face to face interviews, telephone interviews, questionnaire and survey. Five peer researchers were recruited and trained and enhanced the study design. The peer researchers were instrumental in the design of evaluation tools and instruments, and data collection methods. The peer researchers were unable to be as involved in the study as first anticipated due to a number of reasons including employment, ill health and personal circumstances.

Impact

Five peer researchers helped the study design by bringing an insider perspective that helped to generate a fuller understanding of the topic under investigation. To enhance data that had been generated over the lifespan of the programme a survey was undertaken and the findings contrasted with data collected at other points in the delivery of the evaluation. In addition comparisons were made about the levels of deprivation facing Thetford residents (a rapidly expanding town with diverse communities) from the 2007 and the 2010 Indices of Multiple Deprivation.

Data analysed from across different sources and settings demonstrate the impact that the Thetford Healthy Town programme has had on the local community. The programme has delivered its outcomes across Thetford, reaching areas that face significant challenges in terms of deprivation and disadvantage. This has been achieved by the formation of positive partnerships, with partners sharing the same vision not only to deliver the programmes outputs and outcomes over a funded period but also to ensure a delivery plan and exit strategy that enables the community to continue to reap the benefits that will form a legacy for future generations living and working in Thetford. Greater awareness of the issues of overweight and obesity and the opportunity to resolve the issues has been delivered by the programme and is showing an impact on the local community in Thetford. It is the coordinated approach to delivery of the outcomes and outputs that has been hailed as a success, with the notion that delivery has exceeded expectations especially in a short time span and a pilot programme.

Delivery of highly visible activities and events to over 7,000 local residents is demonstrates that Thetford Health Town in delivering its objectives. The community development approach has enabled the team to gain a deeper knowledge base and fuller understanding of the needs of the community. This together with strong partnerships and a robust marketing and communication strategy has developed a model where local residents are starting to take ownership by increased participation, involvement in decision making, and in

some instances by making contributions towards the sustainability of the programme.

Effective partnerships, pathways, and cross referrals are ways that the programme has benefitted individuals in their change to embracing new and positive lifestyle choices. The moves that some people have made from their acknowledgement of their issues of overweight and obesity to their actual weight loss and their increased participation in the programme, now delivering health education to their own children demonstrates the impact that the programme has had in Thetford. The accessible approach and strong partnerships within the programme has provided the impetus for people to change their lifestyles, not only those who have directly participated in the delivery of actual outcomes from the programme team (including project leads) but also by the indirect contributions made by Thetford Healthy Town. These are demonstrated in the way that the programme has enhanced other interventions, for example healthy checks as a way of identifying health risks and the NHS Health Trainer service.

Summary and recommendations

In summary, the Thetford Healthy Town programme has contributed to tackling health inequalities and promoting positive health outcomes for the residents of Thetford. This has been achieved by a strong coordinated approach, strong partnerships, marketing and communication and the delivery of highly visible initiatives to existing communities, often cited as very diverse with a high migrant population. It is shown that the programme has gathered learning along the way which will contribute to a sustainable strategy of health education and the delivery of positive health outcomes in a rapidly growing town that is shown to face high levels of disadvantage and deprivation in some areas.

The research undertaken by the University of East Anglia (UEA) presented an interesting picture of some of the perceived needs and barriers to health that people in Thetford experience. This evaluation undertaken by Priory Research

Services shows where the programme has started to deliver outcomes to address some of the issues raised in the UEA research. However the programme would benefit from a comprehensive statistical health needs assessment as it starts to deliver the next stages. This will set a reliable and robust baseline and assist to steer the programme aims and objectives.

The monitoring and evaluation have played an important part in the decisions made about how to meet the programmes aims and objectives. If these elements of the programme had been included at the planning stage it would have been of benefit in the steer of the programme and in the development of a standardised monitoring system for the project leads to capture and record achievements against outcomes. It would benefit the evaluation, the NHS and the programme to set up confidentiality contracts with service providers and relevant partners. This would ensure access to client details in order to capture an increased volume of consultations about the impact that the programme has had in the community. Increased consultations would only occur with the participants consent as set out in ethical considerations.

With the economic downturn it is important to look at the wellbeing of people in the workplace. As the programme seeks to deliver its outcomes in the future it would be useful to explore the option to work more closely with local businesses, developing enhanced outcomes to the people of Thetford.

In terms of targeting health outcomes to those areas identified as most in need it would have been beneficial to provide this service at the start of the programme. This would provide a more reliable and robust way of developing pathways and cross referrals to ensure that health risks were identified and addressed. Similarly developing strong relationships with General Practitioners will ensure that the programme can extend the impact to others in the community.

This project does not tell us everything that we need to know about the health needs and outcomes of people living and working in Thetford, which groups are most affected and what the long term impacts will be. Constructing a profile of

health needs in Thetford through secondary analysis of quantitative data publicly available and undertaking qualitative interviews with service providers and local residents could be used to explore emerging themes and identify trends at service delivery level through interviews with senior managers at service user level with local residents.

Accurately hearing the experiences of local people takes time and the development of positive relationships but the findings that we have uncovered show how important it is to dig below the official data and we strongly recommend that the research, evaluation and monitoring here be repeated at regular intervals. Case studies undertaken to track changes in people's health behaviours would yield findings that would assist in the development of a programme that responds to local need.

Contents

	<i>Executive Summary</i>	2
1.	<i>Introduction to the study and the report</i>	10
	1.1 <i>Literature Review – The need for the Healthy Town Programme</i>	
	1.2 <i>Socio-economic factors, health inequalities and poor diet</i>	
	1.3 <i>Links between geography, regeneration and healthy lifestyles</i>	
	1.4 <i>Policy and Change4Life</i>	
2.	<i>Evaluating the Thetford Healthy Town Programme</i>	21
	2.1 <i>Methodology and Approach</i>	
3.	<i>Thetford Healthy Town – The Local Context</i>	25
	3.1 <i>Aims and objectives of the THT Programme</i>	
	3.2 <i>Summary of Thetford Demographic Data</i>	
4.	<i>Findings</i>	43
	4.1 <i>Analysis of Health and Lifestyle survey</i>	
	4.2 <i>Awareness of Thetford Healthy Town</i>	
	4.3 <i>Thetford Healthy Town - Monitoring Summary</i>	
	4.4 <i>Impact and Outcome - Thematic analysis</i>	
5.	<i>Conclusion lessons learned and Recommendations</i>	68
	<i>References</i>	73
6.	<i>Appendices</i>	75
	<i>Appendix 1: Appendix 2: Individual Project Summaries</i>	
	<i>Appendix 2: Take up rates of THT funded projects</i>	

Thetford Healthy Town



Introduction

Chapter 1

1. Introduction to the study and the report

The Thetford Healthy Town Board and NHS Norfolk commissioned Priory Research Services (PRS)¹ to conduct monitoring and evaluation of the Thetford Healthy Town Programme. The study findings contribute to a greater understanding about the impact, the outcomes, and the difference that the programme demonstrates in Thetford, by use of monitoring, quantitative, and qualitative data sources.

A literature review of relevant research and policy measures was carried out to gain a deeper understanding about the Healthy Town initiative, Change4Life social marketing programme. The literature review was instrumental in identifying health needs, outcome measures and trends. The moves that have been made to address poor health outcomes by enabling healthier lifestyle choices in Thetford are highlighted and the analysis is used to draw conclusions and suggest recommendations to shape future developments.

1.1 Literature Review – The need for the Healthy Town Programme

Reducing health inequalities and promoting equality

In December 2010 the Government published the NHS outcomes framework expressing the view that addressing health inequalities and delivering health outcomes are key objectives for the NHS.² To deliver good health outcomes, research and public policy have shown the need to address issues of the increase in overweight and obesity in the UK. The Government public health strategy '*Healthy Lives, Healthy People*' outlines ways to deliver public health outcomes (2010). This paper raises concerns that Britain is considered to be the most obese nation in Europe with large numbers of people having drug and alcohol misuse issues, where smoking is claiming the lives of 80,000 people per

¹ Research, monitoring, and evaluation commenced in January 2010

² Department of Health - The NHS Outcomes Framework 2011/12. Published 20th December 2010

year and the health inequalities divide is widening. It is suggested that the 'obesity epidemic' has been caused by a variety of factors including poor diets which are high in fats, sugars and salts³, ⁴ and low levels of physical activity. It is estimated that the cost to the NHS of obesity related conditions amounts to £4.2 billion each year and endangers the lives of increasing numbers of children, young people and adults in society today.⁵ However issues of overweight and obesity are not a new and radical discovery. The origins of obesity were documented as far back as 3,000 years ago, dating back to ancient Greek and Egyptian eras. These early works helped to form an understanding of the poor health outcomes related to obesity. These include sleep apnoea⁶, problems with fertility and menstruation⁷, diabetes⁸ and coronary heart disease⁹. Recent research endorses the observations of earlier writers, and also talks about obesity being associated with a higher risk of cancer.¹⁰

“Obesity is a major cause for medical morbidity and mortality, as well as for impaired quality of life”¹¹

Obesity and overweight can have negative effects on mental health, for example mental illnesses have been found to be more prevalent in the 'morbidly obese' category¹², young girls who are found to be obese are more likely to experience an earlier onset of menses than their peers¹³, which is associated with increased psychological and social problems, early alcohol consumption and smoking. The view that obesity and overweight rates are increasing have been taken up in the media. Media attention has been drawn to the increasing concern about

³ Thomas Kelley, Stuart Carroll, Gary Jones & Jennifer White with a foreword by Professor David Haslam and contributions from Cancer Research UK, Diabetes UK & Antony Worrall Thompson. May 2011. Obesity Epidemic – Paranoia or Evidence Based? The Bow Group Health & Education Policy Committee.
http://www.mendprogramme.org/sites/default/files/BOWGroup_Obesity_Paper.pdf

⁴ 'The Report summary July 2003 Parliamentary Office of Science and Technology "Improving children's diet"
<http://www.parliament.uk/documents/post/pn199.pdf>

⁵ HM Government -Healthy Lives, Healthy People: Our Strategy for public health in England – 30th November 2010

⁶ Hippocrates, ~300BC

⁷ Buchan, 1795; Thomas, 1811 and Ricketson, 1806),

⁸ Ebers papyrus, 1552 BC; Buchan, 1795 and Thomas, 1811

⁹ Hyde, 1759; Thomas, 1811; Osler, 1897 and Buchan, 1795

¹⁰ The Cancer Research UK Sept 2009. <http://info.cancerresearchuk.org/healthyliving/obesityandweight>

¹¹ Haslam DW, James WPT. Obesity, Lancet 2005;366:1197-209 cited in Hilbert et al (2007)

¹² Black, D., Goldstein, R., and Mason, E. (1992) Depression and other mental disorders in the relatives of morbidly obese patients, *Journal of Affective Disorders*, 25 (2), 91-95

¹³ Lee, J., Appugliese, D., Kaciroti, N., Corwyn, R., Bradley, R. and Lumeng, J. (2007) Weight status in young girls and the onset of puberty, *Pediatrics*, 119 (3), 624-630

overweight and obesity. For example of A report in the Daily Mail drew attention to the notion that young people as young as 14 years old are now undergoing weight loss surgery in contrast to the position in 2004¹⁴ when no one under the age of 18 years was offered invasive surgery.¹⁵ The author Franco Sassi is quoted as saying that modern lifestyles are at the heart of the problem including the availability of cheaper foods and the time restrictions that people face, often opting to eat in restaurants or have take away meals on a regular basis. Other writers¹⁶ support the idea that a number of factors contribute to unhealthy weight; lighter work, longer work hours, more processed foods i.e. 'convenience food' and takeaways, affordability of technologies such as dishwashers, televisions, hoovers etc and more sedentary lifestyles for some. Sedentary lifestyle is a term which is linked to irregular or minimum physical activity. Physical inactivity not only affects the lives of adults leading to issues of overweight and obesity. It is shown that physical activity is an important part of the physical and mental growth of children. The relationship between disease and physical activity in early life is difficult to study since children rarely suffer from lifestyle chronic disease (such as coronary heart disease) and generally do not have risk factors such as high blood lipids and hypertension. However, less active children are more likely to have more body fat and obese children are more likely to be inactive than their non-obese peers.

¹⁴ Research in general does not quote newspaper articles. However the article is used to show the extension to which the media reports, which has the potential to raise concerns with the public domain. Increasingly the press is highlighting the 'obesity epidemic' in the UK.

¹⁵ Numbers of young people were considered to be low however the cost factor and the issue of invasive surgery in the young was considered as of concern.

¹⁶ Power, M. and Schulkin, J. (2009) *The evolution of obesity*, Baltimore: John Hopkins U university Press

1.2 Socio-economic factors, health inequalities and poor diet

The determinants of health

Figure 1: Determinants of Health



Source: Barton & Grant 2006¹⁷

There are many determinants related to good health outcomes and when addressing issues of health inequalities. Health inequalities are defined as differences in health, which are avoidable and considered unjust. Striving for equity is not about ensuring that everyone has the same level of health, but about providing fair conditions that allow everyone to attain their full potential.¹⁸

Income and social status are key determinants of equity, or inequality. The level of income has a decisive influence on material living conditions. Social status

¹⁷ Barton, H & Grant, M (2006) 'A health map for the human habitat'. The Journal of the Royal Society for the Promotion of Health 2006, 126 p 252-253

¹⁸ Commission on the Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. WHO, Geneva 2008., www.who.int/social_determinants/en/

affects both self esteem and mental wellbeing, and the ability to alter those conditions. People on low incomes and in lower social groups are more likely to die young and suffer ill health, primarily because their physical and social living conditions are poorer.¹⁹

“The social gradient in many health outcomes for people in disadvantaged groups and areas is a major driver of England’s poor health outcomes in comparison to other countries”²⁰

There is also increasing evidence that having or perceiving low social status can lead to chronic stress, which contributes to physical health risks. Stress is associated for example with a higher risk of heart disease, diabetes and metabolic syndrome.²¹ Suzi Leather (1996) in ‘the making of modern malnutrition’²² talked about issues facing low-economic groups and healthy eating, suggesting that inadequate benefits and low wages caused poor families to buy cheap, filling food and to forgo items such as fresh fruit and vegetables. The new public health strategy (2010) informs us that people living in the poorest areas will die on average 7 years earlier than those living in more affluent areas and could endure 17 more years living with poor health. It is suggested that they have higher incidences of mental health problems, harm from alcohol and substance misuse and smoking; and childhood emotional and behavioural problems. Wynn and Wynn in the Caroline Walker lecture ‘No Nation Can Rise Above the Level of its Women’²³ warned of the ‘long shadow that poor nutrition casts down the generations’. Almost ten years later, ‘Missing the Target’²⁴ confirmed the continuing impact: ‘*this is the first generation of children predicted*

¹⁹ See eg. Marmot, M. ‘Economic and social determinants of disease’. Bulletin of the World Health Organisation 2001; 79:906-1004. [http://www.who.int/bulletin/archives/79\(10\)988.pdf](http://www.who.int/bulletin/archives/79(10)988.pdf)

²⁰ Marmot, M. (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post- 2010, available at www.marmotreview.org/QIPP/ Rightcare (2010). The NHS Atlas of Variation Healthcare, available at www.rightcare.nhs.uk/atlas

²¹ Marmot, M & Wilkinson, R.G. 2006 (eds). The Social Determinants of Health, 2nd edition. Oxford: Oxford University Press. Preview available at http://books.google.co.uk/books?id=x23fpBPC3_gC&dq=social+determinants+of+health&source=gbs_summary_s&cad=0

²² S. Leather (1996)

²³ Wynn, M. and Wynn, A. (1993) ‘No Nation Can Rise Above the Level of its Women’: New thoughts on maternal nutrition the Caroline Walker Lecture, Journal of Nutritional and Environmental medicine, 5 (2), 163-185

²⁴ Children’s Food Campaign, 1997

to have shorter life expectancy than their parents because their lives are cut short by the consequences of obesity'

1.3 Links between geography, regeneration and healthy lifestyles

The built environment can influence health inequalities significantly, although often indirectly. For example, land use that concentrates social housing at the edges of towns and / or with limited facilities and public transport connections may reduce access to work, for people without access to a car. Limited maintenance of the built environment or green space can add to the stress of living on a low income. Especially poorly maintained green space can negatively impact on people's image of an area and residents' sense of place.²⁵

Research suggests (e.g. Jackson 1998)²⁶. that local regeneration programmes can help to reduce high levels of illness bringing about health improvements by tackling unemployment, education, housing and poverty Links have been made between the characteristics of communities and health and wellbeing.

The Fife area Regeneration, Health and Wellbeing²⁷ study highlights some of the perceived barriers to health and wellbeing and discusses the role of regeneration in improving health in deprived communities. The study was undertaken between 2006-7 and was designed to measure the effect of the regeneration process on the health and wellbeing of people in four areas of Fife. Prior to undertaking the study a literature review was undertaken to identify the links between health and wellbeing and regeneration. The key findings emerging from this study include:

- Links between housing and physical health in terms of relationships between dampness and cold and respiratory diseases

²⁵ Bell, S, V Hamilton, A Montarzano et al (2008). Greenspace and quality of life: a critical literature review. Stirling: Greenspace Scotland, available at http://www.openspace.eca.ac.uk/pdf/greenspace_and_quality_of_life_literature_review_aug2008.pdf

²⁶ BBC News (1998) 'Urban regeneration can improve health.' <http://news.bbc.co.uk/1/hi/health/187023.stm>

²⁷ The Fife Regeneration, Health and Wellbeing Study (2006) 'What affects my health and wellbeing?' accessed from <http://www.trackingstudy.co.uk/wellbeing.html>

- Links between mental illness, overcrowding and deprived neighbourhoods. Mental health has also been linked to an individual's physical and social environment
- Limited research available regarding neighbourhood renewal and health. Research suggests the risk of respiratory illness declines with better quality housing and mental health has been suggested to improve following regeneration
- Regeneration can worsen health and wellbeing status mainly as a result of the related stress factor when things are 'done to people' instead of participatory democracy in decision making. It has been suggested that giving residents greater control over the direction of the regeneration project through increased community participation can reduce this risk.

The study²⁸ itself identified a number of factors that residents felt affected their ability to access healthy lifestyle choices. These factors centred on the ability to access healthy lifestyles as outlined below:

- Limited access to transport which can restrict access to better shops, recreation and leisure activities
- A lack of childcare facilities at leisure centres
- Poor dietary habits which are influenced by habits from childhood
- Limited ability of local shops to provide affordable produce
- Lack of self motivation to make changes to personal and family diet habits
- Lack of support to stop smoking
- Managing difficult or complex family environments
- Waiting times for services from the NHS impact on physical and emotional wellbeing²⁹

²⁸ The relevance of the Fife study to the UEA study and to Thetford is based on some of the findings around the barriers to accessing healthy lifestyle choices.

²⁹ The Fife Regeneration, Health and Wellbeing Study (2006) 'What affects my health and wellbeing?' accessed from <http://www.trackingstudy.co.uk/wellbeing.html>

A community health needs assessment (commissioned by the Thetford Healthy Town Programme) undertaken in Thetford by the University of East Anglia (UEA 2010)³⁰. The UEA study set out to provide an assessment of the health needs of communities in Thetford. The study contributes to a better understanding of the social and environmental pathways to overweight and obesity.

The UEA study echoes some of the Fife study findings that people in Thetford considered the lack of transport, and prohibitive costs inhibits access to services and activities related to improved health outcomes. The study also recommended that providers of physical activity need to address issues of childcare and provide opportunities for parents and children to engage in activities together. In line with the findings from the Fife study, the University of East Anglia (UEA) found that there was a need to consider the role of the local shop in providing accessible and affordable produce.

Within the UEA study it was found that physical activity and events around food played an important part of developing cohesion and intergenerational relationships / contacts, where people come together to share social space and through shared interests. The study found that for people to engage with health promotion and health based activities there is a need for effective communication, raised levels of confidence, and accessibility of services, people were aware that physical activity is beneficial to mental wellbeing and social connectedness and that physical activity and events around food are useful mechanisms in bringing people together, sharing social spaces and thus creating community cohesion.

In the context of community cohesion it is important to ensure that services, activities and events take account in their planning and delivery of the needs of all local residents. It is important that services are designed to meet local need when addressing issues of poor health outcomes and delivering health promotion/ health education. In a study published by Keystone Development

³⁰ The University of East Anglia Rachel, B, Houghton, J, Murdoch, J, Ward, S and Holland, R (2010) *Community Health Needs Assessment for Thetford Healthy Town*. Monograph . Research Report.

Trust – Workers on the Move 2, it was found that whilst migration is a key issue in the UK there was little known or understood about the health needs and concerns of migrants.³¹

1.4 Policy and Change4Life

The UEA report set out policy moves to improve health outcomes³² and during 2009 the Department of Health launched a programme of health checks aimed at patients aged between 40 to 74 years in England. The patients are offered a free health check to identify their risk of diseases which include coronary heart disease, stroke, diabetes and kidney disease. The recommendations are based on ways to reduce and manage the risks of disease and poor health outcomes by access to weight management programmes, smoking cessation advice and physical activities.

The Coalition Government continue in their commitment to address health inequalities and poor health outcomes. The previous Government sought to address the issues of overweight and obesity through the Healthy Town Programme. Nine towns in England (including Thetford in Norfolk) received funding to deliver outcomes and outputs that included the development of schemes to encourage people to engage in increased physical activity and improved healthy lifestyle choices.

The Healthy Town programme sits comfortably with the Change4Life public health campaign around delivering services that encourage and enable people to make positive lifestyle choices. Change4Life is a social marketing campaign (DOH January 2009)³³ aimed to address the issue of overweight and obesity by encouraging people to make healthier choices, (including diet and lifestyle) and

³¹ Workers on the Move 2 – European migrant workers and health in the UK: A review of the issues. Published by Keystone Development Trust 2008.

³² The University of East Anglia (2010) Community Health Needs Assessment for Thetford overview of the policy context p11-12.

³³ *Change 4 life Marketing strategy - in support of Healthy Weight, Healthy lives*
http://www.nhs.uk/Change4Life/Documents/pdf/Change4Life_Marketing%20Strategy_April09.pdf

forms the social marketing part of the Healthy Weight, Healthy Lives cross-governmental strategy for England (2008). The Change4Life strategy was considered to be the first step in a sustained programme around enabling people to maintain a healthy weight by helping them to make healthy choices. The strategy set out five main policy areas to facilitate success:

- Promoting children's health
- Promoting healthy food
- Building physical activity into everyday lives for children, young people and adults
- Supporting health at work and providing incentives more widely in order to promote health
- Providing effective treatment and support when people become overweight or obese (including personalised advice and support)³⁴

Change4Life forms a comprehensive marketing campaign facilitating a national dialogue about the individual's responsibility to tackle unhealthy weight. In response to 'research and audience insight' the marketing campaign is based on a range of simple universal tailored messages aimed at promoting healthier lifestyles within families. The primary emphasis of the Change4Life social marketing campaign is 'preventative measures and the establishment of good dietary habits and activity levels from early infancy' ³⁵

The secondary focus of the Change4Life campaign is to promote interventions that change behaviours in older children.³⁶ The Healthy Town programme principles also are grounded in the EPODE model (Ensemble prevenons l'obesite des enfants, or Together, let's prevent obesity in children). EPODE is a community based, family oriented nutrition and lifestyle education programme. Early results of this programme showed promising results, for example, in 2004,

³⁴ HW HL Report pxii

³⁵ HW HL Report p27

³⁶ Rechel B. Houghton, SW. Murdoch, J. Holland, R. University Of East Anglia (UEA) 2010 (unpublished) Community Health Needs Assessment For Thetford Healthy Town.

19 percent of children in Saint Jean were overweight. A year later this figure was down to 13.5%.

More recently there has been attention drawn to the notion of 'nudge' in encouraging people to make positive decisions that improve not only their health but other areas of their lives. Within the theory it is suggested that people are gently nudged to make the considered decisions for themselves and their families. Concern about the invasiveness and paternalistic approach have been discussed by the authors of the book 'Nudge – improving decisions about health, wealth and happiness'³⁷ (Thaler and Sunstein 2009) when talking about the idea of choice architects and paternalistic liberalism. Choice architects defined as a person who has responsibility for organizing the context in which people make decisions (Thaler p3). Thaler gives examples of choice architects that include doctors describing the range of treatments available for the patient and parents describing educational options to a child. Libertarian Paternalism^{38 39} may at first seem off putting but Thaler uses the late Milton Friedman phrase 'Free to choose'. Thaler argues that it is important to ensure that people have choice but that it is 'legitimate for choice architects to influence people's behaviour in order to make their lives longer, healthier and better' this is of course the people's choice and the improvement in their lives is as judged by themselves.

³⁷ Thaler.R, and Sunstein.C, Nudge – improving decisions about health, wealth and happiness. (2009) Penguin

³⁸ To borrow a phrase from the late Milton Friedman, libertarian paternalists urge that people should be 'free to choose.' We strive to design policies that maintain or increase freedom of choice. When we use the term libertarian to modify the word paternalism, we simply mean liberty-preserving.

³⁹ Cass R. Sunstein & Richard H. Thaler, Libertarian Paternalism Is Not an Oxymoron, 70 U. CHI. L. REV. 1159 (2003)

Thetford Healthy Town



Evaluating the Thetford Healthy Town Programme Methodology and Approach

Chapter 2

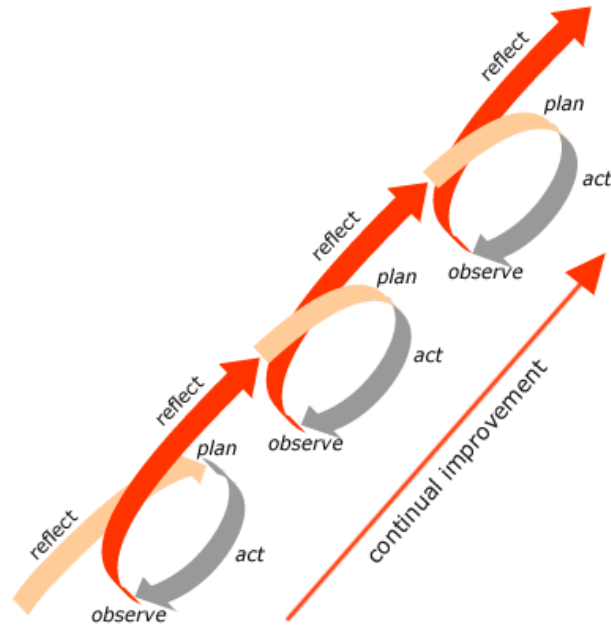
2. Evaluating the Thetford Healthy Town Programme

2.1 Methodology and Approach

Monitoring and evaluation was delivered between January 2010 and March 2011. The aim of the study was to demonstrate areas where the Thetford Healthy Town Programme had delivered its aims and objectives, to identify areas of learning for future planning, and to highlight the contribution that the programme had made to improving outcomes for local people.

A review of relevant research and public policy literature was instrumental in highlighting the issues around obesity and overweight and moves to address these issues. The literature review drew also drew on theories such as the 'nudge theory' that was useful when thinking about how Thetford Healthy Town was delivering its aims to create improved health and wellbeing. The literature review helped in the design of research tools and instruments.

Monitoring data was collected across the lifespan of the evaluation. The data collected included attendance levels at activities including demographic data on participants, feedback from participants and pre / post questionnaires on levels of physical activity from some projects. The data was collated into monthly and quarterly reports. These were used to inform the partnership board and the Department of Health about progress against outcomes. Monitoring data was also used to inform the evaluation. The evaluation was undertaken using an action research approach, an approach that: is often talked about as a dynamic process: cycles of planning, acting, observing and reflecting, then planning again for a new action (Kemmis and McTaggart 1988; Wadsworth 1997a).



Methods used to access data included monitoring data, questionnaires and surveys, face to face consultations, telephone interviews with project leads and the Thetford Healthy Town management team, street survey, analysis of two case studies and evaluation feedback forms and observation. A proposal was drawn up for the partnership board around the consideration for the delivery of filmed interviews. However it was decided that the timing and cost implication were inhibitors to delivering this method of data collection. The delivery of a planning for the future workshop⁴⁰ with attendees from all interested stakeholders including local residents was delivered as an alternative method. The rationale for this was grounded in the need to develop the forward strategy for delivery post funding 2010.

Data analysis was carried out using a formal approach. Quantitative data was analysed using SPSS and qualitative data analysis was undertaken using the principles of grounded theory.

⁴⁰ Thetford Healthy Town 'Our Health, Our Future' Wednesday 17th November 2010. The Keystone Innovation Centre Thetford.

Peer Researchers Involvement

The evaluation process was enhanced by the involvement of five peer researchers. Experience shows that community research response rates tend to be higher than for standard research, and results can be more reliable and representative of the local population community researchers gain increased confidence, new skills, qualifications and improved employment prospects. Involving trained community researchers within their own communities minimizes the effect of missing the voices of those who are 'seldom heard' or considered to be 'hard to reach'. Peer researchers can 'spread the word' and get into the heart of the community, potentially generating a much higher interest in the study.⁴¹

There are drawbacks that occur with the involvement of peer researchers. One disadvantage of engaging peer researchers is that some participants may drop out. Major factors tend to be other commitments and time. This was echoed in the Thetford Healthy Town evaluation when the peer researchers became disengaged through changing employment circumstances, ill health and personal circumstances.

⁴¹ Horowitz Carol R MD, Brenner Barbara L DrPH, LaChapelle Susanne RN, Amara Duna A MPH, Arniella Guedy LCSW. (2009) Effective recruitment of minority populations through community-led strategies. American journal of preventative medicine Pg s199

Thetford Healthy Town



Thetford Healthy Town – The Local Context

Chapter 3

3. Thetford Healthy Town – The Local Context

3.1 Aims and objectives of the Thetford Healthy Town Programme

The need for the programme was identified in existing literature, research and available demographic information. This tells us something about the issues facing people living in towns that are part of a regeneration process, that have high levels of unemployment, social and material deprivation, are made up of established and transient populations and are facing the crisis in people's increasingly time challenged lives that inhibit access to and awareness of the need for healthy lifestyles for themselves and their families.

According to the Health Needs Assessment undertaken by the University of East Anglia (UEA 2010) *“Thetford is an area that has high levels of deprivation and poor health outcomes”*. The Indices of Multiple deprivation show that in particular one LSOA within Thetford Abbey ward experiences a very high level of deprivation (within the 10% most deprived areas of the country). The UEA study suggests that self reported health outcomes by residents were considered as 'not good'. There are challenges in terms of the provision of health services based on the geographical location of the town on the border of Norfolk and Suffolk which compounds issues of communication and inequalities.

Based on the deprivation and the poor health outcomes experienced by people living in some areas of Thetford, the Thetford Healthy Town Programme ⁴² was designed to tackle the issues that inhibit children, young people and families from experiencing full and healthy lives, by addressing lifestyle choices including diet, physical activity levels and mental and emotional health. The programme aimed to deliver outcomes that would contribute to a reduction in obesity and overweight levels by increasing physical activity and enabling healthier food

⁴² UEA community Health Needs Assessment (2010)

choices in Thetford by delivering a sustainable programme⁴³ and by embedding a healthy lifestyle culture in a rapidly developing town. The funding for the programme was £900,000 over two years.

A key primary objective of the Healthy Town agenda was to *'embed a healthy lifestyle in a rapidly growing town, by ensuring health is fully integrated into the growth plans and regeneration projects'*.⁴⁴ The programme's secondary objective was *'to deliver a series of highly visible initiatives on the ground, mostly within existing communities (which are very diverse, with a high migrant population) some building on good practice and other new initiatives, not only to encourage healthier lifestyles within existing communities in Thetford but to foster a town wide understanding and commitment to deliver, in the long term rapidly growing and regenerating town with healthy lifestyles at its heart'*.⁴⁵

In order to achieve the primary and secondary objectives there were four underlying objectives to the delivery of the Thetford Healthy Town programme:

- To increase the knowledge about and the understanding of the Thetford community and their health needs and aspirations
- To embed a culture that delivers health promoting environments within the built and social infrastructure, and the future large-scale growth of Thetford
- To address issues of obesity and overweight (the delivery of 37 projects) through physical activity and community nutrition interventions, with an approach that seeks to engage Thetford's new communities
- To build on existing good practice in health promotion and the prevention of poor health outcomes using a 'community development' approach
- To reach as high a proportion of the Thetford population as possible, and to evidence this through measurement of the uptake of the activities provided through the Programme

⁴³ Nelson, C. (2009) Thetford Healthy Town Full Programme Plan Document V 3.0, p. 14

⁴⁴ Nelson, C. (2009) Thetford Healthy Town Full Programme Plan Document V 3.0, p. 14

⁴⁵ Nelson, C. (2009) Thetford Healthy Town Full Programme Plan Document V 3.0, p. 14

3.2 Summary of Thetford Demographic Data

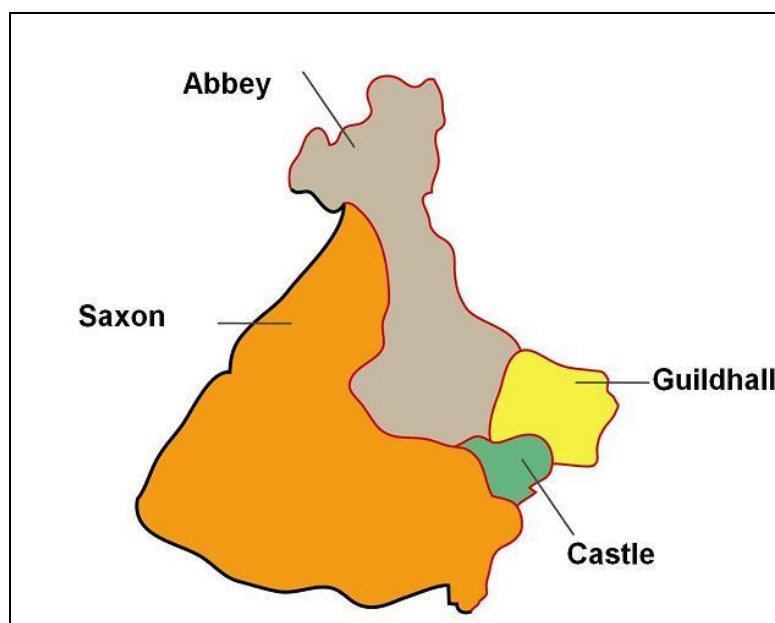
Thetford is served by Thetford Town Council, Breckland District Council and Norfolk County Council. Health services are commissioned by NHS Norfolk though many hospital and specialist mental health services are provided by West Suffolk Hospital and other Suffolk base providers.

Headline analysis in 'Norfolk Insight. Norfolk Ambition' shows that:⁴⁶

- Norfolk's population was 853,400 in mid-2009, an increase of around 6,100 from mid-2008
- Around a fifth of the Norfolk population is aged 65 and over and one person in ten is aged 75 and over; there are three pensioners for every two children under 16
- Government projections based on trends in population growth point to an increase of over 218,000 from 2008 to 2033, giving a population of 1,065,700 for the county
- Government household projections, based on population projections and trends in household formation, show an increase of around 129,000 households in the County from 2008 to 2033
- Two thirds of this increase is accounted for by one-person households; by 2033 around forty per cent of households would be headed by someone aged 65 or over, and the same percentage of households would be persons living alone

Breckland District covers an area of 1,305 square kilometres, and is one of the largest rural districts in England. The district is located in the Norfolk / Suffolk border and covers much of the south, west and central parts of Norfolk. The five largest market towns in the area are Attleborough, Dereham, Swaffham, Watton and Thetford. The area is one of the most rurally sparse in the country, which sets particular challenges in terms of service delivery and demands on resources⁴⁷. The ONS resident population estimate for 2009 shows that the Breckland District has an overall population of 129,900. The Thetford town area has an estimated resident population of 24,218 which makes up 19% of the overall Breckland area population. The Thetford town area consists of four electoral wards within the Breckland District Council area; Abbey, Castle, Guildhall and Saxon (see Figure 2).

Figure 2: Thetford Electoral Wards



Within these four electoral wards, there are 14 Lower Layer Super Output Areas (LSOA).⁴⁸ For the purpose of this report, the LSOA will be referred to using the following codes as used by the Office for National Statistics:

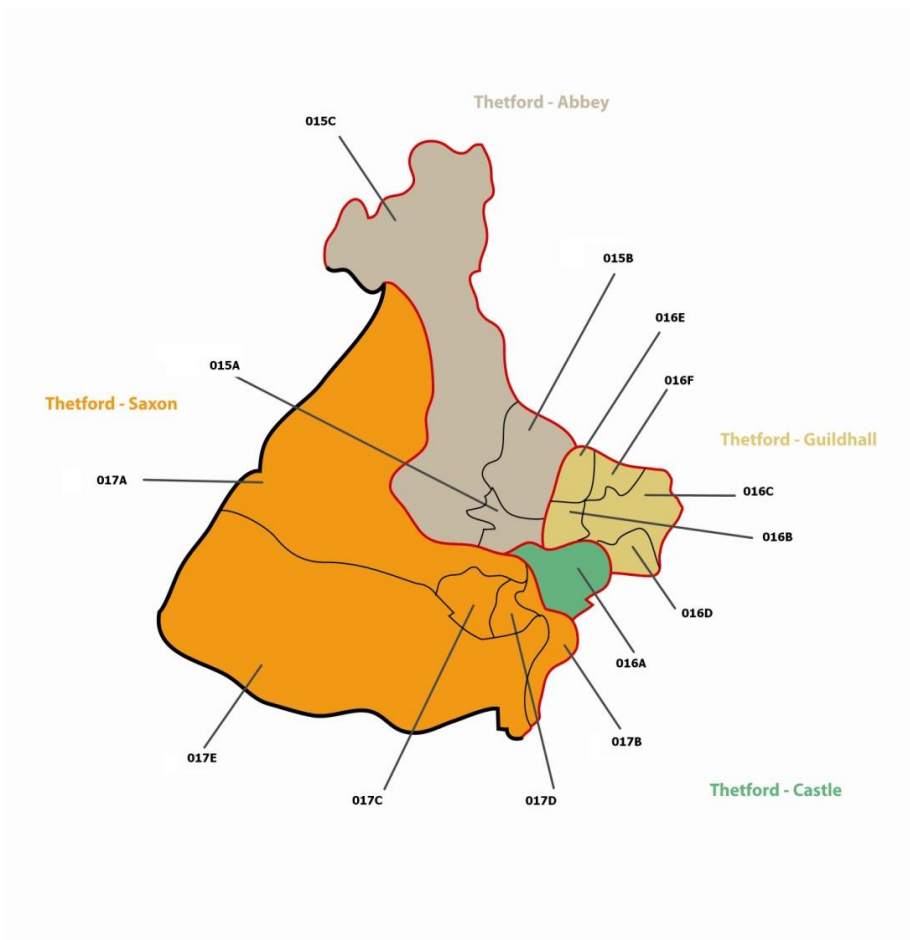
⁴⁷ For more detail see www.breckland.gov.uk

⁴⁸ A Lower Layer Super Output Area (LSOA) is a geographical area designed for the collection and publication of small area statistics. It is used on the Neighbourhood Statistics site, and has a wider application throughout national statistics. LSOAs give an improved basis for comparison throughout the country because the units are more similar in size of population than, for example, electoral wards (www.idea.gov.uk)

Table 1: Thetford LLSOA Codes

LSOA	Ward	LSOA	Ward
Breckland 015A	Abbey	Breckland 016E	Guildhall
Breckland 015B	Abbey	Breckland 016F	Guildhall
Breckland 015C	Abbey	Breckland 017A	Saxon
Breckland 016A	Castle	Breckland 017B	Saxon
Breckland 016B	Guildhall	Breckland 017C	Saxon
Breckland 016C	Guildhall	Breckland 017D	Saxon
Breckland 016D	Guildhall	Breckland 017E	Saxon

Figure 3: Thetford town LSOA Map



Resident Population Data

The table below shows the 2009 resident population estimates for each of the LSOA within the Thetford town area. This is currently the most up to date source of data around population levels at LSOA level.

Table 2: Resident Population Estimates by Broad Age Band (2009)

		All Persons; All Ages	All Persons; Aged 0-15	All Persons; Aged 16-24	All Persons; Aged 25-49	All Persons; Aged 50-64 (Males), 50-59 (Females)	All Persons; Aged 65 and Over (Males), 60 and Over (Females)	All Persons; Aged 65 and Over (Males), 60 and Over (Females) %				
015A	Abbey	1726	303	17.6	206	11.9	599	34.7	232	13.4	386	22.4
015B	Abbey	1950	444	22.8	251	12.9	758	38.9	263	13.5	234	12
015C	Abbey	2072	629	30.4	277	13.4	735	35.5	224	10.8	207	10
016A	Castle	2150	261	12.1	255	11.9	715	33.3	352	16.4	567	26.4
016B	Guildhall	1505	286	19	149	9.9	499	33.2	226	15	345	22.9
016C	Guildhall	2503	549	21.9	335	13.4	1138	45.5	241	9.6	240	9.6
016D	Guildhall	1447	268	18.5	203	14	620	42.8	173	12	183	12.6
016E	Guildhall	1335	236	17.7	167	12.5	464	34.8	216	16.2	252	18.9
016F	Guildhall	1525	344	22.6	137	9	581	38.1	226	14.8	237	15.5
017A	Saxon	1756	405	23.1	204	11.6	588	33.5	251	14.3	308	17.5
017B	Saxon	1632	304	18.6	179	11	536	32.8	279	17.1	334	20.5
017C	Saxon	1449	323	22.3	193	13.3	512	35.3	198	13.7	223	15.4
017D	Saxon	1546	366	23.7	186	12	530	34.3	206	13.3	258	16.7
017E	Saxon	1622	394	24.3	185	11.4	542	33.4	234	14.4	267	16.5
Total		24218	5112		2927		8817		3321		4041	

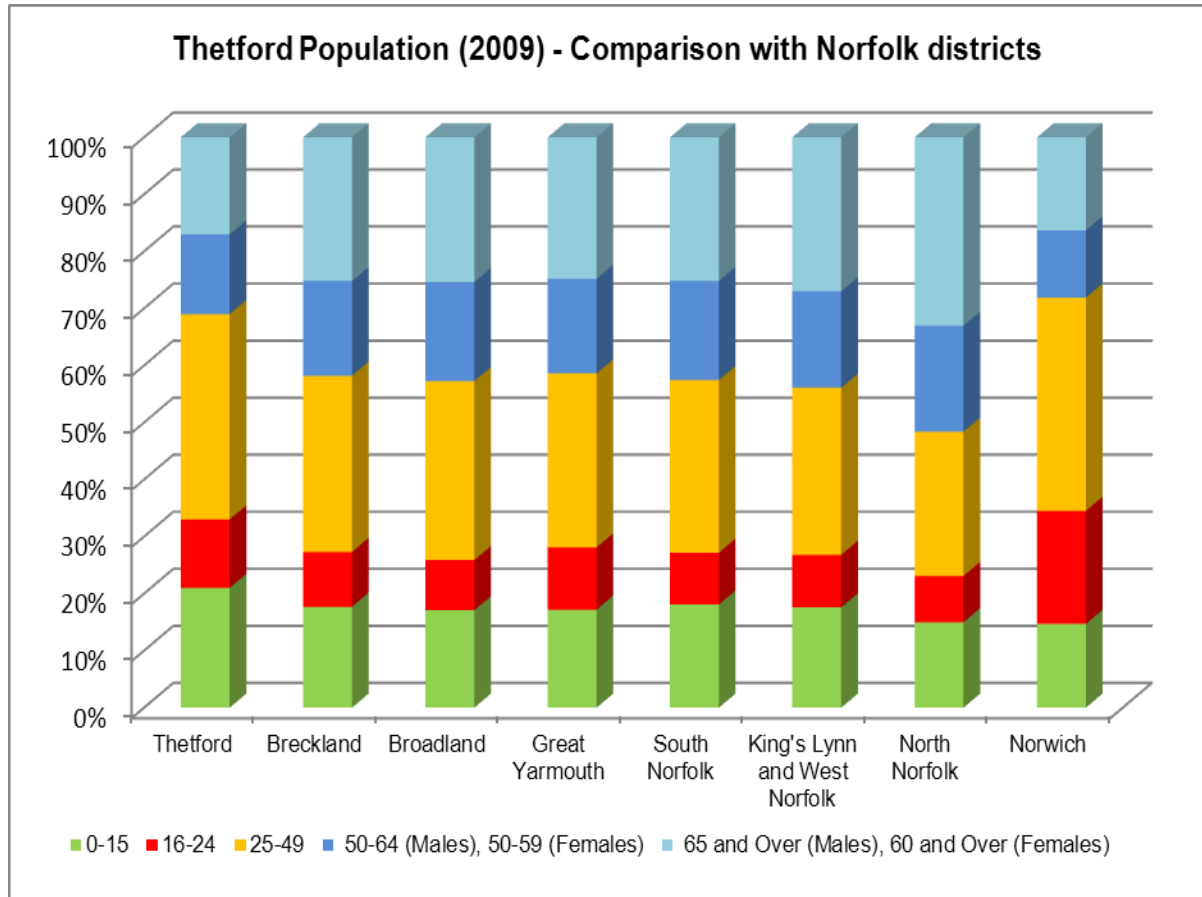
Source: 2009 Resident Population Estimates (Office for National Statistics)

The 2009 Resident Population Estimate for Thetford shows that the total population was **24,218** within the four wards of the Thetford town area. The total population for the four wards of Thetford town from the 2001 census was **21,588** so the population of the town is estimated to have has grown by around 3,000 since the last Census.

Figure 4 overleaf shows the population of Thetford by broad age band compared with each of the seven districts of Norfolk. The data shows that 31% of the Thetford town population are aged 50 or over; this is lower than the figures for the majority of districts within Norfolk. The population of Thetford town is

younger in relation to the Breckland district council area population, with 21% of the Thetford town population aged under 16.

Figure 4 Thetford Population by Age Band (2009)



	Thetford	Breckland	Broadland	Great Yarmouth	South Norfolk	King's Lynn and West Norfolk	North Norfolk	Norwich
0-15	21%	18%	17%	17%	18%	18%	15%	15%
16-24	12%	10%	9%	11%	9%	9%	8%	20%
25-49	36%	31%	31%	31%	30%	29%	25%	37%
50-64 (Males), 50-59 (Females)	14%	17%	17%	17%	17%	17%	19%	12%
65 and Over (Males), 60 and Over (Females)	17%	25%	25%	25%	25%	27%	33%	16%

Source: 2009 Resident Population Estimates (% By Broad Age Band) - ONS

Indices of Multiple Deprivation (2010)

The Indices of Multiple Deprivation (IMD 2010) are defined as a way of pulling together different elements of deprivation to produce an overall deprivation score for each LSOA. Each LSOA is scored on seven different indicators:

- income
- employment
- education, skills and training
- health and disability
- barriers to housing and services
- crime
- living environment

Based on the scores for each of the indicators, each LSOA is then ranked in comparison to the rest of the country. It is also then given an overall index of multiple deprivation ranking. There are 32,482 LSOA in England, the lower numerical ranking indicates a higher level of deprivation (e.g. : if a LSOA is ranked 1 for an indicator then that area is classified as being the most deprived LSOA in the country).

The IMD 2010 published in March 2011 provides an update on the IMD 2007 using the same indicators. In order to show trends over the past three years, both sets of data have been included in this report. The IMD rankings demonstrate relative differences between areas; on a cautionary note it may be that an area shows improvement against indicators, however it may mean that other areas have become more relatively deprived.

The following tables show the IMD 2007 and IMD 2010 rankings for the LSOA within the Thetford area. In each case the tables are sorted with the most deprived areas according to the 2010 data at the top, and less deprived areas at the bottom. Areas with a ranking of 3248 or less are within the 10% most deprived areas in England, and these areas are highlighted in the tables where

applicable in England. The final column highlights the difference in the area ranking from the 2007 data indicators.

Table 3: Overall IMD rank (2007 – 2010 comparison)

		IMD Rank (overall)	IMD Rank (overall)	Difference
LSOA	Ward	2007	2010	+ / -
015C	Abbey	2487	2295	-192
017E	Saxon	7596	7617	21
017C	Saxon	8166	7979	-187
017D	Saxon	8931	8309	-622
015A	Abbey	10948	11175	227
017A	Saxon	9907	12230	2323
015B	Abbey	14985	16295	1310
016A	Castle	17322	16524	-798
017B	Saxon	20247	19837	-410
016E	Guildhall	23014	23414	400
016B	Guildhall	24530	23889	-641
016C	Guildhall	24826	25793	967
016D	Guildhall	25276	26420	1144
016F	Guildhall	28227	26751	-1476

LSOA 015C within the Abbey ward is shown to be the most deprived LSOA within Thetford town. The overall deprivation ranking for this area is **2,295** in 2010 compared with **2,487** in 2007 suggesting a very high, and increasing, level of deprivation, both in a local and national context. The area is the only area within Thetford ranked within the 10% most deprived LSOA in the whole of England.

Table 4: Health and Disability (2007 – 2010 comparison)

		Health and Disability	Health and Disability	Difference
LSOA	Ward	2007	2010	+ / -
015C	Abbey	8064	7845	-219
017C	Saxon	11032	10077	-955
017E	Saxon	12287	12892	605
017D	Saxon	10676	12896	2220
015A	Abbey	15944	15182	-762
016A	Castle	17250	17685	435
015B	Abbey	15736	18068	2332
017A	Saxon	17184	21672	4488
017B	Saxon	22062	22735	673
016E	Guildhall	25726	24733	-993
016B	Guildhall	25688	25127	-561
016F	Guildhall	26461	27536	1075
016D	Guildhall	26428	28957	2529
016C	Guildhall	28172	29548	1376

In terms of health, no area in Thetford is within the most deprived 10% of the country. However, the 015C area again is the most deprived, and was considered more deprived in 2010 than in 2007, in relation to the health indicator.

Table 5: Income (2007 – 2010 comparison)

		Income	Income	Difference
LSOA	Ward	2007	2010	+ / -
015C	Abbey	1880	1406	-474
017D	Saxon	6519	5459	-1060
017E	Saxon	6149	6730	581
017C	Saxon	6916	7302	386
015A	Abbey	11195	9389	-1806
017A	Saxon	10303	13853	3550
016A	Castle	17155	15595	-1560
015B	Abbey	16762	16366	-396
017B	Saxon	15475	18067	2592
016B	Guildhall	21648	24600	2952
016F	Guildhall	30508	26425	-4083
016D	Guildhall	26800	26831	31
016C	Guildhall	27694	27062	-632
016E	Guildhall	30848	27353	-3495

In relation to income deprivation many of the LSOA are considered to be experiencing much higher levels than they were in 2007. The 015C and 017D areas are those where income deprivation is most prevalent.

Table 6: Employment (2007 – 2010 comparison)

		Employment	Employment	Difference
LSOA	Ward	2007	2010	+ / -
015C	Abbey	3705	1914	-1791
017C	Saxon	9864	6001	-3863
017D	Saxon	8573	6401	-2172
017E	Saxon	10555	7838	-2717
015A	Abbey	10800	9132	-1668
017A	Saxon	12056	10333	-1723
016A	Castle	14858	11391	-3467
017B	Saxon	17271	12948	-4323
015B	Abbey	18746	13583	-5163
016B	Guildhall	25010	21734	-3276
016E	Guildhall	27686	25025	-2661
016F	Guildhall	28292	25911	-2381
016D	Guildhall	28540	27006	-1534
016C	Guildhall	28416	28047	-369

All of the LSOA within Thetford are ranked as being more deprived in 2010 than they were in 2007 in relation to the employment indicator.

Table 7: Education Skills and Training (2007 – 2010 comparison)

		Education Skills and Training	Education Skills and Training	Difference
LSOA	Ward	2007	2010	+ / -
015C	Abbey	330	201	-129
017E	Saxon	1669	1663	-6
017C	Saxon	2003	2119	116
017D	Saxon	3157	2576	-581
015A	Abbey	4103	3756	-347
017A	Saxon	4949	5048	99
015B	Abbey	5686	6411	725
016E	Guildhall	8901	8709	-192
016F	Guildhall	8693	10816	2123
016C	Guildhall	13423	11216	-2207
016B	Guildhall	12395	12057	-338
017B	Saxon	12473	12070	-403
016A	Castle	12929	13389	460
016D	Guildhall	14154	14894	740

There are four LSOA within the bottom 10% of the country in relation to the education, skills and training indicator. Again, the 015C area is the most deprived in relation to this indicator, but three of the LSOA within the Saxon ward also experience high levels of deprivation in relation to education levels.

Table 8: Barriers to Housing and Services (2007 – 2010 comparison)

		Barriers To Housing and Services	Barriers To Housing and Services	Difference
LSOA	Ward	2007	2010	+ / -
016C	Guildhall	5033	6779	1746
016D	Guildhall	6599	8502	1903
016E	Guildhall	9016	9449	433
017A	Saxon	13715	10449	-3266
017E	Saxon	14014	11355	-2659
015B	Abbey	10442	13880	3438
016F	Guildhall	30360	18088	-12272
015C	Abbey	21794	19205	-2589
016B	Guildhall	24177	20890	-3287
017B	Saxon	25578	23205	-2373
015A	Abbey	25763	25488	-275
017D	Saxon	29008	25873	-3135
017C	Saxon	28012	26234	-1778
016A	Castle	31016	30348	-668

The IMD demonstrates that Thetford residents experience fewer barriers to housing and services in relation to the country as a whole. However, there are three areas within the Guildhall ward where the ranking is within the bottom 30% of the country.

Table 9: Crime (2007 – 2010 comparison)

		Crime	Crime	Difference
LSOA	Ward	2007	2010	+ / -
015C	Abbey	426	8153	7727
017A	Saxon	1875	10193	8318
016A	Castle	8933	12112	3179
017C	Saxon	4202	13486	9284
017E	Saxon	6889	16152	9263
017D	Saxon	8174	16578	8404
015A	Abbey	4195	19901	15706
017B	Saxon	17750	22354	4604
016B	Guildhall	17579	23043	5464
015B	Abbey	9418	28099	18681
016C	Guildhall	22998	30403	7405
016E	Guildhall	14115	31461	17346
016D	Guildhall	31621	31914	293
016F	Guildhall	28636	31998	3362

With reference to crime, all of the LSOA in Thetford are considered to be less deprived than they were in 2007. The 015C area which was within the bottom 10% of the country in 2007, is shown in 2010 to be improved in relation to the

indicator. However, it should be acknowledged that these statistics may not necessarily evidence the level of crime reduction within the town.

Table 10: Living Environment (2007 – 2010 comparison)

		Living Environment	Living Environment	Difference
LSOA	Ward	2007	2010	+ / -
017E	Saxon	20543	17743	-2800
015A	Abbey	26159	18051	-8108
016B	Guildhall	25547	18490	-7057
016A	Guildhall	18481	18737	256
016E	Guildhall	25601	22054	-3547
017A	Saxon	26724	22536	-4188
017C	Saxon	27151	22725	-4426
016D	Guildhall	23033	23581	548
017D	Saxon	29075	24952	-4123
016F	Guildhall	25915	24956	-959
015B	Abbey	31048	25324	-5724
017B	Saxon	29568	29136	-432
015C	Abbey	32273	29408	-2865
016C	Guildhall	31735	31614	-121

In terms of the living environment indicator, it can be seen that Thetford residents experience relatively low levels of deprivation in the context of the lived environment

Lifestyle and Social Grade Data

Table 11: Acorn Lifestyle Data (2008)

Acorn Lifestyle (2008)	Thetford-Abbey	Thetford-Castle	Thetford-Guildhall	Thetford-Saxon	Norfolk
Category 1 and 2 - % well off	5.65	24.26	19.04	20.13	-
Category 3 and 4 - Comfortably off	50.94	75.74	78.21	42.31	-
Category 5 - Hard Pressed	43.41	0	2.75	37.56	16.03
% struggling families	38.24	-	-	26.1	9.84
% burdened singles	5.18	-	2.75	11.47	3.73

Source – CACI (2008) please note that for some areas, i.e. categories 1-5 no source data is provided.

The data above shows that the Abbey and Saxon wards experience a higher proportion of the population classified within the 'hard-pressed' category (than the Norfolk average), further enhancing the IMD 2010 deprivation data. This data set shows that there are a higher proportion of 'struggling families' within the Abbey

ward, with deprivation affecting single people being more prevalent in Saxon ward. Similarly, the data from the 2001 Census shown below, highlights differences in social grade across the wards.

Table 12: Approximated Social Grade (%)

Approximated Social Grade (Census 2001) %	Thetford-Abbey	Thetford-Castle	Thetford-Guildhall	Thetford-Saxon	Breckland
All People Aged 16 and over in Households	3,758	1,612	5,254	5,697	95,638
AB: Higher and intermediate managerial / administrative / professional	9.2	14.1	17.6	12.9	16.9
C1: Supervisory, clerical, junior managerial / administrative / professional	19.5	30.0	28.2	22.3	28.1
C2: Skilled manual workers	22.7	18.0	25.4	19.8	20.8
D: Semi-skilled and unskilled manual workers	31.5	19.3	19.9	26.8	17.4
E: On state benefit, unemployed, lowest grade workers	17.2	18.7	8.9	18.3	16.9

Source: Census 2001 *data available at ward and county levels only.

Health Indicators

Child Height / Weight

Norfolk PCT data for the school year 2008 – 2009 shows the prevalence of obese and overweight children within reception year (4 – 5 year olds) and Year 6 (10 – 11 year olds).

Table 13 overleaf shows the combined rates of obesity and overweight amongst children in reception year, and year 6. These are the two school years in which children are measured as part of the Child Height Weight Survey carried out by NHS Norfolk. Comparing the overall rates, Thetford has a very similar rate to Norfolk. 27.55% of children measured in Thetford were classified being either overweight or obese, compared to the average figure of 27.69% for Norfolk as a whole. However, the figures relating specifically to obesity show that Thetford has a higher rate of 17.13% compared to the Norfolk average of 13.58%.

Table 13: Child Height / Weight (Reception (R) and Year 6 (Y6) combined) by ward

	Abbey	Guildhall / Castle	Saxon	Thetford	Norfolk
All Children R and Y6	133	150	149	432	14631
% overweight or obese	27.07%	28.00%	27.52%	27.55%	27.69%
% obese	16.54%	20.00%	14.77%	17.13%	13.58%
% overweight	10.53%	8.00%	12.75%	10.42%	14.11%
% normal	72.93%	72.00%	72.48%	72.45%	72.31%

In terms of the overall rate of obesity and overweight amongst reception year children, the data in Table 14, shows that Thetford as a whole has a lower rate (21.68%) than the Norfolk average of 22.53%. However, the obesity rate is higher at 10.18% when compared to the Norfolk average of 8.91%, with each of the Thetford wards having obesity levels above the Norfolk average.

Table 14: Child Height / Weight (Reception)

	Abbey	Guildhall / Castle	Saxon	Thetford	Norfolk
All Children R	73	78	75	226	7146
% overweight or obese	20.55%	20.51%	24.00%	21.68%	22.53%
% obese	9.59%	10.26%	10.67%	10.18%	8.91%
% overweight	10.96%	10.26%	13.33%	11.5%	13.62%
% normal	79.45%	79.49%	76.00%	78.32%	77.47%

For children in Year 6, the overall percentage of those classified as being overweight or obese for Thetford was 33.98% compared with the Norfolk average of 32.61%. The obesity level for children in Year 6 is noticeably higher at 24.76% for Thetford, compared with 18.04% for Norfolk. The obesity rates are particularly high for children living in the Abbey and Guildhall / Castle wards.

Table 15: Child Height / Weight (Year 6)

	Abbey	Guildhall / Castle	Saxon	Thetford	Norfolk
All Children Y6	60	72	74	206	7146
% overweight or obese	35.00%	36.11%	31.08%	33.98%	32.61%
% obese	25.00%	30.56%	18.92%	24.76%	18.04%
% overweight	10.00%	5.56%	12.16%	9.22%	14.58%
% normal	65.00%	63.89%	68.92%	66.02%	67.39%

Source: 2008-2009 Child Height Weight Survey NHS Norfolk - Great Yarmouth and Waveney PCT - Childrens Services (NCC)

Healthy Lifestyles

Estimated data for the Thetford wards suggests that smoking rates are higher than in the Breckland area as a whole in Abbey and Saxon wards. Similarly, binge drinking was estimated to be higher than the Breckland area in all wards. Adult obesity levels were estimated to be higher than the Breckland average in Abbey and Saxon, but lower in Guildhall and Castle. The estimate for the consumption of fruit and vegetables was again lower than the Breckland average in all wards, but particularly within the Abbey and Saxon wards. Although this data source is based on estimates, it highlights some of the key issues around healthy lifestyle choices within Thetford town.

Table 16: Model Based Estimates

Model Based Estimate (by SOA 2003 - 2005)	Abbey	Guildhall / Castle	Saxon	Breckland
Model Based Estimate for Smoking Adults	38.5	23.6	33	23.7
Model Based Estimate for Binge Drinking	18.9	16.8	18.6	15.2
Model Based Estimate for Obesity	30.1	27.6	31.1	29.1
Model Based Estimate for Consumption of Fruit and Vegetables	19.3	24.8	20.1	25.5

Source: The NHS Information Centre for health and social care (NHS Norfolk FY 08-09)

Approximated social grade data for Norfolk:

Population 636,125 (Census 2001)

18.1%	AB
29.1%	C1
17.8%	C2
17.2%	D
17.9%	E
100%	

Life Expectancy Data

	Male life expectancy at birth (years)	Female life expectancy at birth (years)
Breckland	79.7	83.1
Broadland	79.7	83.1
Great Yarmouth	77.7	81.8
Kings Lynn	79.3	82.8
North Norfolk	79.3	84.6
Norwich	77.7	83.2
South Norfolk	80.3	83.3
East of England	79.3	83.0
England	78.3	82.3

Source: ONS

Thetford Healthy Town



Findings

Chapter 4

4. Key Findings

4.1 Analysis of Community Health and Lifestyle Survey and community consultations.

A Community Health and Lifestyle Survey⁴⁹ was designed by PRS to build on the study undertaken by the UEA (2010) in developing a profile of self reported perceived health need and to retrospectively assess the impact and awareness of the Healthy Town programme amongst the residents of Thetford. The rationale was to provide baseline evidence to support the development of the health check process, and to support earlier evaluation findings that had been gathered from activities and events held by the programme, street surveys and door knocking techniques. The peer researchers assisted in the design of research instruments and tools, bringing an insider perspective that helped to generate a fuller understanding of the topic data collection. In the design questions were included that had been used in our previous consultations however additional questions were added to explore health needs. The survey was mostly quantitative supported by qualitative comments that substantiated the more statistical data.

Surveys were sent out to all households in Thetford through a variety of methods, including the local free press, and the THT newsletter. There was a very low response rate to this method and discussions were held with the programme team and an agreement made that the THT team would access survey responses from local residents attending health and community centres. It was agreed that a sample of 500 responses would be analysed. However 321 completed surveys returned for analysis.

The analysis of the Community Health and Lifestyle Survey was contrasted with data collected at other points in the evaluation process where similar questions were used to gain an understanding of the impact and behaviour change of

⁴⁹ Questionnaire for data collection 1st stage evaluation
<http://www.thetfordhealthytown.co.uk/forms/Adult%20Questionnaire%20FINALPDF.pdf>

people accessing or not accessing THT. The total sample of people interviewed and surveyed over the life of the evaluation was 550 evidence was collected from feedback forms from people attending activities and events facilitated by the team.

Physical activity

The Community Health and Lifestyle Survey showed that the majority of people engaged with some level of physical activity. The most popular type of activities were walking and gardening, followed by swimming, dancing, cycling, jogging / running, gym sessions and yoga classes. 20 (6.2%) people did not take part in physical activity. Similar findings were recorded from the participants interviewed over the research process. The most popular type of activities reported across all the participants was walking and gardening. There was similar responses across genders, although more males were likely not to participate in any activity.

Satisfaction with level of physical activity

Across all sources there was a sense that most people were satisfied with their current level of physical activity. There were some participants who could not engage in physical activity due to ill health or injury:

“I want to be more active but I am unable to walk without pain”

“I am suffering from spinal injuries”,

“leg problems reduce activity”

However all those who mentioned having health problems also commented that they would like to engage in increased physical activity but seemed unclear about how to go about this.

“ I wish I could do some type of exercise but what can I do?”

“who provides classes for people who are like me with this disability I would love to do it but don’t know where to start”

The participants in the Community Health and Lifestyle Survey were mostly happy with their levels of activity but other across data sources it was found that some people were unhappy with their levels of physical activity and commented that being overweight was prohibitive to engaging with any form of exercise.

“I’m overweight and I don’t have time to resolve the issue”

“I am too fat to do exercise due to digestive problems”

“I am overweight but I am now on a slimming world plan”

“I could do more but I am pregnant and unsure what”

“I have spinal problems in the 4th and 5th vertebrae and don’t know what I can do”

Those who were unhappy about the level of physical activity would like to “do more exercise” However for some there were barriers that included, lack of motivation, time constraints and enthusiasm and cost.

”need to get motivated”.

“lack of time and enthusiasm”

”never enough time in the day

”still a bit lazy”

“It’s so expensive to pay for exercise classes, I can’t afford”

Smoking

Within the Community Health and Lifestyle Survey a high number of participants 269 (83.8%) were non-smokers, with 48 (15%) smoking. There were 4 (1.2%) this compared similarly with participants interviewed as part of the research. It was found across all data sources that smoking rates were higher amongst the older age groups. The most regular smokers in the sample were noted as smoking on average between 6 and 10 cigarettes per day.

Alcohol Consumption

The analysis of data from the Community Health and Lifestyle demonstrated that out of the sample 139 (43.3%) respondents did not consume alcohol, 177 (55.1%) consumed at least 1 unit of alcohol per week. In the consultations carried out by interview and doorstep technique many people did not respond to this question.

Fruit and Vegetables

In the Community Health and Lifestyle Survey it was found that the majority of respondents ate fruit and vegetables each day. However this was not always the case with the sample interviewed in community consultations, street interviews and doorstep techniques where it was found that people recorded attempting to consume the recommended five portions per day but faced challenges such as cost, availability and in some cases preference.

“ I try to eat the 5 a day that they say but its expensive , well veggies are , you know with food going up in the shops I can see how much I would need to have to eat fruit every day”

“its not always easy to get fruit and vegetables by the time I get to the shops its usually all gone, I do try on the markets sometimes but its not readily available”

“ I know that I should but ughh fruit and veg are alright sometimes but I don’t like veg only peas and I am not a fruit lover at all”

Well balanced diet

In the Community Health and Lifestyle Survey it was found that 213 (66.4%) respondents considered that they maintained a well-balanced diet on a regular basis. 76 (23.7%) considered they did sometimes manage to maintain a balanced diet. 22 (6.9%) respondents felt that they did not maintain a well-balanced diet. Interestingly, 8 (2.5%) respondents commented that they were unsure but did not qualify whether they were unsure of maintaining a balanced diet, or the definition of ‘well balanced’ in this context.

The qualitative analysis echoed the quantitative findings that many of the research sample ate healthily choosing to steam and grill food rather than fry food, to eat seeds and decline foods considered as “unhealthy fat”. Respondents also highlighted that they ensured that they took breakfast, identifying it as the main meal of the day in the context of establishing a healthy eating plan. There was some mention of people facing temptation on occasions in terms of takeaway meals and fast food, and the notion that healthy eating is not always the easy option.

However it was found that overall the sample recognised the benefits of healthy lifestyles and the maintenance of a well balanced diet. To endorse this finding, 293 (91.3%) respondents cooked from scratch at least once during the week. 89 (27.7%) of these respondents cooked on seven days of the week.

150 (46.7%) respondents ate at least one ready meal each week, although the most common response was that this occurred on one or two days of the week. 92 (28.7%) respondents reported that they ate at least one take away meal per week, most people who ate takeaway meals had these on one or two occasions. The qualitative analysis echoed the quantitative findings in the context that many of the sample ate healthily, declining in many cases to purchase fast food or takeaway meals on a regular basis,

Consultations held with local residents yielded a slightly different picture in that many of the participants attempted to eat a well balanced diet but to a number of factors felt unable to do so. For example, some people contributed cost and time as reasons that they missed meals or ate take a way meals three to four times per week. Some participants considered that they did eat a balanced diet including processed and ready meals that were considered “*to be healthy and time friendly*”.

Active travel

Over half of the sample across all data sources used “active travel” to access work or take children to school. Active travel defined included walking, cycling, and for some the use of a car was considered to active travel. In the Community Health and Lifestyle Survey it was found that mostly the participants lived approximately 2 miles from their place of work indicating that most people in the survey were in employment or volunteering. Across all data sources it was found that there was an issue raised about public transport. The issue raised was mainly about the lack of available services but on closer analysis the issue of cost was raised as an inhibitor for some people. As public transport was considered poor in the context of availability many of the sample who had access to cars reported that this was their main method of travel.

“ I have no option than to use the car as you can’t get a bus or train at the times you might need them”

Sedentary Lifestyles - Use of TV, computers, technology

Within the sample of participants in the Community Health and Lifestyle Survey, it was found that 191 (59.5%) respondents spent between 1 and 3 hours of the day watching television, or using a computer or other technology, while 58 (18.1%) people reported they spent 3 – 4 hours, and 46 (14.3%) respondents commented that they spent over 4 hours in these activities. 24 (7.5%) respondents commented that they did not watch television or use computers. 2 respondents chose not to answer the question. In comparison from consultations held in the community it was found that many people considered that they were regular viewers of TV citing soaps such as Coronation Street, Eastenders and Emmerdale as the most watched programmes. In the analysis it was found that on average people watched 3 hours of TV in the day. Some participants commented that they also used technology particularly social networking sites for 2 to 3 hours per evening, some sitting in front of the TV with a laptop. Across the data sources it was found that on average the time reported for children was 1-2 hours per day.

Health status

The results of the Community Health and Lifestyle Survey found that out of 312 responses, it was found that 64 respondents to be 'very good', 153 (47.7%) respondents considered that they had a good rate of health in general. 75 (23.4%) respondents felt that their health was 'fair' whilst 17 (5.3%) respondents felt that their health was 'poor'. 3 (0.9%) respondents considered that their health was 'very poor'.

The three most commonly reported chronic health problems / conditions were high blood pressure, back pain and high cholesterol levels. Community consultations yielded little information about the individual's health status.

However across all data sources and In the qualitative analysis it was found that people considered the way that they could be encouraged to live more healthily drew attention to issues of the need to deliver activities that were affordable in some cases with subsidies, to have more activities provided in the workplace and more physical education opportunities where people could train and develop areas of coaching skills. In addition people believed that childcare provision would offer the opportunity for people to access physical activities and more activities in established community venues, for example the local sports centre.

Health at work

In the Community Health and Lifestyle Survey people were asked about health and wellbeing in the workplace. The analysis found that in terms of supporting health in the workplace and improved wellbeing, 34 (10.6%) respondents had not received any information from their workplace, whilst 29 (9%) respondents had received health information in the form of leaflets. 17 (5.3%) respondents had accessed stress management, 15 (4.7%) respondents had attended well-being sessions, and counselling sessions had been delivered to 10 (3.1%) respondents. The qualitative analysis showed that the provision of activities in the workplace is key to assisting the workforce to become healthier and have overall improved wellbeing (including mental health). This mirrors the findings from consultations held within the community.

Health Improvements

From the Community Health and Lifestyle Survey it was found that 100 (31.2%) respondents commented that they felt their health had improved within the past year, whilst 115 (35.8%) believed this not to be the case. 68 (21.2%) respondents were unsure about improvements to their health, and 2 (0.6%) respondents considered that their health status had remained the same. There were similar findings from the community consultations. The findings were validated by

qualitative analysis. The analysis shows many ways in which people consider their health has improved and recommended ways that the health status of people living and working in Thetford could be improved. It is important that people are informed and enabled to make lifestyle choices that improve wellbeing but there is some confusion about choice.

“I would love to know how to go about choosing what I should do to make me healthier, I don’t have much confidence having suffered depression for many years and I don’t want to join something that makes me stand out. There are lots of choices but sometimes you need help to narrow them down”

When considering what measures could be taken to improve the health of people in Thetford it was found that participants across all data sources considered that increased numbers of people would access services such as the gym if these were less expensive. Cost and lack of transport were key recurring themes in the qualitative analysis.

“exercise classes, gym, or swimming made cheaper, in community centres near where residents live so that you can walk home as taxis are dear and not all people have or can afford cars, buses are threatened with cuts”

It was found from all data sources that there is a need to continue providing health education and health promotion. People commented that they were either becoming aware of, or had been involved in the Thetford Healthy Town programme but that it was considered that many people may not have had the confidence or awareness to access the activities and events. It was considered important that people accessed information about exercise, healthy eating and diet and healthy lifestyle choices.

4.2 Awareness of Thetford Healthy Town (THT)

In the Community Health and Lifestyle Survey it was found that 249 participants out of 321 (77.6%) responses had heard of the Thetford Healthy Town programme, with 67 (20.9%) participants stating they had not. 5 (1.6%) participants chose not to answer the question. Overall and across all data sources it was found that there is a steadily increasing awareness of what the programme delivers in the town. Initially people had seemed to identify with the Change4Life branding but over time people were beginning to identify with the Healthy Town brand. The ways in which people were gaining awareness of the programme were through the newsletter, advertisements, word of mouth and through publicity material handed out at the market place gazebo⁵⁰ (11.8%).

In the qualitative analysis of the survey and previous analysis, respondents drew attention to what they considered was a good way to raise awareness, mainly this focussed on a detailed communication strategy. It was considered that the programme needed to regularly consult with the community to ensure that people were accessing information on a regular basis and that a reciprocal relationship was formed with people informing the programme as to what was needed to ensure that delivery was in response to need.

Involvement in Thetford Healthy Town projects

It was found from the Community Health and Lifestyle Survey that 172 out of 321 of participants reported that they had been involved in the projects of Thetford Healthy Town in some way. The main projects that respondents had participated in were Walking for Health, Dancing, Bike It, Green Ventures Bikes, The Joy of

⁵⁰ a small roofed structure that is screened on all sides, used for outdoor entertaining and dining.

Food, Combat Bootcamp, Balance Mind and Body, Healthy Living Course and Community Supported Gardening, Green Gym, Run in Thetford and META Health.

Non-involvement in Thetford Healthy Town projects

Out of the 321 participants in the survey 93 (29%) people felt that they had been unable to participate in Thetford Healthy Town projects due to lack of time. 49 people (15.3%) felt that this was due to a lack of information, and 41 people (12.8%) highlighted lack of motivation as the key reason. Existing ill health, childcare, lack of confidence and location of activities were also highlighted as barriers.

In the survey data it was found that 129 (16.2%) participants felt that there was nothing extra that Thetford Healthy Town could have done to engage residents in the programme, 37 people (11.5%) felt that there was more that could have been done in terms of advertising and ensuring that residents were part of the delivery planning process. Other responses drew attention to the times that activities took place as an inhibitor to them accessing activities and events. Also it was found that some people had only just moved into the area and would at some point become involved.

Across data sources it was found that people are increasingly engaging with the Thetford Healthy Town Programme. From self reported accounts people are attributing their improved health outcomes to their engagement in the programme. Improvements have been seen in areas such as individuals and families becoming more active, making healthier dietary choices and challenging sedentary lifestyles. The majority of participants consider that with the continuation of the programme and increasing awareness of the programme's outcomes more people will benefit in terms of a healthier lifestyle and improved wellbeing.

4.3 Thetford Healthy Town - Monitoring Summary

The monitoring data tells us more about the numbers of people reached through the programme, the feedback received from the participants in the activities that have been funded by the THT programme also tell us about the contribution the that programme has made in a town facing an increasing population and economic change.

From February 2010 until March 2011, monitoring has been undertaken on each individual project to measure progress against outcomes. This has been via the submission of a monthly project update of progress in the previous month. Data collected included attendance levels at activities including demographic data on participants, feedback from participants and pre / post questionnaires on levels of physical activity from some projects.

The purpose of these project updates was to monitor and measure the uptake of each activity, and to analyse trends in terms of the demographics of service users. Monitoring data was also used to measure progress of those projects which were delivering against agreed targets.

The monitoring data reports have been made available to the Thetford Healthy Town Board on a monthly basis, to enable strategic decisions to be made about where to deploy resources, and to highlight impact as it occurred.

On a quarterly basis, a more detailed demographic analysis of the projects was undertaken; this informed the Department Of Health on progress against targets.

The monitoring data was used by the Healthy Town Programme Manager to undertake a cost-per-head analysis of the individual projects. On a cautionary note, it should be advised that the cost-per-head analysis was indicative of attendance levels at projects, and should not be seen as a measure of the cost-effectiveness of projects in terms of wider health outcomes.

Overall Programme – Take-Up Rates

One of the aims of the Thetford Healthy Town programme was to reach as high a proportion of the Thetford population as possible, and to evidence this through measurement of the uptake of the activities provided through the Programme

Challenges were faced in accessing consistent data from projects, due to issues facing organisations around confidentiality and data protection. Therefore, it has not always been possible to ensure that some duplication has not taken place, relating to individual participation. However, where data has been made available it has been possible to carry out analysis of project take up, which has assisted in measurement of progress against targets.

Overall data summary for THT (January 2010 – March 2011)

The total number of individuals accessing each activity funded through the Thetford Healthy Town programme is shown in Table 22, where an individual participant's personal details have been provided.

Based on the available overall data provided by projects, it is estimated that in total over **6,000** participants⁵¹ have accessed activities provided under the Thetford Healthy Town banner. Additionally, projects whose main focus of work has been within schools have provided estimated figures of numbers of pupils accessing the project.

⁵¹ It is possible that there is some duplication of people accessing services as confidentiality clauses meant that Priory Research Services didn't have all contact details of participants

The data provides a useful overview of the take up of each project. However, due to the differing nature of the projects, and their agreed targets (please see appendices), the data should not be considered on its own to be a measure of impact for individual projects.

Table 22

Project Code	Project Name	Number of participants
B4	BIKE IT *	2315
B6	GROW YOUR OWN GARDENING	30
B6	GROW YOUR OWN GARDENING – SCHOOLS *	350
C3	META HEALTH	1167
C4	GREEN GYM	66
C5	WALKING FOR HEALTH	269
C6	GREEN VENTURES	756
C7	JOY OF FOOD	460
C8 I	HEALTHY LIFESTYLES 7 – 11	11
C8 II	HEALTHY LIFESTYLES 12 – 16	6
C8 III	HEALTHY LIFESTYLES ADULTS	4
C8 IV	RUN IN THETFORD	22
C8 V	GET THETFORD DANCING – Ballroom	111
C8 V	GET THETFORD DANCING – Salsa	12
C8 V	GET THETFORD DANCING – Street	24
C8 VI	CHAIR BASED DANCE	22
C8 VII	1940's DANCE	75
C8 VIII	EXERCISE REFERRAL	138
C8 IX	COMBAT BOOTCAMP	80
C8 X	SALSA (CONTINUATION)	18
C8 XI	FIT 4 LIFE CONNEXIONS	25
C8 XII	BALLROOM (CONTINUATION)	83
Total Participants		6044

Source: Monitoring data provided by THT projects (2010-2011)

Available postcode data show the overall take up of Thetford Healthy Town services as highlighted below:

- **90% of service users** have been from postcodes within the Thetford town area
- **10% of service users** have been from surrounding villages in Norfolk, Suffolk and Cambridgeshire

It has been interesting to note that a number of the Thetford Healthy Town projects have been accessed by participants who were not resident in Thetford.

These tended to be those projects where external providers led the projects, for example Combat Bootcamp, Green Gym and the 1940's dance classes had the higher percentages of attendees from outside of the main Thetford town wards. The ballroom dance classes were also well attended by a number of participants who did not reside in Thetford. This could be due to the lack of availability of such activities for those residents living in more rural areas. However, although participation in the activities was not explicitly advertised solely to Thetford residents, the data shows that the highest rates of take up were from people residing in Thetford town.

The data below shows the percentage of participants from each of the Thetford town wards, based on the overall postcode data provided.

- **34%** of service users from **Abbey ward**
- **33%** of service users from **Saxon ward**
- **26%** of service users from **Guildhall ward**
- **7%** of service users from **Castle ward**

In line with the data that shows Abbey ward to be the most disadvantaged area within Thetford town, it is shown that proportionately, the highest percentage of participants came from the Abbey ward. However, it should be acknowledged that several of the activities have been actively targeted within this area, and venues within the area have also been widely used.

It was found that a key success of the overall programme has been in engaging with residents from the most deprived area of the town. Based on postcode data provided for Thetford wards only, the highest number of individual participants (16.0%) came from the 015C Super Output Area which is shown to be the most deprived within Thetford.

Table 23

Ward	LSOA	%
Abbey	015c	16.0
Abbey	015a	9.7
Saxon	017a	8.4
Abbey	015b	8.3
Saxon	017e	7.7
Castle	016a	7.4
Saxon	017d	7.2
Guildhall	016b	6.6
Guildhall	016c	6.6
Guildhall	016f	5.9
Saxon	017c	4.9
Saxon	017b	4.8
Guildhall	016e	4.2
Guildhall	016d	2.5

Overall take-up of services by gender

Over the wide range of Thetford Healthy Town projects, there was an almost equal split by gender (where data was provided). However, it should be noted that the overall data is skewed slightly by the larger numbers of males accessing the META Health services, and the Green Ventures bike project. For all of the other projects the proportion of female attendees was higher than males, with the exception of the Green Gym project where a slightly higher number of males attended than females. It is assumed that the projects based in schools for which individual data was not provided, worked with similar numbers of males and females.

Overall take-up of services by age group

As mentioned previously, different projects have used different age brackets for their own monitoring purposes, and so it has not been possible to collate wholly comparable data relating to the age group of participants in the overall Thetford Healthy Town programme.

However, the monitoring data shows that the services delivered under the Thetford Healthy Town banner have been accessed by residents across the age ranges. For example, the ballroom dancing and walking projects have been accessed by a higher proportion of those aged over 50, whereas the Joy of Food programme has had a higher proportion of residents from the younger age ranges, due to work in schools and within community settings. A large proportion of the work carried out by the Bike It and Community Supported Growing projects has been undertaken within school settings. It was found that this work has been reported to have been particularly successful within infant and junior schools.

However, issues have been highlighted with regard to working with high schools, for example two high schools which formed the Thetford Academy were going through a transition period to achieve academy status, and this may have hindered the partnership working over the course of the year.

It is estimated that over 2,500 children within the local schools have actively engaged with these projects. Based on an estimated school age population of 3,834 (equivalent to 75% of total 0 – 15 population), this shows that an estimated 65% of children of school age have accessed Thetford Healthy Town activities.

Overall take-up of services by ethnicity

Over the duration of the entire Thetford Healthy Town programme, where individuals ethnicity was stated, **90%** of participants were from White British background, with **5%** from other white ethnic backgrounds, with **5%** from a range of other ethnic groups.

It should be acknowledged that the above data does not specifically take into account the META Health project data. During the course of the programme,

1167 different individuals from non-White British ethnic groups accessed the META Health service providing health information and advice, and also signposting to Thetford Healthy Town projects. **925** of these individuals were residents of Thetford town. However, as reported by the project manager, it has not always followed that META clients have gone on to access other Thetford Healthy Town projects, despite these being promoted. It was felt that over a longer time period, these numbers may have increased, and there were also issues raised during the early stages of the programme around the availability of translated materials. There were however examples highlighted of META clients engaging with other aspects of the programme (Green Ventures, which was led by Keystone Development Trust who also led the META Project, being cited as an example) and these clients are included in the overall figures above.

Community Based Activities

To encourage and enable people to engage in healthier lifestyle choices a number of community based activities were delivered. These were delivered in schools, workplaces, in the community at events, in supermarkets and at the gazebo and included attendance at sports days, carnivals and promotional road shows. In total there were 75 activities and events held between January 2010 and March 2011. At the events and activities the Thetford Healthy Town team delivered health promotion outcomes. There were other activities and events where the team supported other service providers and project leads to deliver health education outputs and outcomes.

4.4 Impact and Outcomes - Thematic analysis

To measure impact and outcomes, qualitative and quantitative methods were used and in some cases triangulation of sources were employed to look at the data from different positions. The analysis was undertaken drawing on existing research, public policy, and outcome measures as set out in the Thetford Healthy Town project plan. The analysis drew from monitoring data, healthy lifestyle survey, interviews with Thetford Healthy Town programme team, individual project leader interviews and end of project reports, the “Our Health, Our Future workshop”, case studies and community consultations.

It was found that there was an identified need to deliver the Healthy Town programme in Thetford. This was evidenced by the high level deprivation in certain areas of the town, as endorsed by the literature, research, and demographic data and in particular the findings from the Community Health Needs Assessment undertaken by the UEA. In line with the findings and recommendations from the UEA needs assessment it was shown that the Thetford Healthy Town programme in its delivery was starting to address some of the reported barriers to access healthy lifestyle choices.

The impact for those delivering the programme outcomes has been shown in the monitoring of the projects, enabling project leads to identify where users of services have benefitted by engaging in activities and events, and the increasing engagement that they have had with the community.

The programme delivery has greatly benefitted from the developing relationship with partners and the shared understanding and vision about *‘ensuring health is fully integrated into the growth plans and regeneration project’*.

It was found that for the community to have consistent and clear information about health education and health promotion there is a need to provide a comprehensive and clear marketing and communication plan. The impact that the Thetford Healthy Town programme has had in this area is shown by the

recognition of the branding and the call for its continued use post the funding of March 2011. The communication through newsletters, media and other available sources has been noted as the way that people gain an awareness and a fuller understanding of what the programme offers to enable local residents (and in particular those who may be most disadvantaged) to access information, advice and guidance. It is shown that there are increased numbers of people across Thetford who are engaging with more physical activities and who report the changes to their lives as a result of the Thetford Healthy Programme (case study analysis and monitoring data).

It has been evidenced that the programme has delivered 'a series of highly visible initiatives on the ground, mostly within existing communities (which are very diverse, with a high migrant population) some building on good practice and other new, not only to encourage healthier lifestyles within existing communities in Thetford but to foster a town wide understanding and commitment to deliver, in the long term rapidly growing and regenerating town with healthy lifestyles at its heart'

The impact of this is shown in the increase in people enjoying healthier lifestyles, the numbers of projects that have been enabled to deliver outcomes both directly and in some cases as a result of a small contribution by the programme, enhancing the success of other interventions, for example the newly established health checks and the health trainers scheme. There is evidence to support the idea that many projects have developed sustainable outcomes with participants starting to contribute to the cost of outcomes themselves, endorsing the notion that people are starting to take ownership and responsibility for their health outcomes. Loosely defined this can be seen to be the delivery of the 'nudge effect' with project leads and the programme team as choice architects.

Another success of the programme is demonstrated by the effective pathways and cross referral routes that have enabled people to develop more positive lifestyles. It was found from case studies that people were recognising the anxiety and psychological distress that often accompany overweight and obesity issues. For a participant accessing the Thetford Healthy Town programme this

was the case. The female participant was 23 years old and commented that she had been overweight since the age of nine years old. It was whilst attending a routine appointment with a nurse (having experienced depression and anxiety) that she learned of the Balance Mind and Body Scheme. The participant commented that she found it difficult to leave her house but that she did go along to discuss her issues with the Balance, Mind, Body Coordinator, finding the right level of advice and support to enable her to engage in accessing and experiencing various exercise sessions. At the time of the evaluation it was discovered that the participant considered that not only has she had the opportunity to access the advice and support to change her lifestyle but that she has been enabled to develop social networks, and making new friends. As one of the assistants commented when talking about the impact that the intervention had on this lady:

“To see someone who comes along on this scheme and see them gain confidence in themselves, whilst having fun and making new friends is fab! Everyone has some sort of stress in their lives and exercise releases ‘feel good hormones”.

In terms of lifestyle change one male participant commented how in November 2009, he weighed 42 stone and had a BMI of 65. Unable to participate in sports with his son and considering he may experience heart problems, he visited his General Practitioner and decided to change his life. On referral to the Thetford Health Trainers (who work closely with the Thetford Healthy Town Programme to encourage healthy lifestyle change) It was found that this participant was supported to build a personal health plan. In consultation goals were set and advice given about the cross referral scheme that could help address issues of overweight and obesity and develop a healthier lifestyle. It was found that the participant has not only addressed the issues facing him and challenging his life but as a result he has now started to inform and teach his children about food and healthy choices:

“I stress to my children how they must eat properly and exercise. We cook together and they love it!”

Following his success at healthy eating the participant engaged in physical exercise classes and in particular the Thetford Healthy Town 'Salsa Dancing' It was found that this participant engaged with physical exercise with as much enthusiasm as for the healthy eating choices he had made. A trainer commented that:

“he has come to be a real star. His effort and commitment have shined to produce a noticeable difference in him in many ways. There are numerous benefits to dancing; fitness, fun, social interaction and confidence boosting and Shaun is proof of all these”! An hour dance class is hard work, but the fun of it all has kept Shaun committed and he is now happy to show off his moves!

The participant commented that as a result of his involvement in the delivery of outcomes from the Thetford Healthy Town programme he has lost 13 stone and considers that before engaging with healthier lifestyle choices:

“I wasn't living a full life; you've got to start somewhere. My attitude to life changed and I stopped feeling sorry for myself. The Health Trainers gave the motivation. You need someone to say 'well done'. I was spending forty-five pence on a packet of crisps, now I've swapped them for carrots - and buy a big bag! I still get the crunch but none of the fat. How are children supposed to learn cooking skills if they see their parents reheating ready-meals? Just stop trying to do it and just do it. Anyone is able to change as long as they want to. It's not realistic to look at quick fixes, think about the long term”.

The impact on smoking and alcohol consumption is less clear although some evidence exists to support the idea that the programme has shown an impact on increasing social networks, challenging social exclusion and contributing to a reduction in mental and emotional issues.

Health checks have been carried out in Thetford in line with public policy to embed health checks as a way to help reduce cardiovascular disease, stroke, diabetes and kidney disease. Thetford Healthy Town funded additional Health

Care Assistants and promoted health checks to increase uptake. Between October 2010 and March 2011 1722 health checks were conducted across two general practices. In one practice, 899 health checks were undertaken, with 97 residents aged between 40-49 years, 269 residents aged between 50-59 years, 250 residents aged 60-69 years and 73 residents aged 70-74 years of age. From a sample of 17 completed health check evaluations it was found that the respondents had become aware of the health checks through letters sent out from the surgery, the Thetford Healthy Town newsletter and by word of mouth.

In 100% of cases the advice given was realistic and considered as extremely useful particularly in relation to healthy lifestyles and BMI. In almost all cases the respondents considered that there was an offer of other services and activities that they would engage with to enhance their health outcomes. The majority of the respondents considered that the health check would benefit their health and wellbeing quite significantly and reported being very satisfied with the service that they had received. In terms of how the service could be improved it was found that there were few responses given, however in cases where respondents commented it was found that they required a continued service with some consideration given to the length of time on the waiting list and the need for late night clinic appointments.

We need to know more about the health needs and outcomes of people living and working in Thetford, which groups are most affected and what the long term impacts will be. Accurately hearing the experiences of local people and the establishing positive relationships in the community takes time, but the findings that we have uncovered show how important it is to dig below the official data and we strongly recommend that the research, evaluation and monitoring we have undertaken should be repeated at regular intervals, for example it would be useful to carry out more case studies over time, tracking changes to people's health behaviour during and after interventions cease. Constructing a profile of health needs in Thetford through secondary analysis of quantitative data publicly available and undertaking qualitative interviews with service providers and local residents could be used to explore emerging themes and identify trends at

service delivery level through interviews with senior managers at service user level with local residents.

Thetford Healthy Town



Conclusion, Lessons learned and Recommendations

Chapter 5

Context

Tackling health inequalities and promoting good health outcomes in the UK are high on the political agenda. The Thetford Healthy Town programme responded to the increasing need to challenge unhealthy lifestyles and poor health outcomes for the increasing population of Thetford (as evidenced by the evaluation findings). This has been demonstrated by the delivery of *‘a series of highly visible initiatives on the ground mostly within existing communities (which are very diverse with a high migrant population)’*.

Research and evaluation

Research carried out by the Keystone Development Trust⁵² discussed the concerns about the health needs of migrant workers sometimes being overlooked or not understood. This is an area that could be looked at closely in terms of cultural needs. However the Thetford Healthy Town evaluation showed that META health was a support mechanism in cross referrals to other agencies. This was beneficial to meeting the needs of a number of migrants however if the programme had been over a longer time it may have been able to respond to greater need.

The community health needs assessment undertaken by the UEA is a detailed piece of research that was instrumental in the analysis of research data collected for the evaluation. However the research carried out by the UEA could have established a baseline position to steer the programme outcomes and to help in spatial planning if the research had been able to collate more statistical data and the publication date been earlier in the lifespan of the programme. A detailed health needs assessment potentially could be undertaken building on the one produced by the UEA to assist in identifying the health needs of an increasing and diverse community.

⁵² Alex Collis, Neil Stott & Danielle Ross 'Workers on the move 2 European migrant workers and health in the UK' <http://www.keystonetrust.org.uk/documents/120.pdf>

The monitoring and independent evaluation undertaken by PRS played a key role in assisting the programme to measure progress against outcomes. However if the monitoring and evaluation had been part of the initial planning process the project leads and the programme would have benefitted by standardised systems and a clear steer for the data collection process.

It is important to gather the views of the local community when assessing how a programme is delivering its outcomes. In order to ensure that people are reached who may lack a voice it is important to plan a programme of delivery and an evaluation that is all inclusive. One approach to this is to train peer researchers who bring an 'insider perspective to the research'. Within the evaluation PRS trained a total of five peer researchers who were instrumental in helping to develop a study design that ensured that the research tools and instruments generated a fuller understanding of the data. Further the peer researchers were able to 'spread the word' reaching into the heart of the community in raising the awareness of the evaluation process. However as recognised in the literature there are drawbacks with the involvement of peer researchers in that sometimes they can drop out as competing commitments take place for a number of reasons. In the evaluation it was found that issues such as personal circumstance, employment take up and ill health restricted the involvement of the peer researchers trained.

However the peer researchers expressed that the training and involvement had been of both personal and professional benefit to them. In another study the recruitment of peer researchers would be greatly improved by time spent in groups and at activities and events highlighting the purpose of the training and levels of involvement required. It would prove useful to spend more time and advertising on the recruitment drive for peer researchers and potentially offer payment or incentivise them in some form.

This project does not tell us everything that we need to know about the health needs and outcomes of people living and working in Thetford, which groups are most affected and what the long term impacts will be. Accurately hearing the

experiences of local people takes time and the development of positive relationships but the findings that we have uncovered show how important it is to dig below the official data and we strongly recommend that the research, evaluation and monitoring here be repeated at regular intervals. The construction of a quantitative profile of health needs in Thetford through the secondary analysis of quantitative data publicly available and undertaking qualitative interviews with service providers and local residents could be used to explore emerging themes and identify trends at service delivery level through interviews with senior managers at service user level with local residents.

Delivery of Thetford Healthy Town Programme

The programme delivered its programme outcomes to over 6,000 local residents, reaching over 90% of those living in what is considered a town with areas of high deprivation and poor health outcomes. Thetford Healthy Town had been shown to deliver its objective to deliver highly visible initiatives and it has been demonstrated that the project leads have been instrumental in cross referring their participants to other activities to further enhance both the impact and outcomes on people's health and wellbeing (evidenced by the responses to the evaluation and the case study approach). The Health and Lifestyle Survey and other data sources collated over the lifespan of the programme drew on analysis that showed that many respondents were involved in active and healthy lifestyles and had been involved in some way with the programme. When addressing the issue of health promotion/ education and healthcare provision in the workplace it was found that some respondents had accessed these at varying levels. However in these times of economic downturn and the uncertainty that this causes the programme might explore the option to work in partnership with local businesses to deliver enhanced outcomes to the workforce.

Health Checks play an important role in identifying risk of disease or debilitating illness. It is from these health checks that recommendations are made on how to manage these risks and poor health outcomes. The evaluation found that although the completed evaluation forms (collected by the Thetford Healthy Town programme) were limited due to time factors, that local residents considered they

had impacted on their health and wellbeing. It is considered in the evaluation that if the health check process had been implemented at the start of the programme delivery that increased numbers of people experiencing poor health outcomes, overweight and obesity may have been reached in the designated areas (experiencing the highest levels of disadvantage and deprivation) thus improving health and wellbeing.

The Change4Life social marketing campaign is widely recognised as encouraging people to engage with healthy lifestyle choices. The evaluation has demonstrated that Thetford Healthy Town has delivered four main policy areas, to promote (children's health, healthy food choices, building of physical activity into the lives of children and families, encourage and support people considered to be overweight (obese) to choose healthy lifestyles). Within the lifespan of the programme it has looked to promote and support health at work however more could be done in this area. In addition the programme could develop work in the areas of supporting people around issues of smoking and alcohol.

There is a need to deliver positive health messages through accurate information and a detailed communication strategy. Thetford Healthy Town has been applauded for its constant source of information that has raised awareness of the importance of healthy lifestyle and its very detailed communication and marketing strategy that has informed the smooth facilitation and delivery of the programme. Further successes have been based on the ability of the programme to develop and nurture relationships with all involved parties, evidenced through the observations of the evaluators who have worked alongside the programme delivering action research outcomes, the project leads' evaluations, and findings from a sustainability workshop.

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Thetford Healthy Town



Appendices

Chapter 6

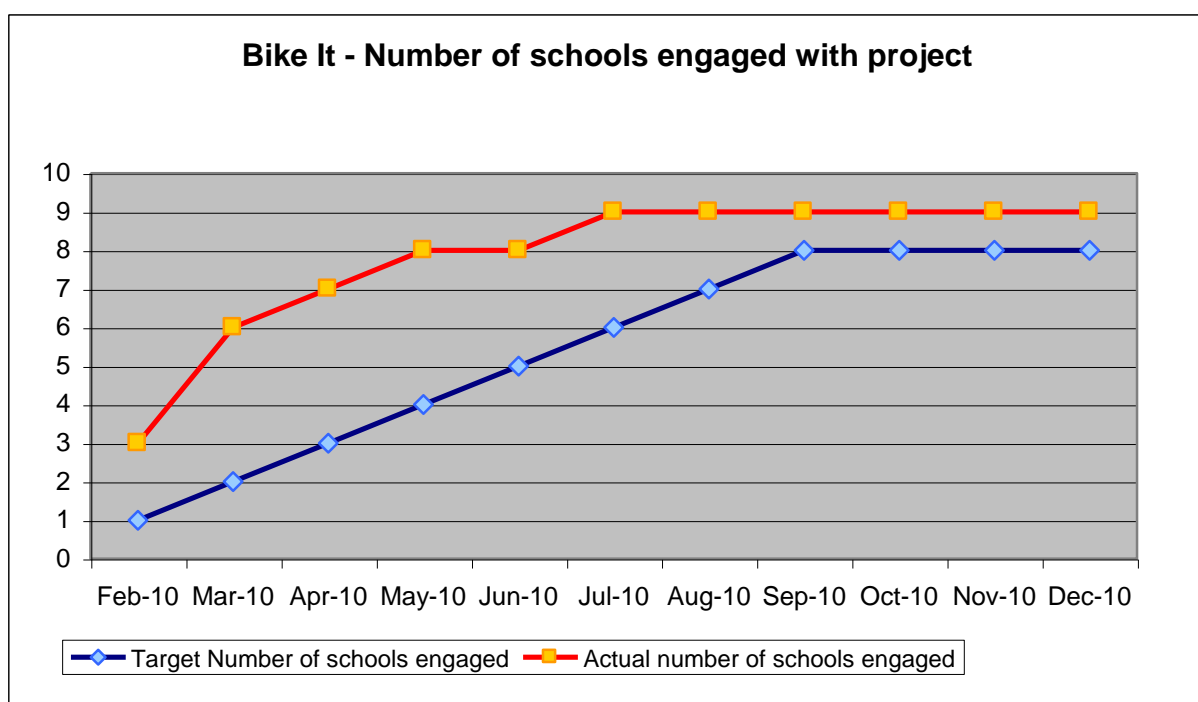
Appendix 1: Individual Project Summaries

The progress of Thetford Healthy Town projects towards achieving individual milestones and targets has been measured on a quarterly basis, and updates have been submitted to the Department of Health via the quarterly monitoring report. This process ensured that the Programme Manager and Board were kept fully up to date with any difficulties projects were having in meeting agreed objectives, and targets around take up rates. The following appendices summarise the progress of individual projects towards agreed objectives where applicable, using data from project update provided over the duration of the programme. It should be acknowledged that some of the contracts or agreements between Thetford Healthy Town and the individual projects did not contain any specific quantitative targets relating to attendance or participation rates. The project summaries below are ordered based on the project code within the overall delivery plan.

PROJECT CODE	PROJECT NAME	PROJECT LEAD PARTNER
B4	BIKE IT	Sustrans
B6	GROW YOUR OWN GARDENING	Norfolk Rural Community Council (NRCC)
C3	META HEALTH	Keystone Development Trust
C4	GREEN GYM	British Trust of Conservation Volunteers (BTCV)
C5	WALKING FOR HEALTH	Norfolk County Council Active Travel
C6	GREEN VENTURES	Keystone Development Trust
C7	JOY OF FOOD	Keystone Development Trust
C8 I	HEALTHY LIFESTYLES 7 - 11	1 Life Consultancy
C8 II	HEALTHY LIFESTYLES 12 - 16	1 Life Consultancy
C8 III	HEALTHY LIFESTYLES ADULTS	1 Life Consultancy
C8 IV	RUN IN THETFORD	Active Norfolk
C8 V	GET THETFORD DANCING - Ballroom	Breckland District Council
C8 V	GET THETFORD DANCING - Salsa	Breckland District Council
C8 V	GET THETFORD DANCING - Street	Breckland District Council
C8 VI	CHAIR BASED DANCE	Thetford Healthy Town
C8 VII	1940's DANCE	Corrine Fulford
C8 VIII	EXERCISE REFERRAL	1 Life Consultancy
C8 IX	COMBAT BOOTCAMP – MILITARY FITNESS	Combat Bootcamp
C8 X	SALSA (CONTINUATION)	Thetford Healthy Town
C8 XI	FIT 4 LIFE CONNEXIONS	Combat Bootcamp
C8 XII	BALLROOM (CONTINUATION)	Thetford Healthy Town

PROJECT CODE B4: ACTIVE & SUSTAINABLE TRANSPORT - BIKE IT

Bike It aimed to engage 8 schools in the project by September 2010; this aim was exceeded before the 2010 school summer holiday, with nine Thetford schools participating. Levels of engagement in the project were higher in those schools where the Bike It 'champion' (usually a member of school staff) was able to commit fully to the project.

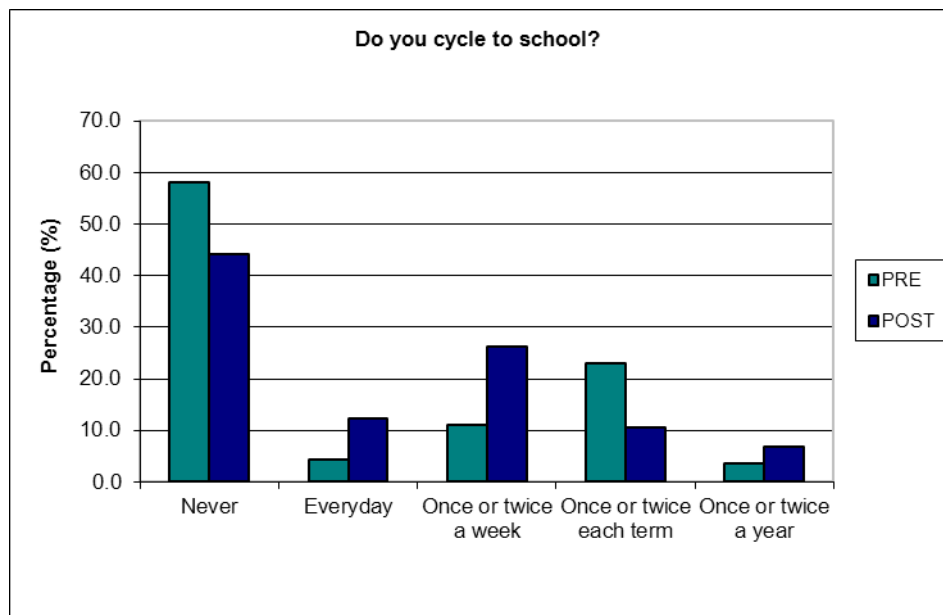


The Bike It project also included a target to deliver a programme of events across Thetford to promote cycling. In response to this a number of led rides have taken place, and many community events including Dr Bike sessions and bike breakfasts and bike picnics have taken place. The numbers attending the led rides were lower than anticipated, and these were not felt to be cost effective, whilst other elements of the project were more successful in promoting cycling.

The project had a target to increase the proportion of those cycling to school by a factor of 2.5. The data provided shows that the percentage of pupils reporting that they never bike to school had dropped from 58% to 42%. The proportion of

pupils cycling to school everyday has increased from 4% to 12%, and those cycling once or twice a week has increased from 11% to 26%. This data relates to schools that have been involved with the Bike It scheme for long enough for pre and post project measurements to be taken, To highlight the success of the community events, at the Norwich Road school 25% of all pupils biked to school on a day when a bike breakfast was held.

Cycling to school levels (pre and post Bike It) –

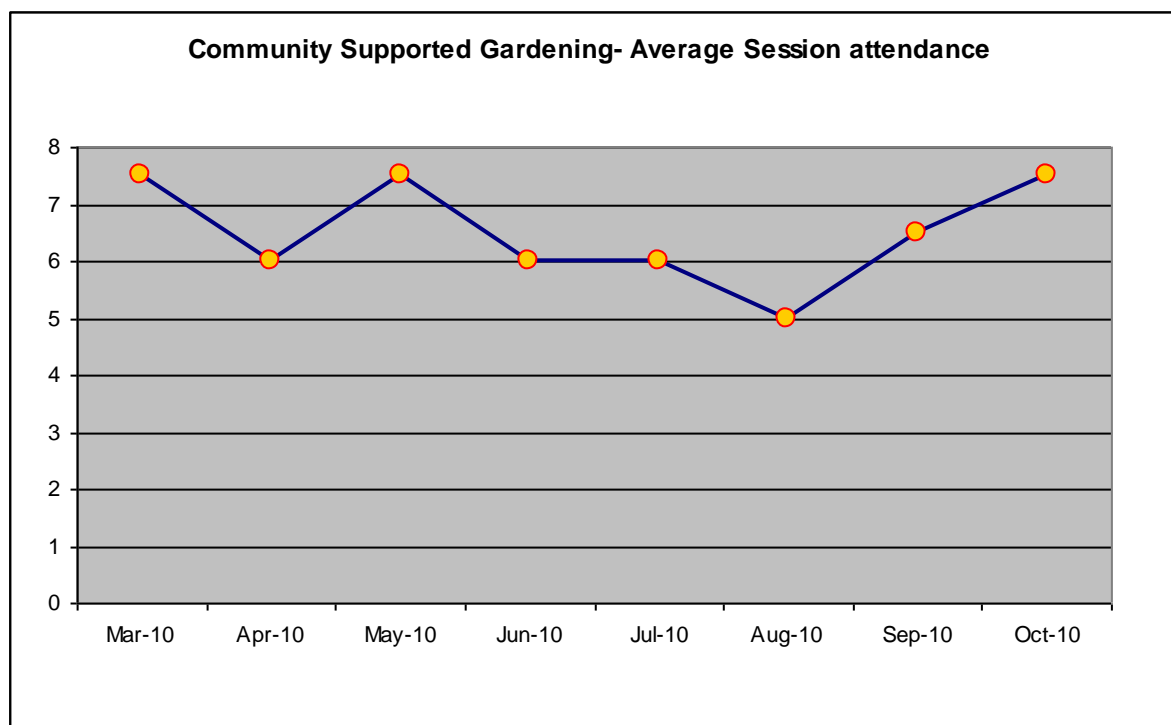


** data relates to Bishops Primary, Drake Infant and Raleigh Infant Schools*

PROJECT CODE B6: COMMUNITY SUPPORTED GARDENING

The Community Supported Gardening project delivered training sessions with adults, during 2010 and the work within schools continued until the end of March 2011.

Weekly adult sessions were held from February to October 2010, and it should be acknowledged that the project began at a time of year when the weather was not suitable for gardening, so sessions were held indoors. The average weekly attendance during each month was consistent throughout the project, with between 5 and 8 people attending on average. In total 30 individuals participated in the project, and one participant was reported to have come off anti-depressants as a result of their attendance, highlighting the potential benefits of physical activity on mental health



The project also worked within school settings, particularly at the Bishop School, where a new garden area and allotment was created. Regular sessions were held in schools during each month, attendance was variable due to issues with

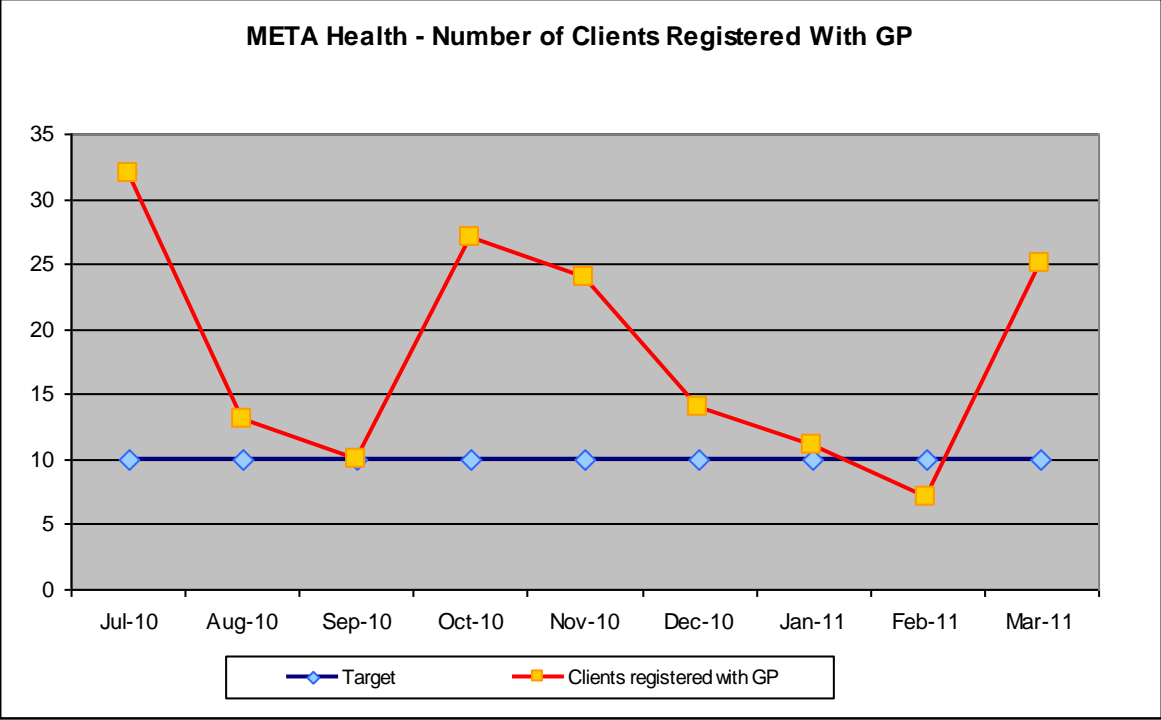
timetabling and the school curriculum. The change to academy status was also reported to have affected the levels of the schools involvement. It was estimated that approximately 300 different children engaged with the project over its duration.

PROJECT CODE C3: META HEALTH

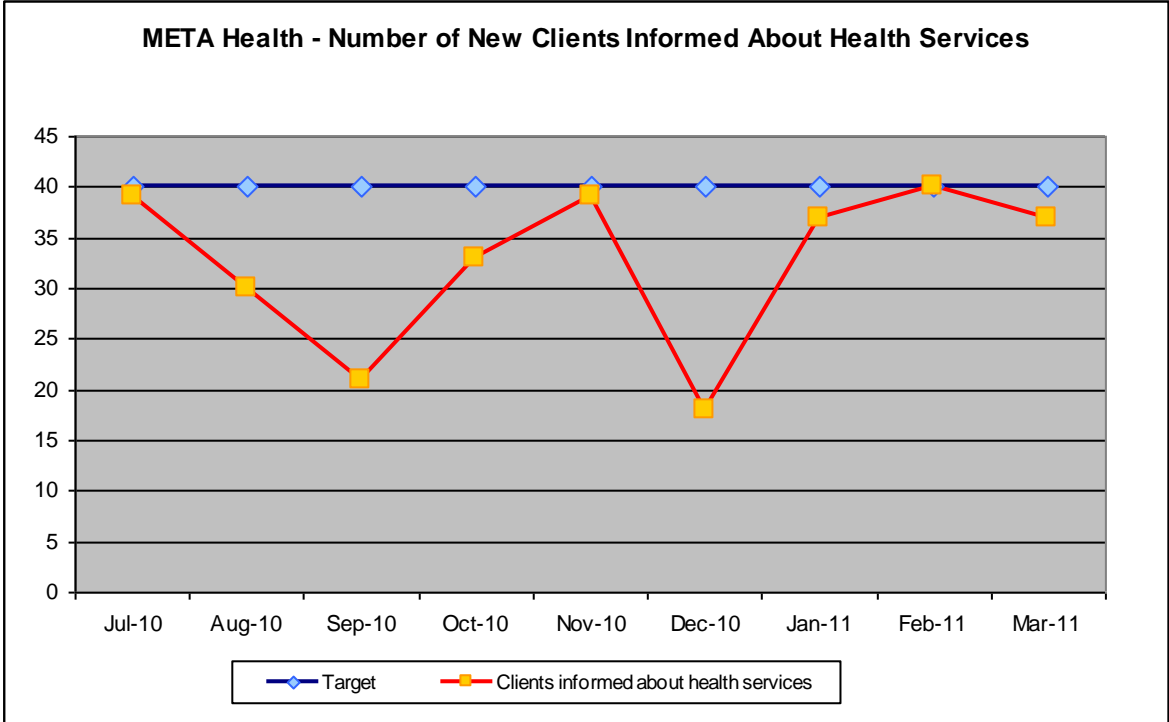
The META Health project had a number of quantitative targets set as part of the delivery plan. The first of these was to deliver 64 hours of open access one stop shop services per month. This target was achieved for each of the months in which the project was funded, with the exception of December when the project opening hours were reduced.

The target of providing information about Thetford Healthy Town services to 10 clients per month was achieved in every month. However, an issue was highlighted around a lack of translated materials being available for all Thetford Healthy Town projects, and it was felt this may have enabled more clients accessing the META service to participate in some of the activities available through the Thetford Healthy Town programme.

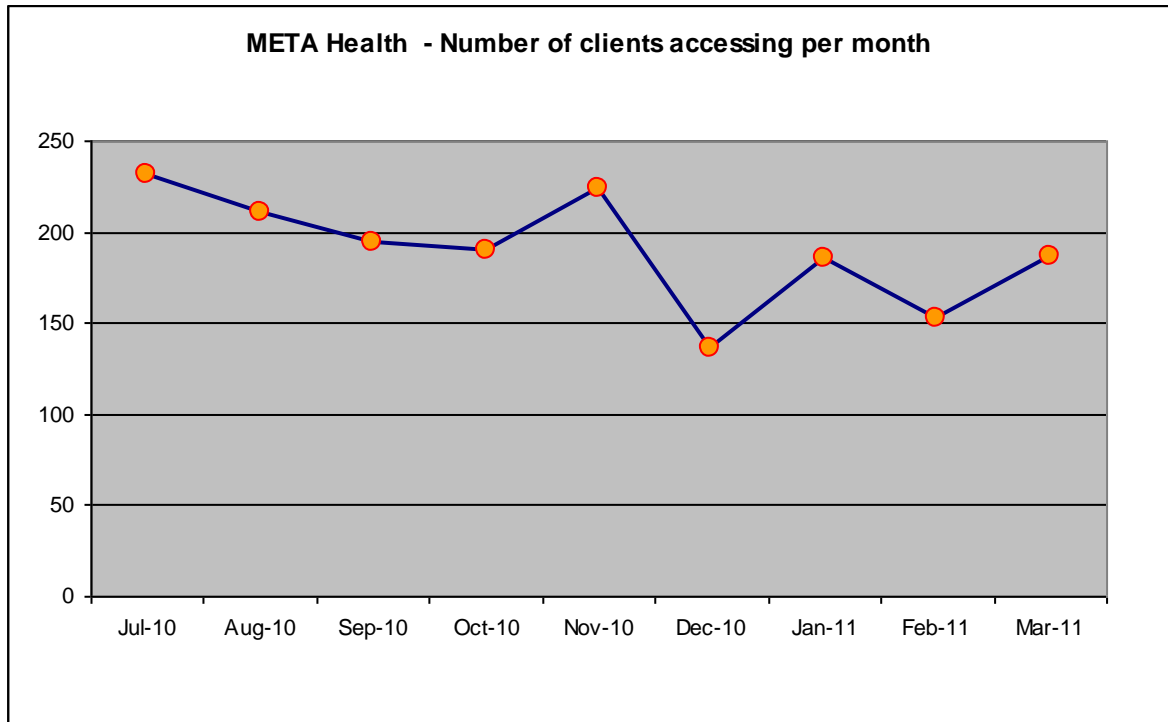
The target to register and advise 10 clients per month about GP's has been met in the majority of months (see graph below).



The target to inform 40 new clients per month about health services was more difficult for the project to achieve, although the numbers were consistently higher in the final quarter of the funding period



Data on the number of clients accessing in each month was provided from July onwards, when the new Project Leader took up post. In total, 1167 different individuals have accessed the project over the funding period.



PROJECT CODE C4: GREEN GYM

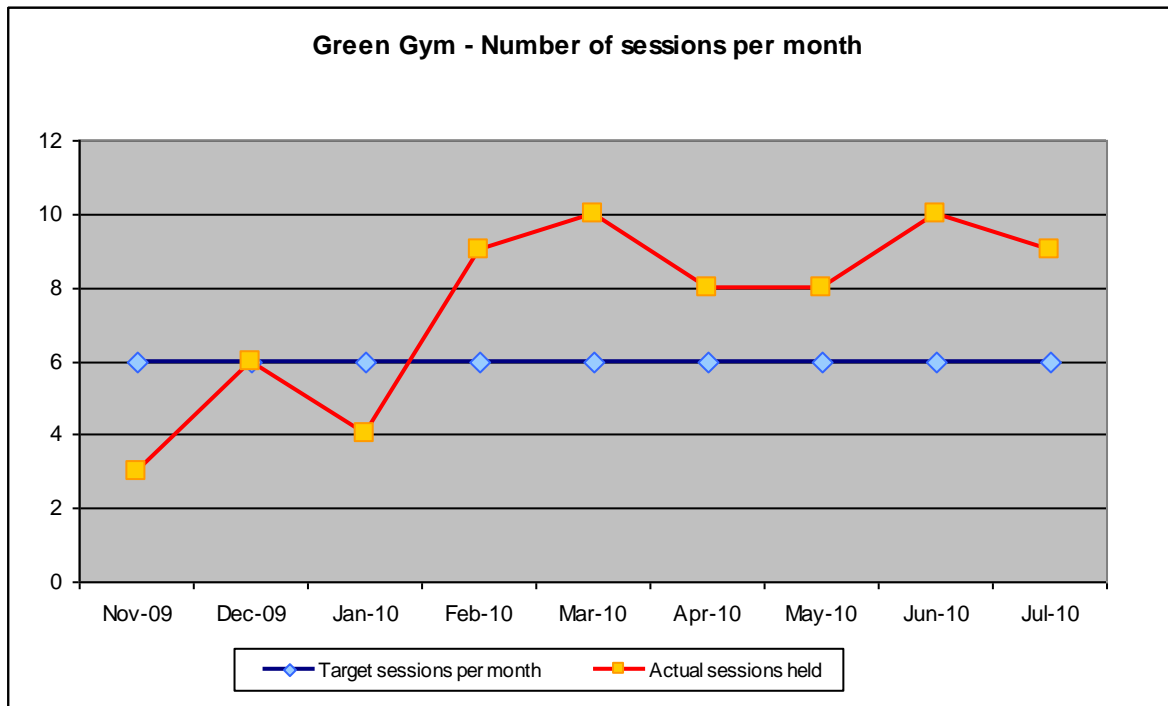
Green Gym involved participants carrying out environmental improvements on local green spaces and food growing on allotments. Green Gyms aimed to increase participants' levels of physical activity and improve their fitness.

Additionally to the physical benefits of the project, there was a social element which aimed to break down barriers, and to bring people together in a common purpose, helping to build community pride.

Although originally planned to run until March 2011, the Green Gym project was funded by the Thetford Healthy Town programme until August 2010. The Green Gym project aimed to deliver 120 sessions over a two-year period; the project

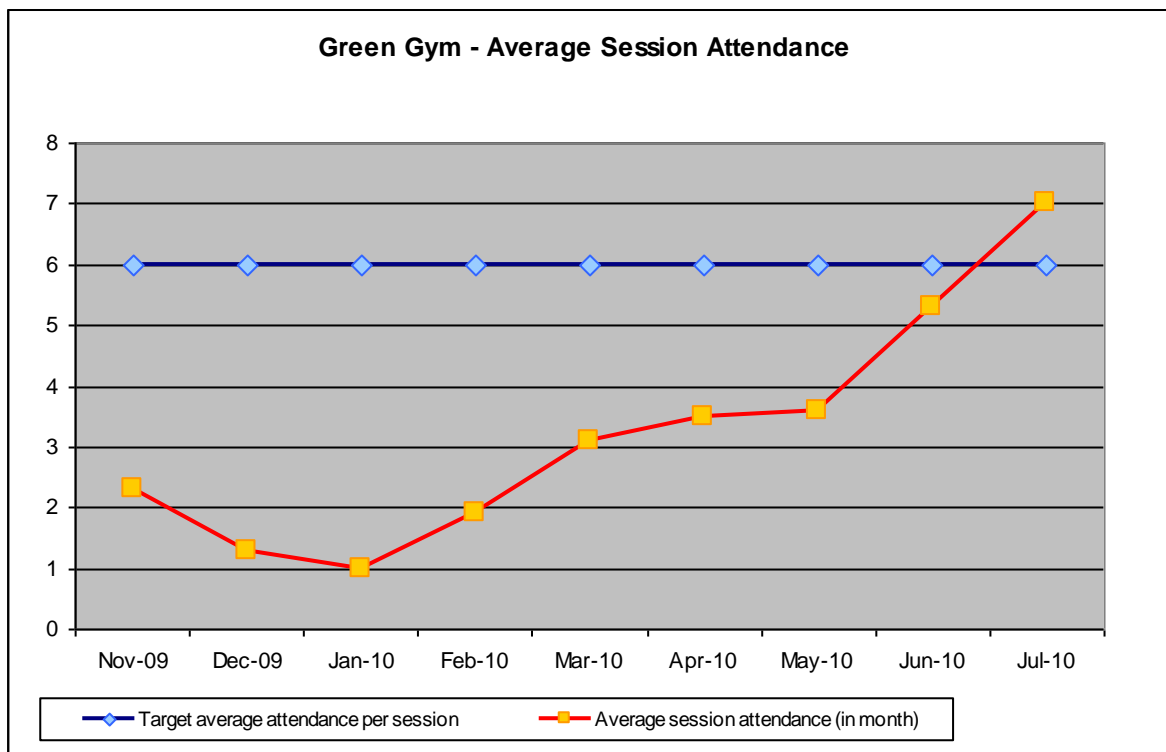
began in November 2009. Up until the end of July 2010 a total of 68 sessions had been delivered as part of the programme.

The Green Gym project had a target to deliver 6 sessions per month, this was achieved as 68 sessions were delivered over a 9 month period from November 2009 to July 2010, equating to an average of 7.5 sessions per month.



The project also aimed to have a total of 40 different individuals accessing and benefiting. In total, 66 different participants were involved in the Green Gym scheme from November 2009 to July 2010. Of these, 6 attended more than ten sessions, and 43 attended either 1 or 2 sessions. The average aim for each Green Gym session was for 6 people to attend. The 68 sessions held saw a combined overall total of 275 attendances meaning an average attendance of 4 people at each session. The project therefore achieved its aim in terms of numbers of people accessing the sessions, but not in terms of the actual sustained levels of attendance.

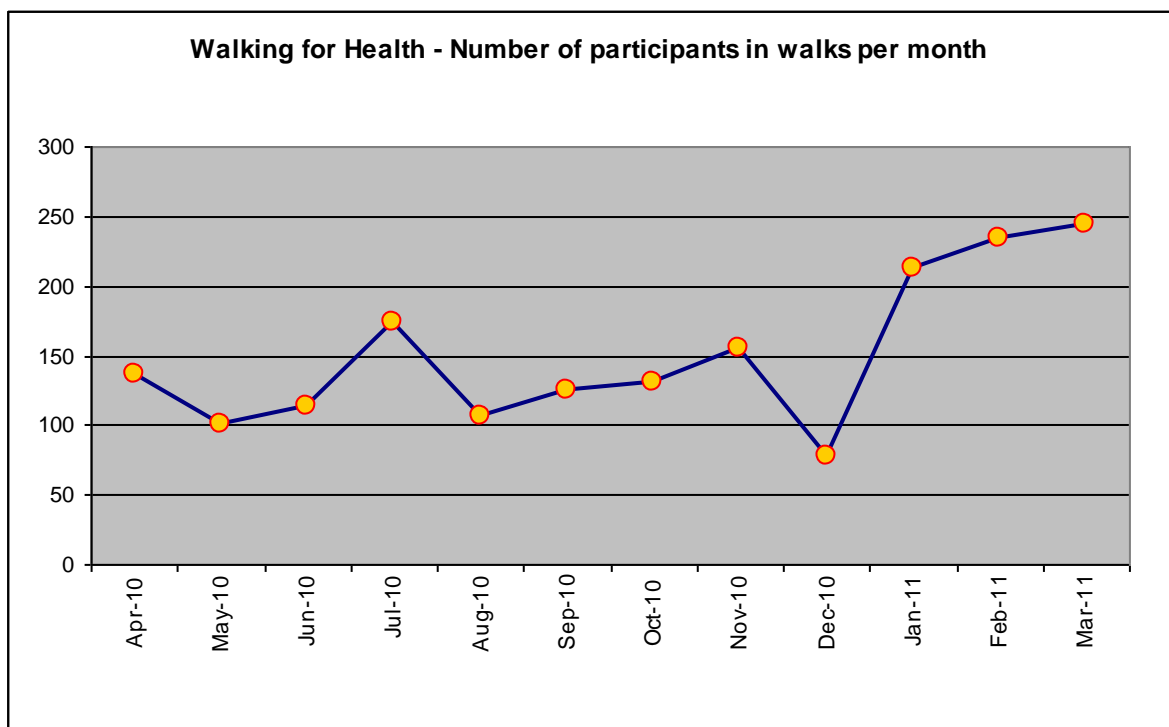
However, the average figure of attendance increased from the lower numbers attending during the winter, to a higher figure in the spring and early summer. This trend may have continued had the project continued. Participants involved in the project were disappointed that the funding was withdrawn; these participants were signposted to other similar opportunities, although it was felt that these other opportunities did not necessarily provide the same type of activity as the Green Gym.



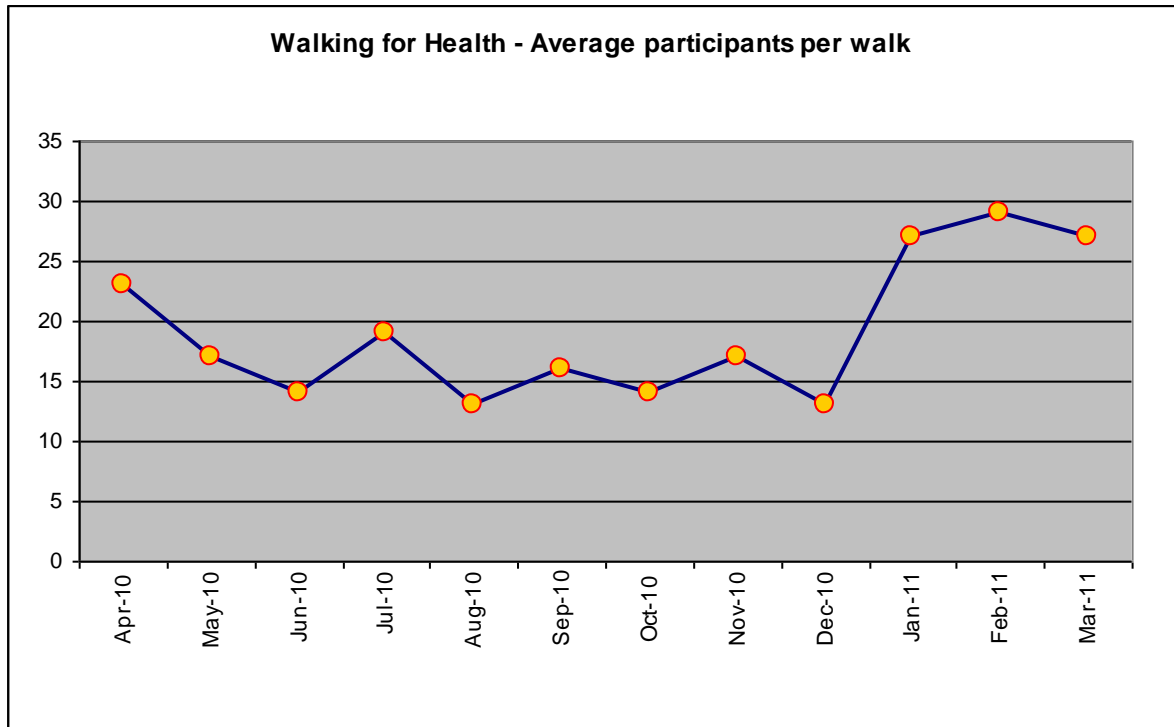
PROJECT CODE C5: WALKING FOR HEALTH

The Walking for Health project led by Norfolk County Council Active Travel, has provided a series of walks in and around the Thetford area. The project sought to provide support and encouragement to those most at risk from being inactive, to achieve a longer-term outcome of a more active population. Alongside the regular walks provided over the duration of the project, during the latter period, a series of Nordic walking classes was introduced.

The number of walks provided during each month has been consistent ranging from 6 to 9 walks per months. Although attendance during the early phase of the project was consistent, the numbers of people participating in the walks showed a notable increase in the January to March 2011 period, with a higher number of individual participants. This peaked during March when 244 people took part in the nine walks provided.



Similarly, there was a higher average attendance at each walk during the January to March 2011 period, with walks in February being attended by an average of 29 participants each walk.



PROJECT CODE C6: GREEN VENTURES BIKES

The Green Ventures Bikes project ran from October 2009 with Thetford Healthy Town funding ending in March 2011. Additional funding has been secured to continue the project from April 2011.

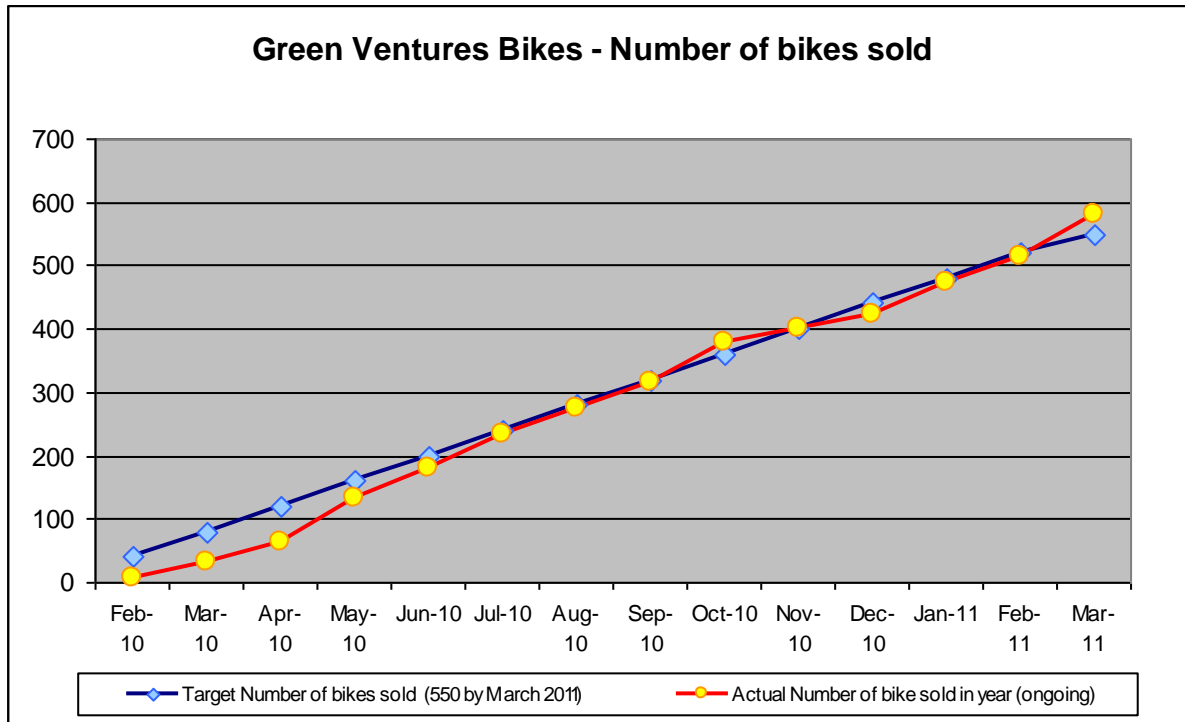
The aim of the project was to keep old and discarded bicycles out of landfill, repairing as many as possible, to put them back on the road in order to support the promotion of cycling and healthy lifestyles across Thetford. The project worked closely with Thetford Healthy Town partners and other service providers to promote cycling in and around Thetford to hard to reach communities, in particular, those who are currently less active, on low incomes and living on the West Thetford estates as well as migrant workers and their families.

Although the project was geared towards local residents, for sustainability it was necessary to generate external business, and so methods such as 'e-bay' were used to increase sales to people living outside of Thetford and the immediate area.

In the longer term, the project aimed to provide cycle training, bike maintenance training and hire of workshop space to further encourage cycling across the area. Although the project leader was in post from October 2009, the initial phase of the project set up took up much of the time. The Green Ventures shop opened in February 2010, and data from the project was received from this point until the end of March 2011.

As part of the original project proposal, targets were in place around the numbers of bikes to be sold on a monthly basis. Over the course of the project, the target was to sell 550 bikes, which has been achieved with 581 bikes sold in total. 11 children were able to receive a free bike under a voucher scheme run in partnership with the Bike It project.

The graph below shows the ongoing number of bikes sold during each month of the evaluation period. A positive feature is that during the month of March 2011, a high number of bikes were sold, suggesting that the project has the potential to be sustainable in the longer term, post Healthy Town funding.



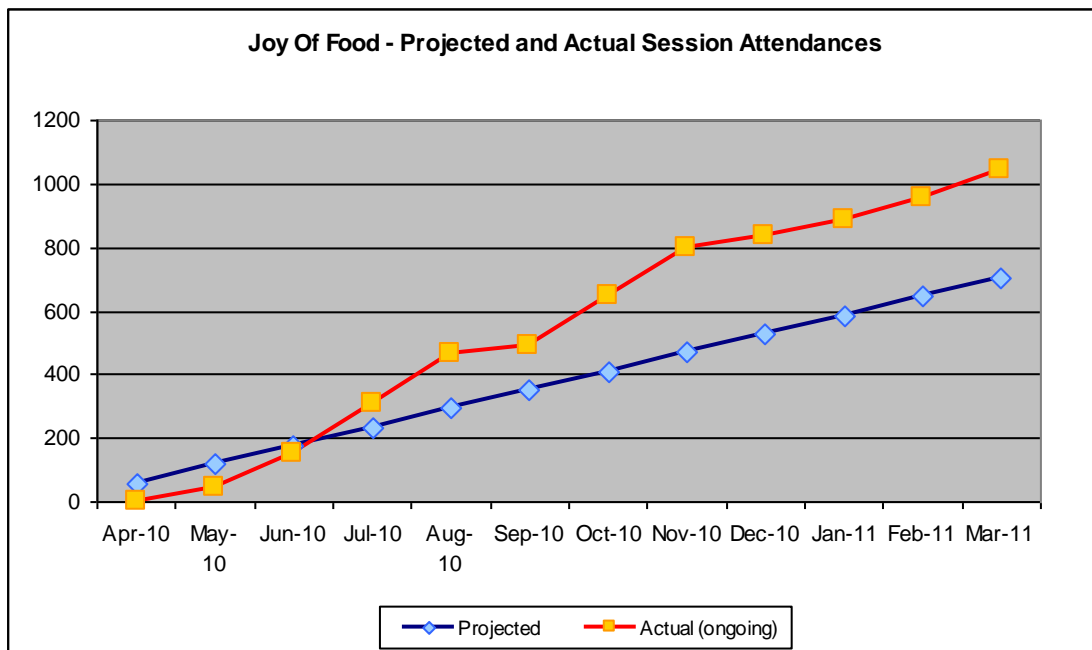
As an additional benefit of the project, over 2000 bikes were collected from household waste recycling centres across the region, and also through cycle amnesty days. These successes in reducing approximate 1500 tonnes of landfill, added to the projects success in an environmental capacity. The project leader feels that focusing alongside recognising the health benefits.

The project has been involved in repairing customer bikes brought into the shop; the shop manager has undertaken training in cycle maintenance. A team of volunteers has been recruited, in order to help break down bikes and aid in the recycling of the core components. Volunteers are now being trained in cycle sales, in order to assist in the shop and meet the rising demand.

PROJECT CODE C7: THE JOY OF FOOD

In terms of project milestones, the Joy of Food had some original targets set which were to run 60 sessions (15 programmes) in year 1 and 88 sessions (22 programmes) in year 2 with a total of 480 and 704 attendances respectively. The project delivered its first programme in August 2009, there was then a gap in delivery of programmes until January 2010. The original milestone was removed as it was seen to be unrealistic to deliver 15 programmes in the first year as no time had been allocated for setting up the project.

Over the course of the project, 24 full programmes were delivered (4 sessions per programme) along with 26 individual day sessions. Based on the data provided, a total of 1,044 session attendances were achieved from April 2010 to March 2011, while 460 different individuals participated in the project.



PROJECT CODE C8 I, II, III: HEALTHY LIFESTYLES COURSE

'1 Life Consultancy' was commissioned to deliver three healthy lifestyle courses over a 10 week period, to three different age groups (7-11 year olds, 12-16 year olds and adults). These courses were completed in April 2010; it was intended that up to 12 participants could take part in each programme. The courses were targeted at the parents and grandparents of children from hard to reach communities, and the majority of attendees were from the Abbey estate.

The sessions aimed to increase levels of children's physical activity and to increase confidence and self belief in less active children. Alongside these aims, the courses also provided an educational element around healthy living and healthy eating. For the older children, the courses also provided improved access to health and exercise sessions. The adult course consisted of a two hour weekly session, divided into two parts. The first part consisted of theory, relevant topics relating to a healthy lifestyle. The second part included a short supervised exercise session (30-45 minutes).

The course aimed at those aged 7 to 11 had a total of 11 attendees over the duration of the 10 weeks, the average attendance for each participant was 7 sessions, whilst the course aimed at those aged 12 to 16 had a total of 6 attendees over the duration of the 10 weeks, the average attendance for each participant was 8 sessions. The course for adults was the least well attended with a total of 4 attendees over the duration of the 10 weeks. Each participant attended an average of 6 sessions.

The adult course resulted in participants adhering to the programme of exercise delivered, but also in participants taking part in additional physical activity. The 12-16 year olds attended various activities and had the opportunity to try indoor cycling, gym, core balls, circuits and boxercise. At the end of the 10 weeks the group invited friends and family into the Abbey Community Centre to show the dance routine they had developed during the course. The courses for the younger age groups highlighted the need to take time to build positive

relationships within the group, and the increased self confidence of participants led to an increased involvement in physical activities.

PROJECT CODE C8 IV: THETFORD BEGINNERS RUNNING

The beginners running sessions delivered by Active Norfolk initially ran from January – March 2010. The initial milestone was to involve up to 20 participants over a 10 week programme and the details of 17 participants were recorded on the registers from the sessions. 8 of these participants were highlighted as being regular attendees at the sessions, with a total of 71 attendances recorded in total (average of 7 participants per session)

As a follow on from the initial sessions, Active Norfolk funded a further 10 week block of sessions to continue on Mondays, these sessions were attended by a core group of 5 participants who continued from the first sessions. An additional Wednesday evening group was set up in May, which five different people accessed

In addition, a participant qualified as a trained running club leader, and this participant co-tutored on the April – June sessions.

PROJECT C8 V, X, XII: GETTING THETFORD DANCING

The Getting Thetford Dancing project was originally delivered in partnership with Breckland District Council, and consisted of a number of taster classes being delivered during the first six months of 2010. These classes included ballroom, salsa and street dance, with one class aimed at younger people. When the initial six month period was completed, further classes were held from the latter part of 2010 until the end of the funding period in March 2011.

Salsa

Salsa classes were delivered as part of a taster programme of dance classes in Thetford, managed by Breckland District Council. A total of 12 participants took part in these with an average weekly attendance of 9, across 5 sessions in total.

As a follow on from the taster sessions, an eight-week programme of salsa dance classes was held during the months of June and July 2010. The average weekly attendance at the classes was 7 people, and 18 different individuals participated in these sessions. The salsa classes were not as well attended by men as the Ballroom and Latin classes, with only two men attending. However, one of the males did attend 7 of the 8 sessions.

Street Dance

Street dance classes were delivered for young people, with 24 participants in total attending these sessions. Again these were delivered as part of the taster programme by Breckland District Council. It was decided not to run any follow up sessions for this element of the taster programme.

Ballroom and Latin

The Ballroom and Latin dancing classes proved to be the most popular element of the Get Thetford Dancing programme. In the first quarter of the programme being delivered (January to March 2010), an average of 48 people attended each

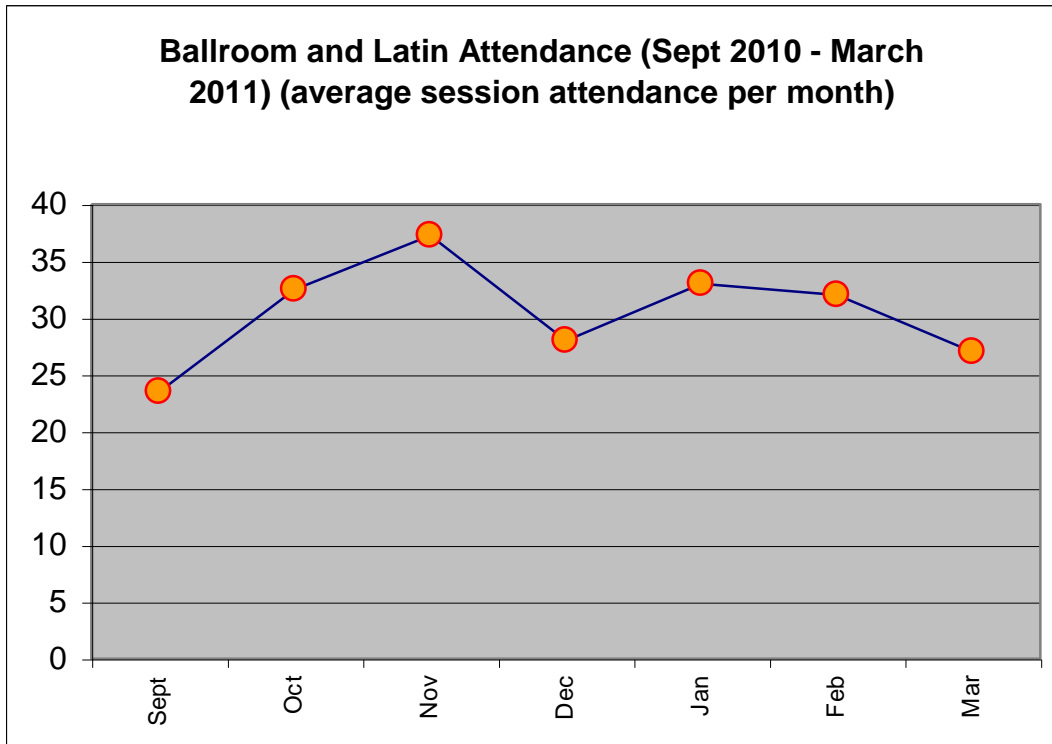
session. The numbers attending each session were similar during April and May 2010, but the average attendance dropped to 34 in June 2010.

The Ballroom and Latin Dancing classes recommenced in September. The classes were delivered on a weekly basis from September until March 2011, and will continue to run privately from April onwards.

Although the majority of attendees to the Ballroom and Latin sessions were female, the number of men attending (and maintaining their involvement) is perhaps higher than might have been expected, and project leaders have highlighted this, as a positive feature of the classes.

Participants in this project reported increased activity levels; a sample of participants completed a snapshot pre and post project survey around the number of days per week they took part in physical activity. The average score at the beginning of the programme was 3.2 days per week; by the time of the final session in March, this had increased to 4.1 days per week, and all participants reported that they had become more active since participating in the classes.

Attendance levels were consistent throughout, with a peak in attendance in November attributed to sessions coinciding with the latter stages of Strictly Come Dancing.



PROJECT CODE C8 VI: CHAIR-BASED DANCE

From October to December 2010, the chair based dance scheme was delivered at two sheltered housing sites in Thetford.

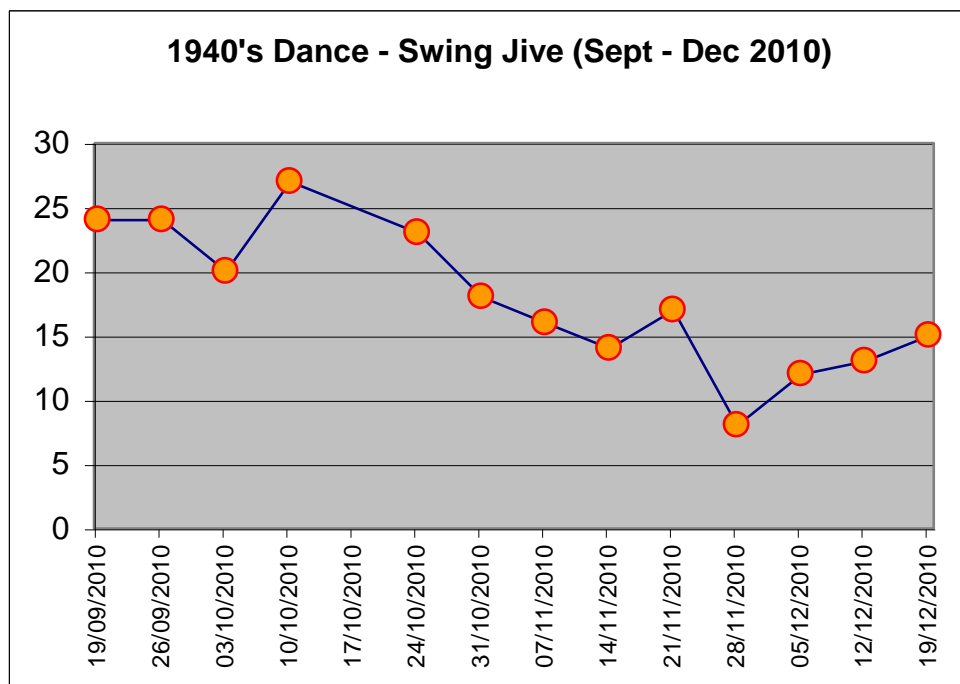
At the session held at the Magdalen Street site in October there were 6 attendees, 5 females and 1 male. At the session held at the Kings Court site in October there were 12 attendees, 11 female and 1 male.

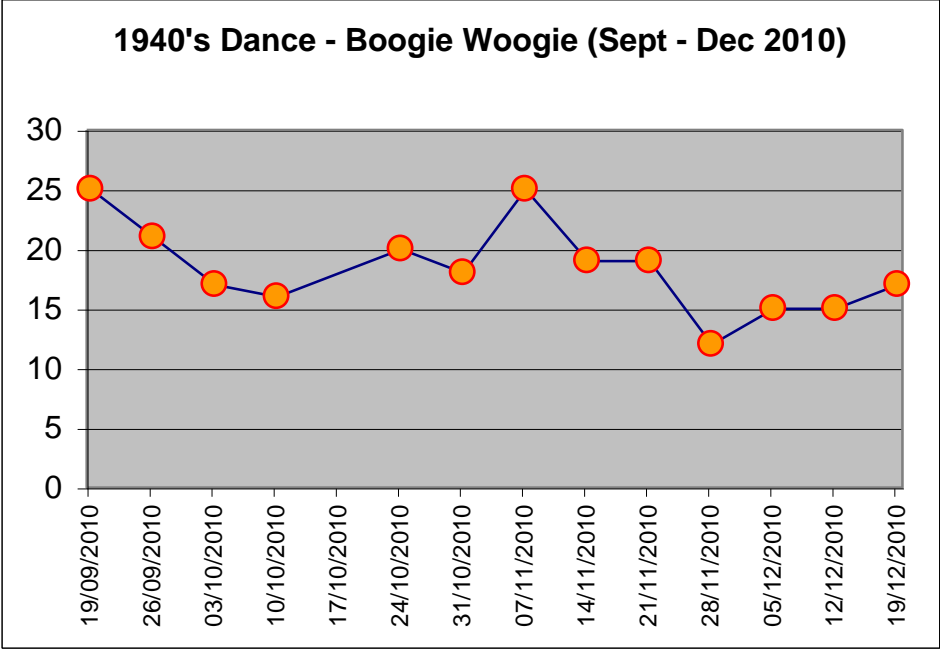
22 people participated over the 2 sessions held in November; 20 females and 2 males. All participants were aged between 65 and 95. Attendance at the sessions was in line with the project target of having between 8 and 12 people at each session.

PROJECT CODE C8 VII: 1940's SWING DANCE

Two dance classes were held as part of the project over a period of 13 weeks, with a one week break in October. A beginners class was held (Swing Jive) and also an intermediate (Boogie Woogie).

In total over the 13 weeks of the project, 37 individuals participated in 239 intermediate sessions, and 48 individuals participated in 231 beginners sessions.





PROJECT CODE C8 VIII: EXERCISE REFERRAL

138 referrals were made to the 'Balance, Mind and Body' exercise referral scheme, delivered over a six month period during 2010. Referrals included a range of health issues such as cardiac risk factors, obesity, weight management, arthritis, low exercise tolerance and general fitness. As a result of these referrals, a number of exercise options were provided for clients, and 45 clients regularly attended sessions over the six month period.

There was a significant interest in clients wishing to attend the gym. It was estimated that over half of those referred expressed an interest in the gym. On average 10-12 clients attended the supervised gym sessions. Additionally, general gym sessions were provided for lower risk clients, which meant that people could attend more sessions at convenient times to them.

Circuit sessions were provided with an average class size of 6-8 clients. This was felt to be a suitable size for one instructor to supervise considering the high risk nature of the clients.

Referrals to Body Conditioning were mainly from women, with a variety of ages and reasons for referral. On average 8-10 clients attended each session.

The evening Pilates class was very popular, on average 10-14 people attended each session. The session was adapted to enable two clients to be able to perform the exercises seated.

A trial seated exercise class was also delivered in local residential homes and over 60's clubs. Attendees also joined in with the circuit group and the exercises were adapted to suit.

PROJECT CODE: C8 IX: COMBAT BOOT CAMP – BRITISH MILITARY FITNESS

The Combat Boot camp military fitness sessions were delivered as part of the Thetford Healthy Town programme from April to July 2010. In this time period, a total of 80 individuals attended a total of 431 sessions, with 15 participants attending 10 or more sessions

Thetford Healthy Town no longer funded the sessions from July 2010

onwards, although the sessions are still delivered and available for residents to access in the area.

PROJECT CODE: C8 XI: COMBAT BOOT CAMP – FIT FOR LIFE

Over a 10 week period from July to September 2010, a total of 25 young people aged 16-19 years old attending the Connexions service as part of the NEET (not in education, employment or training) programme participated in a Combat Boot Camp “Fit for Life” programme aimed at examining their physical and mental approach to life. It was reported that this was a particularly difficult group to work with, due to the participants negative attitude to authority and a lack of focusing on health issues.

Those that attended 80% of the course were promoted through the ranks from Corporal to Admiral by passing certain mile stones.

At the end of the 10 week course, one attendee was offered a job as a result of their positive attitude to the course. Four attendees were also reported to have showed a significant improvement to their fitness levels.

Appendix 2: Take up rates of THT funded projects

Below the tables (number and %), by age group, gender, ethnicity and areas:

Appendix 2.1: Take up rates of THT funded projects by approximate age group (number of participants)

Project code	Project Name	Totals	0 - 18	18 - 30		31 - 40	41 - 50	51 - 60	60+	Not known / provided
B4	BIKE IT	2315*	2315	0		0	0	0	0	0
B6	GROW YOUR OWN GARDENING (SCHOOLS)	350*	350	0		0	0	0	0	0
C3	META HEALTH	1167	0	0		0	0	0	0	1167
C7	JOY OF FOOD	460	308	47		42	19	4	1	39
C6	GREEN VENTURES	756	83	176		246	165	67	19	0
Project code	Project Name	Totals	0 - 16	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+	Not known / provided
C4	GREEN GYM	66	0	15	14	17	5	12	3	0
C5	WALKING FOR HEALTH	269	0	5	16	35	33	93	87	0
B6	GROW YOUR OWN GARDENING (ADULT)	30*	0	0	0	0	0	0	0	30
C8 I	HEALTHY LIFESTYLES - 7 - 11	11	11	0	0	0	0	0	0	0
C8 II	HEALTHY LIFESTYLES 12 - 16	6	6	0	0	0	0	0	0	0
C8 III	HEALTHY LIFESTYLES ADULTS	4	0	0	0	1	1	1	1	0
C8 IV	RUN IN THETFORD	22	0	0	0	0	0	0	0	22
C8 V	GET THETFORD DANCING - Ballroom	111	0	5	7	9	21	32	12	25
C8 V	GET THETFORD DANCING - Salsa	12	0	0	1	5	0	4	2	0
C8 V	GET THETFORD DANCING - Street	24	18	6	0	0	0	0	0	0
C8 VI	CHAIR BASED DANCE	22	0	0	0	0	0	0	22	0
C8 VII	1940's DANCE	75	0	1	3	9	23	24	11	4
C8 VIII	EXERCISE REFERRAL	138	0	7	8	18	19	17	23	46
C8 IX	COMBAT BOOTCAMP	80	0	26	25	18	8	0	1	2
C8 X	SALSA (CONTINUATION)	18	0	0	6	6	3	2	1	0
C8 XI	FIT 4 LIFE CONNEXIONS	25	0	25	0	0	0	0	0	0
C8 XII	BALLROOM (CONTINUATION)	83	0	0	7	8	13	20	9	26
Totals		6044	3091	313	87	414	310	276	192	1361

Appendix 2.2: Take up rates of THT funded projects by approximate age group (% of participants)

Project code	Project Name	Totals	0 - 18	18 - 30		31 - 40	41 - 50	51 - 60	60+	Not known / provided
B4	BIKE IT	2315*	100.0%	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%
B6	GROW YOUR OWN GARDENING (SCHOOLS)	350*	100.0%	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%
C3	META HEALTH	1167	0.0%	0.0%		0.0%	0.0%	0.0%	0.0%	100.0%
C7	JOY OF FOOD	460	67.0%	10.2%		9.1%	4.1%	0.9%	0.2%	8.5%
C6	GREEN VENTURES	756	11.0%	23.3%		32.5%	21.8%	8.9%	2.5%	0.0%
Project code	Project Name	Totals	0 - 16	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+	Not known / provided
C4	GREEN GYM	66	0.0%	22.7%	21.2%	25.8%	7.6%	18.2%	4.5%	0.0%
C5	WALKING FOR HEALTH	269	0.0%	1.9%	5.9%	13.0%	12.3%	34.6%	32.3%	0.0%
B6	GROW YOUR OWN GARDENING (ADULT)	30	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
C8 I	HEALTHY LIFESTYLES 7 - 11	11	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
C8 II	HEALTHY LIFESTYLES 12 - 16	6	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
C8 III	HEALTHY LIFESTYLES ADULTS	4	0.0%	0.0%	0.0%	25.0%	25.0%	25.0%	25.0%	0.0%
C8 IV	RUN IN THETFORD	22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
C8 V	GET THETFORD DANCING - Ballroom	111	0.0%	4.5%	6.3%	8.1%	18.9%	28.8%	10.8%	22.5%
	GET THETFORD DANCING - Salsa	12	0.0%	0.0%	8.3%	41.7%	0.0%	33.3%	16.7%	0.0%
	GET THETFORD DANCING - Street	24	75.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
C8 VI	CHAIR BASED DANCE	22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
C8 VII	1940's DANCE	75	0.0%	1.3%	4.0%	12.0%	30.7%	32.0%	14.7%	5.3%
C8 VIII	EXERCISE REFERRAL	138	0.0%	5.1%	5.8%	13.0%	13.8%	12.3%	16.7%	33.3%
C8 IX	COMBAT BOOTCAMP	80	0.0%	32.5%	31.3%	22.5%	10.0%	0.0%	1.3%	2.5%
C8 X	SALSA (CONTINUATION)	18	0.0%	0.0%	33.3%	33.3%	16.7%	11.1%	5.6%	0.0%
C8 XI	FIT 4 LIFE CONNEXIONS	25	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
C8 XII	BALLROOM (CONTINUATION)	83	0.0%	0.0%	8.4%	9.6%	15.7%	24.1%	10.8%	31.3%

Appendix 2.3: Take up rates of THT funded projects by gender (number and % of participants)

		TOTALS	Male	Female	Not stated	Male %	Female %	Not stated %
B4	BIKE IT	2315*	0	0	2315	0.0%	0.0%	100.0%
B6	GROW YOUR OWN GARDENING (ADULT)	30	0	0	30	0.0%	0.0%	100.0%
B6	GROW YOUR OWN GARDENING (SCHOOLS)	350*	0	0	350	0.0%	0.0%	100.0%
C3	META HEALTH	1167	624	543	0	53.5%	46.5%	0.0%
C4	GREEN GYM	66	35	31	0	53.0%	47.0%	0.0%
C5	WALKING FOR HEALTH	269	65	204		24.2%	75.8%	0.0%
C6	GREEN VENTURES	756	542	214	0	71.7%	28.3%	0.0%
C7	JOY OF FOOD	460	185	275	0	40.2%	59.8%	0.0%
C8 I	HEALTHY LIFESTYLES 7 – 11	11	2	8	1	18.2%	72.7%	9.1%
C8 II	HEALTHY LIFESTYLES 12 – 16	6	1	4	1	16.7%	66.7%	16.7%
C8 III	HEALTHY LIFESTYLES ADULTS	4	0	4	0	0.0%	100.0%	0.0%
C8 IV	RUN IN THETFORD	22	2	20	0	9.1%	90.9%	0.0%
C8 V	GET THETFORD DANCING – Ballroom	111	37	74	0	33.3%	66.7%	0.0%
C8 V	GET THETFORD DANCING – Salsa	12	0	12	0	0.0%	100.0%	0.0%
C8 V	GET THETFORD DANCING – Street	24	1	5	18	4.2%	20.8%	75.0%
C8 VI	CHAIR BASED DANCE	22	2	20	0	9.1%	90.9%	0.0%
C8 VII	1940's DANCE	75	32	43	0	42.7%	57.3%	0.0%
C8 VIII	EXERCISE REFERRAL	138	31	107	0	22.5%	77.5%	0.0%
C8 IX	COMBAT BOOTCAMP	80	16	64	0	20.0%	80.0%	0.0%
C8 X	SALSA (CONTINUATION)	18	2	16	0	11.1%	88.9%	0.0%
C8 XI	FIT 4 LIFE CONNEXIONS	25	0	0	25	0.0%	0.0%	100.0%
C8 XII	BALLROOM (CONTINUATION)	83	33	50	0	39.8%	60.2%	0.0%
	Totals	6044	1610	1694	2740			

Appendix 2.4: Take up rates of THT funded projects by area (number of individual participants)

Project code	Project Name	Totals	Abbey 15a	Abbey 15b	Abbey 15c	Castle 16a	Guildhall 16b	Guildhall 16c	Guildhall 16d	Guildhall 16e	Guildhall 16f	Saxon 17a	Saxon 17b	Saxon 17c	Saxon 17d	Saxon 17e	IP24 (unspec)	Thetford Total
B4	BIKE IT	2315*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2315	2315
B6	GROW YOUR OWN GARDENING (ADULT)	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30	30
B6	GROW YOUR OWN GARDENING (SCHOOLS)	350*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	350	350
C3	META HEALTH	1167	0	0	0	0	0	0	0	0	0	0	0	0	0	0	925	925
C4	GREEN GYM	66	23	0	0	10	0	0	0	0	0	6	0	0	0	0	1	40
C5	WALKING FOR HEALTH	269	24	13	16	29	25	27	14	15	10	23	18	9	6	6	0	235
C6	GREEN VENTURES	756	40	70	133	25	22	18	7	17	37	32	11	25	45	36	72	590
C7	JOY OF FOOD	460	35	21	54	7	32	14	8	17	24	43	23	27	47	59	35	446
C8 I	HEALTHY LIFESTYLES - 7 - 11	11	1	0	8	0	0	1	0	0	0	0	0	0	0	0	1	11
C8 II	HEALTHY LIFESTYLES 12 - 16	6	0	0	5	0	0	0	0	0	0	0	0	0	0	0	1	6
C8 III	HEALTHY LIFESTYLES ADULTS	4	1	1	0	0	0	1	0	0	0	0	0	0	0	1	0	4
C8 IV	RUN IN THETFORD	22	0	1	0	1	2	3	0	0	4	0	1	1	0	3	0	16
C8 V	GET THETFORD DANCING - Ballroom	111	3	5	4	4	5	12	5	3	5	8	2	6	4	3	1	70
C8 V	GET THETFORD DANCING - Salsa	12	1	1	2	0	1	1	0	0	1	3	0	0	0	0	0	10
C8 V	GET THETFORD DANCING - Street	24	0	1	0	0	0	0	0	3	0	1	0	0	0	0	19	24
C8 VI	CHAIR BASED DANCE	22	0	0	0	22	0	0	0	0	0	0	0	0	0	0	0	22
C8 VII	1940's DANCE	75	2	2	0	5	2	2	0	0	2	2	7	1	0	0	0	25
C8 VIII	EXERCISE REFERRAL	138	0	0	0	0	0	0	0	0	0	0	0	0	0	0	138	138
C8 IX	COMBAT BOOTCAMP	80	2	5	6	3	3	8	0	6	3	0	3	2	1	1	0	43
C8 X	SALSA (CONTINUATION)	18	4	0	3	0	1	2	0	0	0	0	1	0	1	2	0	14
C8 XI	FIT 4 LIFE CONNEXIONS	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25
C8 XII	BALLROOM (CONTINUATION)	83	5	1	3	2	4	7	3	0	0	4	4	0	1	1	1	36
	Totals	6044	141	121	234	108	97	96	37	61	86	122	70	71	105	112	3914	5375

Appendix 2.5: Take up rates of THT funded projects (Thetford and other areas – number and % of participants)

		Totals	Thetford (IP24 Postcodes)	Other	Not known	Thetford (IP24 Postcodes)	Other %	Not known %
B4	BIKE IT	2315*	2315	0	0	100.0%	0.0%	0.0%
B6	GROW YOUR OWN GARDENING (ADULT)	30	30	0	0	100.0%	0.0%	0.0%
B6	GROW YOUR OWN GARDENING (SCHOOL)	350*	350	0	0	100.0%	0.0%	0.0%
C3	META HEALTH	1167	925	242	0	79.3%	20.7%	0.0%
C4	GREEN GYM	66	40	26	0	60.6%	39.4%	0.0%
C5	WALKING FOR HEALTH	269	235	27	7	87.4%	10.0%	2.6%
C6	GREEN VENTURES	756	590	166	0	78.0%	22.0%	0.0%
C7	JOY OF FOOD	460	446	11	3	97.0%	2.4%	0.7%
C8 I	HEALTHY LIFESTYLES - 7 - 11	11	11	0	0	100.0%	0.0%	0.0%
C8 II	HEALTHY LIFESTYLES 12 - 16	6	6	0	0	100.0%	0.0%	0.0%
C8 III	HEALTHY LIFESTYLES ADULTS	4	4	0	0	100.0%	0.0%	0.0%
C8 IV	RUN IN THETFORD	22	16	6	0	72.7%	27.3%	0.0%
C8 V	GET THETFORD DANCING - Ballroom	111	70	25	16	63.1%	22.5%	14.4%
C8 V	GET THETFORD DANCING - Salsa	12	10	2	0	83.3%	16.7%	0.0%
C8 V	GET THETFORD DANCING - Street	24	24	0	0	100.0%	0.0%	0.0%
C8 VI	CHAIR BASED DANCE	22	22	0	0	100.0%	0.0%	0.0%
C8 VII	1940's DANCE	75	25	46	4	33.3%	61.3%	5.3%
C8 VIII	EXERCISE REFERRAL	138	138	0	0	100.0%	0.0%	0.0%
C8 IX	COMBAT BOOTCAMP	80	43	30	7	53.8%	37.5%	8.8%
C8 X	SALSA (CONTINUATION)	18	14	4	0	77.8%	22.2%	0.0%
C8 XI	FIT 4 LIFE CONNEXIONS	25	25	0	0	100.0%	0.0%	0.0%
C8 XII	BALLROOM (CONTINUATION)	83	36	25	22	43.4%	30.1%	26.5%
	Totals	6044	5375	610	59	88.9%	10.1%	1.0%

Appendix 2.6: Take up rates of THT funded projects (by ethnicity – number and % of participants)

		TOTALS	White Brit	Other White	Other	Not Known	% White Brit	% Other White	% Other	% not known
B4	BIKE IT	2315*	0	0	0	2315	0.0%	0.0%	0.0%	100.0%
B6	GROW YOUR OWN GARDENING (ADULT)	30	0	0	0	30	0.0%	0.0%	0.0%	100.0%
B6	GROW YOUR OWN GARDENING (SCHOOL)	350*	0	0	0	350	0.0%	0.0%	0.0%	100.0%
C3	META HEALTH	1167	0	1118	49	0	0.0%	95.8%	4.2%	0.0%
C4	GREEN GYM	66	56	6	4	0	84.8%	9.1%	6.1%	0.0%
C5	WALKING FOR HEALTH	269	238	21	5	5	88.5%	7.8%	1.9%	1.9%
C6	GREEN VENTURES	756	689	59	8	0	91.1%	7.8%	1.1%	0.0%
C7	JOY OF FOOD	460	409	0	51	0	88.9%	0.0%	11.1%	0.0%
C8 I	HEALTHY LIFESTYLES 7 – 11	11	10	1	0	0	90.9%	9.1%	0.0%	0.0%
C8 II	HEALTHY LIFESTYLES 12 – 16	6	5	1	0	0	83.3%	16.7%	0.0%	0.0%
C8 III	HEALTHY LIFESTYLES ADULTS	4	3	1	0	0	75.0%	25.0%	0.0%	0.0%
C8 IV	RUN IN THETFORD	22	0	0	0	22	0.0%	0.0%	0.0%	100.0%
C8 V	GET THETFORD DANCING - Ballroom	111	84	4	3	20	75.7%	3.6%	2.7%	18.0%
	GET THETFORD DANCING – Salsa	12	9	0	0	3	75.0%	0.0%	0.0%	25.0%
	GET THETFORD DANCING – Street	24	6	0	0	18	25.0%	0.0%	0.0%	75.0%
C8 VI	CHAIR BASED DANCE	22	0	0	0	22	0.0%	0.0%	0.0%	100.0%
C8 VII	1940's DANCE	75	50	1	2	22	66.7%	1.3%	2.7%	29.3%
C8 VIII	EXERCISE REFERRAL	138	0	0	0	138	0.0%	0.0%	0.0%	100.0%
C8 IX	COMBAT BOOTCAMP	80	71	2	4	3	88.8%	2.5%	5.0%	3.8%
C8 X	SALSA (CONTINUATION)	18	12	4	2	0	66.7%	22.2%	11.1%	0.0%
C8 XI	FIT 4 LIFE CONNEXIONS	25	0	0	0	25	0.0%	0.0%	0.0%	100.0%
C8 XII	BALLROOM (CONTINUATION)	83	53	3	1	26	63.9%	3.6%	1.2%	31.3%
	Totals	6044	1677	1218	129	3020				