SHARED INTELLIGENCE

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TOWER HAMLETS
HEALTHY BOROUGH PROGRAMME
CULTURAL AND STRATEGIC IMPACT EVALUATION **MARCH 2011**

CONTENTS

I   EXECUTIVE SUMMARY

The Healthy Borough Programme

1. The Tower Hamlets Healthy Borough Programme (HBP) is one of nine Healthy Towns pilots in the UK. This £10 million programme is delivered by the Tower Hamlets Partnership, led by the local authority and NHS Tower Hamlets.

2. The main aim of the Healthy Borough Programme, as laid out in the original bid, was to "transform Tower Hamlets into a place that promotes and supports health and well being and makes it easier for children, families and the wider community to be more physically active, eat well and maintain a healthy weight throughout their lives."

3. In order to create a 'whole systems' approach to tackling the environmental influences of obesity, the Partnership structured its activity around three key themes: Healthy Environment, Healthy Organisations and Healthy Communities. A number of projects were designed and developed under each of these areas.

Evaluating Strategic and Cultural Change

4. As part of the programme's evaluation strategy, Shared Intelligence and Gillian Granville Associates were commissioned in December 2009 to conduct an evaluation of the strategic and cultural impact of the Healthy Borough Programme over its two-year period of operation, ending in March 2011. This evaluation differed from all other evaluation activity that had been commissioned in that it draws on evidence from right across the programme and is assessing the extent of long term, embedded change in partner organisations and the wider community as a result of the programme.

5. The strategic and cultural impact evaluation had four key objectives:
   - To assess the cultural impact of the HBP approach;
   - To explore the strategic impact of the HBP approach;
   - To examine the effectiveness of processes and activities; and
   - Drawing out lessons learned: What works – and doesn't work so well - in promoting and achieving strategic and cultural change.

6. The evaluation was based on a theory of change framework so we could explore *how* different projects, processes and change mechanisms have contributed to strategic and cultural change. It has been carried in out in two phases, with an Interim Report produced in August 2010.

Evidence of Strategic and Cultural Change

7. Overall we found evidence of both strategic and cultural change in Tower Hamlets as a result of the Healthy Borough Programme.

8.   Strategic change can be seen clearly in the area of **strengthening and building new partnerships**, both at strategic and operational level, so there is a much more 'joined up' approach to making Tower Hamlets a healthy borough through agencies working together on, for example, active travel, children's play and healthy food awards.

9.   The HBP has also **influenced strategic and operational plans**, such that the Local Development Framework (LDF) and associated policies now have health priorities embedded in their core principles. Learning from the programme has informed new Walking and Cycling Plans and is feeding into a new Civic Engagement Strategy for the borough.

10. There is less evidence that the Healthy Borough programme has affected strategic decision-making, resourcing and commissioning, although there are some signs that recent work is starting to have an influence in these areas.

11. Cultural change is visible in a number of areas, notably by **influencing the way that organisations work** to include health outcomes in their activities, whether this be through RSLs encouraging allotments or Early Years Centres across the borough achieving the Healthy Early Years accreditation mark.

12. The HBP has also helped **stimulate community leadership and build social capital** in communities, particularly through the activities that have been funded through the Can Do project's small grants.

13. **Behaviour change** has been evident within statutory organisations, individual staff, local businesses and in different sections of the community so, for example, Asian women and girls who participated in swimming sessions for the first time are now taking part in a range of activities inside and outside the borough. The **raised profile of health among key partners** has clearly helped these examples of cultural change and will be important to sustain this impact.

14. Notwithstanding this progress, cultural change has happened at a faster pace in some areas compared to others. Where partnerships were already in place (e.g. public health and planning), change was able to progress more quickly than where new partnerships had to be forged (e.g. with schools).

15. There is evidence that the programme has had a **positive impact beyond Tower Hamlets**. The HBP Team has disseminated learning through the Regional Public Health Group and has explored options with the GLA for influencing London-wide fast food production, potentially contributing to the delivery of a strand of the Mayor's London Health Inequalities Strategy.

Learning about mechanisms for change

16. The evaluation has shown that the key learning from the programme, in terms of what is needed to achieve cultural change in a complex system, is being able to identify the positive **mechanisms for change** – sometimes thought of as 'success factors'. These can be summarised as:

- Using an **evidence-based rationale** for the original HBP bid and vision and building in 'mainstreaming' from the beginning

- Putting in place **leadership at all levels** – strategic, operational and project delivery – in all partner organisations for transformational change

- **Building on existing partnerships and developing new ones** - to foster new working relationships and encourage collaboration with partner responsibility and accountability through 'ownership' of work streams

- **Linking in with wider initiatives** – to help the HBP reinforce its messages and spread its influence more widely

- **Using funding as a catalyst** to build relationships with local communities to increase participation and engagement - and recognising the **importance of community involvement** in partnerships to sustain this progress

- Using high profile communications and branding to build a **Healthy Borough identity**

- **Fostering a learning culture** – to involve all delivery staff, partners and stakeholders in reflection and continuous improvement

- **Adapting to the changing policy context** – through flexibility and identifying opportunities as well as being prepared to tackle new challenges

Value added

17. It is important to ask how much the strategic and cultural changes – and the mechanisms that have brought them about – can be attributed to the Healthy Borough Programme. Or would these changes have happened anyway? The evaluation found there were several key ways in which the programme has added value.

18. The HBP **enabled the expansion of existing work**. For example, community food gardens existed in Tower Hamlets prior to the Healthy Borough Programme, but the HBP gave the 'push' needed to create a critical mass of activity to drive sustainable cultural change.

19. The programme **gave coherence, structure and shape to existing projects and activities** through bringing together a number of initiatives under one work stream, such as Active Travel or Healthy Eating, which raised the profile and meant delivery reached a critical level to make a difference.

20. The HBP has **enabled innovation,** as the additional resource meant that ideas and concepts could be taken forward, providing a test bed for new approaches such as through the Food for Health Awards, which have generated new learning about how to influence existing businesses.

21. Perhaps most importantly, the HBP has **helped to embed health into work streams** - making current links with health more pronounced or explicit as well as nurturing new links. This has transformed policy documents, notably

the Local Development Framework, informed play provision, and encouraged public sector employers to adopt Active Travel Plans.

Sustaining Strategic and Cultural Change

22. Given the fast changing external environment, it will be important to use learning from the Healthy Borough Programme to maintain and build on the strategic and cultural change that has been achieved.

23. The biggest risk to the future sustainability of the programme is the ending of the specific HBP resources in a context of budget cuts and restrictions on public sector spending. Against these risks must be balanced both the increased profile of the healthy borough agenda and new opportunities to take advantage of this. These include new local authority responsibilities for public health and, as part of the localities agenda, encouragement for partners to work together on health and other cross-cutting issues through community budgeting.

24. Taking advantage of the opportunities and combating the risks will require the mechanisms for change that we have identified through the evaluation, to remain in place and in some cases, be strengthened further.

Recommendations for the Future

25. To build on achievements to date, strengthen the mechanisms that helped bring these about, and address any barriers, challenges and missed opportunities, we recommend that:

- The findings from this evaluation, together with those from the synthesis of all the HBP programme and project evaluations, are disseminated widely to all partners, delivery organisations and other stakeholders to encourage learning from the programme and provide a focus for discussions about how to sustain and build on the strategic and cultural change that has been achieved so far;

- The Board's role of providing strategic direction for a Healthy Borough and championing this approach in all partner organisations and the wider community is strengthened by the addition of several community representatives together with voluntary and private sector partners;

- Mainstream resources are allocated to fund a Healthy Borough Director post to support the Board and provide operational leadership and co-ordination to encourage healthy living to be embedded in all statutory organisations and public services in Tower Hamlets;

- A wider Healthy Borough Network is set up to bring together operational leads and service managers who are promoting health in their work areas. This would provide a structured opportunity to share learning and good practice as well as peer support for participants as 'change agents'; and

- A fund for supporting small, community led Healthy Borough projects is established drawing from partners' resources, as well as investigating any relevant external grants, to encourage and sustain this strand of activity.

1.   INTRODUCTION

The Tower Hamlets Healthy Borough Programme

1.1.   The Tower Hamlets Healthy Borough Programme (HBP) is one of nine Healthy Towns pilots in the UK. Tower Hamlets was awarded £4.68 million grant funding from the Department of Health (DH) in November 2008. This was match-funded with over £6 million investment from NHS Tower Hamlets and the Local Authority to enable the Partnership to "test how environmental, cultural and social factors can be changed to support achieving and maintaining healthy weight".[1]

1.2.   The Healthy Borough Programme is delivered by the Tower Hamlets partnership, led by the local authority and NHS Tower Hamlets. A core team of seven people manage the programme. The programme builds on the joint work already set about by the local authority and the NHS as part of the wider partnership to deliver the "Healthy Weight, Healthy Lives" strategy, a multi-agency strategy for the period 2008-12 aimed at tackling the continued rise in overweight and obesity among residents of the borough. This strategy advocates a whole-family approach to eating well and being active – an approach which continues on through the Healthy Borough Programme.

1.3.   The "Healthy Weight, Healthy Lives" strategy and the design of the Healthy Borough Programme draws heavily on the principles highlighted in the "Foresight Report: Tackling Obesity: Future Choices"[2]. This report illustrates that the key factors in slowing down the rate of increase for obesity are prevention and to "build in" health to many aspects of life.

1.4.   The main aim of the Healthy Borough Programme, as laid out in the original bid, was to "transform Tower Hamlets into a place that promotes and supports health and well being and makes it easier for children, families and the wider community to be more physically active, eat well and maintain a healthy weight throughout their lives."

1.5.   Key objectives for the programme included:

  • Provide leadership and develop an inclusive partnership to develop the Healthy Borough;

  • Make observable differences to the physical environment that will encourage and support physical activity;

  • Increase the availability, accessibility and attractiveness of healthy food choices creating a culture of healthy, enjoyable food;

  • Create healthy organisations that encourage and support physical activity and healthy eating;

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[1] Healthy Tower Hamlets Full Project Proposal Form, September 2009
[2] Foresight. Tackling Obesity: Future Choices – Project Report, Government Office for Science, November 2007

- Engage local communities to identify and tackle barriers to healthy food choices and regular physical activity and to help to create healthy environments;

- Develop a marketing and communications strategy to give a high profile to Tower Hamlets as a 'Healthy Town';

- Build on Tower Hamlets' existing strengths and new opportunities (e.g. The Olympic and Paralympic Games) to fully integrate the 'Healthy Town' approach across policy and service delivery in statutory, voluntary and private sectors;

- Establish a 'learning culture', with action research and ongoing evaluation, to learn from and share examples of effective approaches.

1.6.   In order to create a 'whole systems' approach to tackling the environmental influences of obesity, the Partnership structured its activity around three key themes: Healthy Environment, Healthy Organisations and Healthy Communities. A number of projects were designed and developed under each of these areas, as outlined in figure 1.

FIGURE 1: HEALTHY BOROUGH PROGRAMME PROJECTS

Healthy Environments	Healthy Organisations	Healthy Communities
1. Green Grid 2. Healthy Spatial Planning 3. Active Travel Routes 4. Parks and Open Spaces 5. Active Play 6. Women and Girls Swimming Programme 7. Healthy Food Outlets	8. Active Travel Plans 9. Healthy Schools and Colleges 10. Healthy Workplaces 11. Healthy Early Years	12. Community Engagement 13. Community Led Projects 14. Healthy Families 15. Active Travel in the Community 16. Social Marketing and Communications

## Evaluating cultural and strategic impact

Evaluation activity

1.7.   The Healthy Borough Programme outlined a strong commitment to evaluation from the start. The Programme Team wanted to use evaluation to promote better understanding of the 'obesity system' and the impact of interventions and processes. An Evaluation Advisory Group (EAG) was established to oversee evaluation activity and a detailed evaluation strategy was devised, which included a number of commissioned project level evaluations.

1.8.   It is anticipated that between April and June 2011, the evaluation findings from right across the programme will be synthesised to assess progress against the programme outcomes and to draw out the key lessons in terms of what works, for whom and how for a short-term programme trying to affect change amidst a complex system.

1.9.   As part of the programme's evaluation strategy, Shared Intelligence and Gillian Granville Associates were commissioned in December 2009 to conduct an evaluation of the strategic and cultural impact of the Healthy Borough

Programme over a two-year period. This evaluation differed from all other evaluation activity that had been commissioned in that it draws on evidence from right across the programme and is assessing long term, embedded change as a result of the programme.

Strategic and cultural impact

1.10. The strategic and cultural impact evaluation had four key objectives:

- To assess the cultural impact of the HBP approach;

- To explore the strategic impact of the HBP approach;

- To examine the effectiveness of processes and activities; and

- Drawing out lessons learned - what works in promoting and achieving strategic and cultural change.

1.11. In order to assess the strategic and cultural impact of the Healthy Borough Programme, it was important to first define what is meant by strategic and cultural change. As such, the evaluation team developed key dimensions of strategic and cultural impact that they might expect to see as a result of the Healthy Borough activity (see figure 2).

Figure 2: Dimensions of cultural and strategic impact
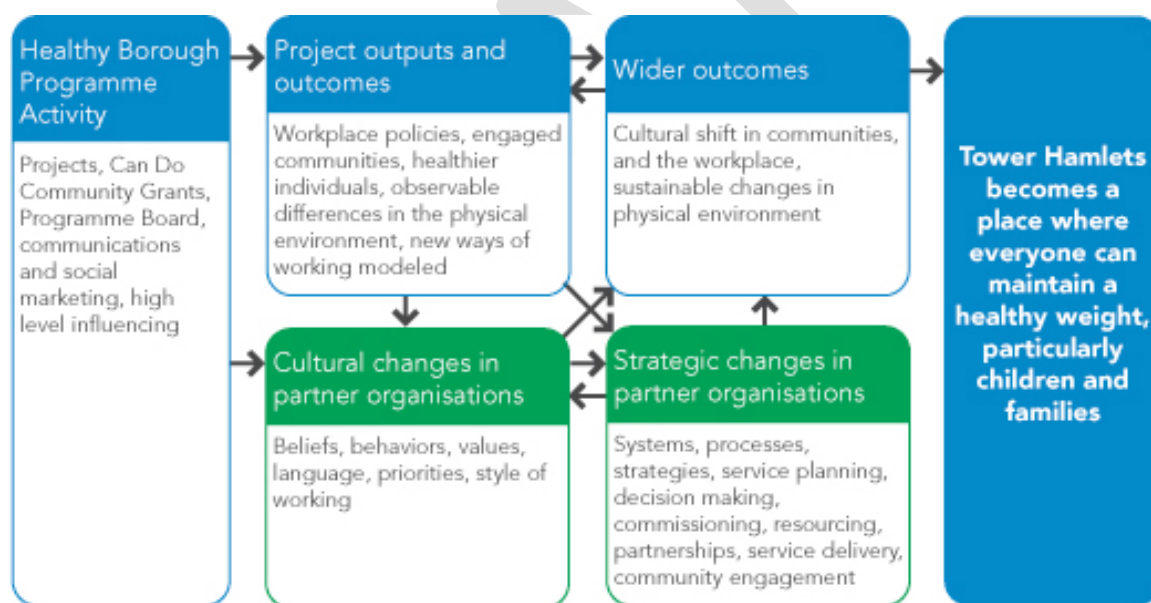
1.12. For the purposes of this evaluation, we define **strategic impact** as changes to strategic priorities, decision-making and delivery, for example, strengthening of partnerships and the way that decisions are made and policies are developed as influenced by the HBP.

1.13. **Cultural impact** can be defined as changes to the way that organisations work – the norms and values of organisations (not just at the strategic level), and changes in beliefs, values and ways of working as influenced through programme activity.

1.14.   Figure 2 also illustrates the links between cultural and strategic change (in the way they reinforce each other) and how coupled with the wider project and programme outcomes, can lead to lasting change within the borough.

A theory of change for cultural and strategic impact

1.15.   The evaluation uses a theory of change to provide a framework against which to measure and explain cultural and strategic change. The theory of change was developed through consultations with key stakeholders during the first phase of our research and was built on using our interim evaluation findings.

1.16.   The resultant theory of change was used as a basis to test whether the programme has worked in this way, to what extent mechanisms are in place, and if they are effective. From this we can learn about what promotes and gets in the way of cultural and strategic change, in this type of programme.

1.17.   During the second phase of the evaluation, we developed the theory of change further, including the broader range of mechanisms found to be both in place and required for strategic and cultural change to occur. This is shown in Figure 3 below.

Figure 3: Final Theory of Change - Routes to Sustainable Impact
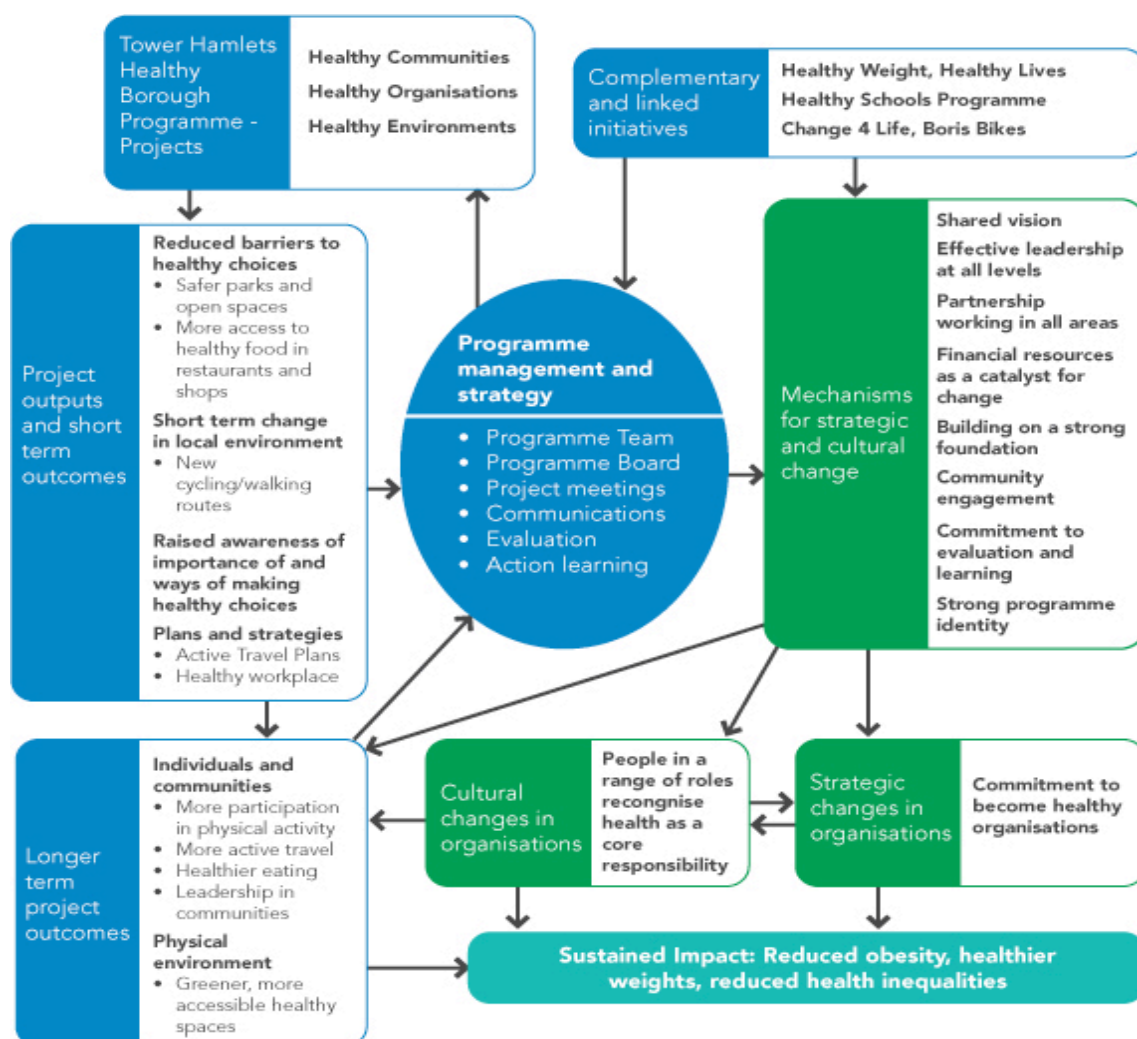
First phase methodology and findings

1.18.   Using our definitions of strategic and cultural change and the theory of change model as a broad framework – we designed a methodology which would enable us to explore the extent of strategic and cultural change at that point of the programme. Our first phase research was carried out between October 2009 and May 2010 and involved document review and analysis, stakeholder interviews, a stakeholder workshop, participant observation at a range of meetings and a series of focus groups.

1.19.   The first phase of the evaluation explored aspirations for the Healthy Borough Programme with a wide range of stakeholders, and looked at progress to date across the programme. It also identified the mechanisms within the programme through which strategic and cultural change could happen - used to develop the theory of change for the programme.

1.20.   Our findings from the first phase of the evaluation were laid out in an interim report in August 2010. Overall, strategic and cultural change was found to be at an early stage and those taking part in the evaluation thought that there

was potential to deliver greater strategic and cultural change over the remainder of the programme.

1.21.   The evaluation found some evidence that change was taking place within Tower Hamlets as a result of the Healthy Borough Programme. These included how the aims of the HBP were beginning to be integrated into other service areas, most apparent within the Planning and Public Realm, and Transport and Highways departments of Tower Hamlets Council.

1.22.   There was also evidence of change in relation to the language and behaviour of some project leads. In this sense, there was evidence of individuals beginning to think about the health dimension within their 'core work', and the positive implications health can have on their projects and programmes. This also extended to other organisations, such as Registered Social Landlords (RSLs) and fast food outlets.

1.23.   The phase 1 research highlighted several mechanisms that were important in making strategic and cultural change happen. Some of these were found to be stronger than others during the first phase research. These included:

- A shared vision for the programme;

- Effective programme leadership;

- Strong partnership working, at different levels within organisations;

- Community input and influence; and

- Individual and organisational learning and communication.

Second phase methodology

1.24.   The second phase of the evaluation aimed to build on the findings from the first phase. This included testing out the mechanisms for change identified in the first phase and exploring progress in terms of strategic and cultural change; what had led to this change and where the barriers and challenges were; and what can this tell us about trying to bring about long term change within a complex system through a short term intervention.

1.25.   The second phase of the evaluation was conducted between November 2010 and March 2011. The aim of phase 2 of the evaluation was again to test and develop the theory of change – the extent of strategic and cultural change and to further explore mechanisms for change. In addition, discussions with the Project Team drew out some further lines of enquiry. These included:

- What has changed over the last 6-8 months of the programme, what are future plans to sustain healthy borough processes?

- Where cultural and strategic change is happening and what specifically led to this change?

- How is health perceived differently in partner organisations e.g. the local authority?

- How are different departments, organisations and groups engaging in the programme and how is this helping to drive cultural and strategic change?

- What are the gaps in the cultural and strategic change and what more could have been done/can still be done?

- What are the key barriers to change now and in the future?

1.26. The second phase of the evaluation took a case studies approach to track the strategic and cultural influence of the programme within specific thematic areas that reflect the HBP's original objectives. This allowed us to get a much more in-depth understanding of the ways in which the programme has brought about strategic and cultural change. The agreed case study areas were:

- Women and children's physical activity;

- Active Travel;

- Healthy Food; and

- Healthy Spatial Planning.

1.27. Each case study included interviews and focus groups with relevant staff in public sector and stakeholder/partner organisations and observation of meetings, where relevant. All the case studies explored:

- Evidence of strategic and cultural impact to date e.g. whether health is perceived differently and evidence of changing behaviour, plans, processes and activity;

- Mechanisms through which change has occurred and what has got in the way; and

- The sustainability of these changes and what needs to be done to maintain and/or build on progress already made - in the context of budget cuts and restrictions on future spending.

Structure of this report

1.28. The report is structured in the following way:

- Section 2 presents **evidence of strategic and cultural outcomes** from the programme

- Section 3 highlights the **key mechanisms for strategic and cultural change** - what they are, to what extent they are in place and how effectively they are working

- Section 4 presents the **barriers, challenges and missed opportunities** of the Healthy Borough Programme

- Section 5 presents our **conclusions from the evaluation**, including our assessment of the **value added** by the HBP, the **learning** from the programme, and **how to sustain the impact of the programme.**

- Section 6 highlights **key recommendations** for the Programme Team and Board to consider.

2. EXTENT OF STRATEGIC AND CULTURAL CHANGE

2.1.   In evaluating the extent of strategic and cultural change, we used both our definition of cultural and strategic impact and the Theory of Change model as a framework to evidence the extent to which the different dimensions of strategic and cultural impact have been achieved.

2.2.   In assessing the level of **strategic change** in partner organisations, we looked for evidence of change within:

- Systems and processes;
- Strategies and service planning;
- Partnerships and working relationships;
- Strategic decision making;
- Commissioning and resourcing;
- Community engagement and involvement in decision making.

2.3.   In terms of **cultural change** in partner organisations, we looked for evidence of changes in:

- Beliefs and values, e.g. a commitment to health outcomes as part of their role;
- Language and priorities, e.g. recognising health as a core responsibility;
- Way of working and behaviours, e.g. working differently in a way.

2.4.   Overall we found evidence of both strategic and cultural change in the way that the healthy living agenda is influencing and informing organisations and services in Tower Hamlets.

2.5.   Strategic change can be seen clearly in the area of **strengthening and building new partnerships**, both at strategic and operational level, so there is a much more 'joined up' approach to making Tower Hamlets a healthy borough through agencies working together on, for example, active travel, children's play and healthy food awards.

2.6.   The HBP has also **influenced strategic and operational plans**, such that the Local Development Framework (LDF) and associated policies now have health priorities embedded in their core principles. Learning from the programme has informed new Walking and Cycling Plans and is feeding into a new Civic Engagement Strategy for the borough.

2.7.   There is less evidence at this point that the Healthy Borough programme has affected strategic decision-making, resourcing and commissioning. However, the Healthy Borough Team is currently working to sustain elements of the

programme with some signs that this is starting to have an influence in these areas.

2.8. Cultural change is visible in a number of areas, notably by **influencing the way that organisations work to include health** outcomes in their activities, whether this be through RSLs encouraging allotments or Early Years Centres across the borough achieving the Healthy Early Years accreditation mark.

2.9. The HBP has also helped **stimulate community leadership and build social capital** in communities, particularly through the activities that have been funded through the Can Do project's small grants.

2.10. **Behaviour change** has been evident within statutory organisations, individual staff, local businesses and in different sections of the community so, for example, Asian women and girls who participated in swimming sessions for the first time are now taking part in a range of activities inside and outside the borough. The **raised profile of health among key partners** has clearly helped these examples of cultural change and will be important to sustain this impact.

2.11. Notwithstanding this progress, cultural change has happened at a faster pace in some areas compared to others. Where partnerships were already in place (e.g. public health and planning), change was able to progress more quickly as the 'groundwork' was already in place. Where new partnerships had to be forged (e.g. with schools), cultural change has been slower to materialise.

2.12. There is evidence that the programme has had a positive impact beyond Tower Hamlets. The HBP Team has disseminated learning through the Regional Public Health Group and has explored options with the GLA for influencing London-wide fast food production, potentially contributing to the delivery of a strand of the Mayor's London Health Inequalities Strategy.

Evidence of strategic and cultural change

2.13. In order to identify and evidence strategic and cultural change, we drew on a range of evidence including case study research (interviews with strategic, programme, project and community level partners and participant observation), interviews with key programme stakeholders, relevant documentation (e.g. strategies and operational plans) and project evaluations.

Evidence of strategic change

2.14. Our research has shown that **the Healthy Borough investment has led to strategic change**, particularly in the areas of partnerships and working relationships, and strategies and service planning. There is also emerging evidence (outside of the timescales of our research) that the sustainability planning that is currently underway by the Healthy Borough Team, is starting to influence resourcing and commissioning decisions.

Strengthening and building new partnerships

2.15. The Healthy Borough Programme has meant that **new partnerships have been forged in service areas**, where previously organisations had worked in silos. Our research found that a catalyst such as the Healthy Borough investment was needed to forge these new connections in such areas.

2.16. New partnerships have been developed in the delivery of play to children and families, e.g. Sure Start Children's Centres worked with the park outreach programmes to make better use of parks for play. This involved partnership working with the voluntary and community centre, schools and the local authority.

2.17. New relationships have also been forged with the private sector as a result of the HBP, such as with local fast food restaurants through the Food Awards Scheme. The leisure provider Greenwich Leisure Limited (GLL) had a good relationship with the Borough Council prior to the HBP investment, but the new investment has facilitated a new partnership between GLL and Tower Hamlets PCT. This has opened up new opportunities for the PCT to engage with wider discussions around health and leisure in local communities.

> **Example: The Food for Health Awards Scheme** offered an opportunity for frontline Environmental Health staff and NHS Public Health dieticians to work together - a new relationship as result of the HBP. The Awards Scheme provided Food Safety Officers with the opportunity to work in a different way with businesses, and make more use of their public health knowledge.

> **Example: The Tower Hamlets Extended Schools Service** within the Children's, Schools and Families Directorate, where the Parental Engagement team formed a new relationship with the community dieticians as a direct result of the Healthy Borough Programme, to develop consistent health messages.

2.18. There is evidence that **existing partnerships and working relationships have been strengthened and formalised** as a result of the Healthy Borough Programme, where the additional investment and focus has helped to bring organisations together and provided more opportunity for closer/more joint working.

2.19. There is evidence that the Healthy Borough Programme has strengthened partnership working between Public Health and Planning, through the close working relationship forged through the healthy spatial planning work steam. This includes working together on the development of the Green Grid, the Core Strategy and other pieces of work such as the commissioned research into the impact of over-concentration of certain building uses.

> **Example: The partnership between the local authority and the PCT** was already in place and provided a strong platform to develop the initial HBP bid. However, the HBP has enabled new and innovative partnerships to develop around the theme of reducing obesity.

2.20. The HBP has provided an opportunity for joint working between the Council's Active Travel Team and NHS Tower Hamlets. The key mechanism for this has been the joint appointment of the Active

Travel Officer, who spends one day per week at the NHS. Examples of joint work include working with NHS Tower Hamlet's Healthy Lifestyle Managers to promote Health Walks and collaboration with the Healthy Workplace Manager based at NHS Tower Hamlets around setting up a cycle-to-work scheme. As a result, both organisations' Travel Plans are aligned.

Influencing strategic and operational plans

2.21. There is a significant amount of evidence that **the Healthy Borough Programme has influenced and is continuing to influence strategic and operational plans.** This includes those that were set out as specific objectives within HBP work streams, with evidence that the HBP influence is extending into other areas.

2.22. There is evidence that the 'health element' of the Core Strategy is infiltrating other key documentation such as the Public Realm Strategy, the Open Space Strategy refresh and the Communities Plan refresh. Key stakeholders within both the Local Authority and PCT spoke of the importance of this, and stakeholders with strategic input explained how they would ensure that this is achieved.

> *"We're refreshing the Communities Plan at the moment, so it's important that the Plan references the work [of the HBP]. It's very high level, so got to make sure it's referenced in a way that's meaningful…"*
>
> Strategic stakeholder, Public Health

2.23. The work of the Active Travel Officer has included a strategic focus such as working with colleagues in the Development and Renewal Directorate to prepare a Walking Plan for the borough, and is involved in preparing the Council's new transport strategy. A new Cycling Plan, 'Cycling Connections' has been completed. As a result of the Healthy Borough Programme, both NHS Tower Hamlets and Tower Hamlets Council have adopted Active Travel Plans.

2.24. A community strategy has been produced for the Healthy Borough programme. This strategy, alongside two case studies from the CanDo projects, has been put forward to inform the development of the new Civic Engagement Strategy for the borough.

> **Example: The Active Play project** strengthened the partnership between schools, the voluntary sector, council departments and local community groups to further develop the health benefits of play. The Play Association of Tower Hamlets, Extended Schools and the Parks Service had already been working together to extend the play offer but the Healthy Borough programme enabled a stronger partnership with schools through the appointment of play co-ordinators. This has resulted in fifty schools across the borough getting involved in play audits and play training

> **Example: The Healthy Spatial Planning** work stream has ensured that the Local Development Framework (LDF) and associated policies have health priorities embedded in their core principles. The Core Strategy, which has been adopted by the local authority, reflects the health issues in the borough and the aims of the Healthy Borough Programme. Health is included in its strategic objectives and health is included in spatial policies. The Development Plan Documents (DPD) are currently being developed and aim to build on the health objectives laid out in the Core Strategy further by working them up into robust and

Evidence of cultural change

2.25. The evaluation has shown that **the Healthy Borough Programme has led to cultural change**, through evidencing changes in the way that partner organisations work, community empowerment and behaviour change in statutory organisations and their staff, in local businesses and amongst local communities. To date these changes are mostly among those who have been involved in the programme directly (at this point in time). Amongst others not directly engaged in programme activity, there is evidence of increased awareness of health – a recognised step towards wider cultural change.

Influencing the way organisations work

2.26. **The Healthy Borough Programme has influenced the way in which partner organisations work**, particularly where partners have been involved in a specific intervention and seen the benefits first hand for their own organisation, their own strategic aims and/or the people they serve. Ways of working together are now more collaborative and organisations are thinking 'healthy borough' when planning new activities.

2.27. The Healthy Borough Programme has contributed to change in some organisations, such as a commitment to community food growing among some social landlords.

2.28. The Buywell work stream of the HBP has had some strategic influence, as NHS Tower Hamlets has worked with the Council's Town Centre delivery team to help sustain the project for a further year by demonstrating how the project contributes to town centre objectives.

2.29. HBP accreditation and award schemes have been used in the programme to influence cultural change.

> **Example: Active Play** through the play offer, is to be embedded into the work of the core Extended Services Team in Children, Schools and Families Directorate from March 2011. To date, a total of 47 schools have adopted a physical activity policy and 48 have developed a whole school food policy through the HBP.

> **Example: The independent leisure provider Greenwich Leisure Limited (GLL),** through the monitoring and evaluation process of the HBP, has been able to develop a business case for change, which influences its wider operation. Prior to its involvement with HBP, GLL had not collected detailed data on the characteristics of its users. Now the organisation has a database system in place that enables management staff to make informed business decisions on the use of its facilities.

> **Example: A social landlord** is setting up community gardens in each of the neighbourhoods where it owns properties – in recognition of the contribution food growing has to resident engagement, community cohesion and environmental improvements – important priorities for social landlords.

Stimulating community leadership and building social capital

2.30. There is evidence to suggest that **the HBP has stimulated community leadership and is helping to build social capital** through some of its work streams. The development of community leadership was an outcome for the community-led projects through community engagement and the support of community advocates.

2.31. A good example of the programme influencing leadership in the community is through the Healthy Families project. An attendee on the Healthy Families course has since been inspired to set up a walking group for local parents in the borough.

2.32. These projects have increased employment opportunities for BME women through the training and employment of female lifeguards at leisure centres. Eleven women completed the National Pool Lifeguard Qualification course and offer role models to other community members.

2.33. Social capital has also been built through increased social networks creating, for example, women-only environments, family based activities and opportunities for physical activity in a social setting. Outings were arranged to external facilities in the Borough, which increased the confidence of parents to take part.

2.34. Community projects such as local cycling groups have worked together to raise the profile of women cycling in the Borough. There is also evidence that women joined one activity such as cycling and then felt confident to go with friends to another activity such as the women only swimming sessions at the leisure centre.

"(Taking part in the Somali Folk Dance Project) has encouraged me to become a cycle instructor so I can teach other people. I also go swimming and intend to carry on swimming and cycling"

Participant, Ocean Somali's Women's Group

Example: Twenty four Early Years Centres across the Borough have achieved the Healthy Early Years accreditation mark. The idea of developing and implementing a set of standards for the Early Year settings was based on the 'Healthy Schools'/ whole organisation approach. Healthy Early Years is now going to be introduced as a criterion for assessing settings in the future.

Example: The Breastfeeding Welcome accreditation scheme built on existing work promoting breastfeeding but addressing wider environmental influences in keeping with the Healthy Borough approach. A total of 116 venues have now been accredited.

Example: Evidence from the Can Do project showed that the distribution of small grants to individual community members contributed to the development of local community leadership through personal development, the capacity for individuals to contribute to their community in the future and the likelihood of them becoming active community leaders. The HBP adopted a strong capacity building approach with the 35 community led project leads through providing support for project leaders to network with each other.

Behaviour change

2.35. The evaluation has evidenced that **the HBP has encouraged behaviour change** in statutory organisations, among staff, in local businesses and in different sections of the community (groups, individuals and families). Examples of behavioural change are illustrated below:

In statutory organisations

2.36. The research suggests that more 'health aware' attitudes and behaviours of staff mean that organisations are routinely feeding health issues into policy developments.

2.37. There is strong evidence to suggest the profile of health has increased within the Planning Department and there is some evidence of change in food offered in staff canteens, for example at NHS Tower Hamlets and Mile End Hospital, as a result of the Healthy Workplaces project.

2.38. **Among Staff:** Since Active Travel Plans have been introduced, there is evidence of 'modal shift' amongst staff at Tower Hamlets Council, with 8% of staff now cycling to work, compared with 3% at the start of the Healthy Borough Programme.

> **Example: The Buywell project** evaluation found that food retailers had responded positively to the business support, advice and incentives (e.g. food chillers and change4life branding) received, with evidence of more positive attitudes towards selling fruit and vegetables amongst the nine retailers who participated in the first year of the project.

2.39. **In local businesses:** The Food for Health Awards Scheme has had some success in encouraging food business owners to make changes to their menus and the way they prepare food, in order to offer healthier options.

2.40. Through the Active Travel work stream, 21 active travel plans have been developed with small and medium sized enterprises (SMEs) across the borough.

2.41. **In different sections of the community:** As a result of the attention given to creating a cultural and gender sensitive environment for women to undertake exercise, confidence has increased and women have been taking up other opportunities to be physically active.

> **Example: Women and girl's swimming** and women taking part in the community led project at the Ocean Somali Women's Group (Somali Folk dancing), have led to some of the women taking up physical activity opportunities in other parts of the Borough.

2.42. Through the Healthy Families initiative, some of the participants, who were mainly women, are using the leisure facilities and organising walks. There is some evidence that women attending physical activity sessions have influenced family and friends to also join in.

2.43. The HBP has reached an increased number of women from Black and Minority Ethnic communities. For example in the swimming for women and girls, there was an improved percentage take up of Bangladeshi women of approximately

(60 per cent) when compared to the Borough profile of approximately 35 per cent.

2.44. There was also evidence that some Can Do projects impacted on the attitudes and diets of Can Do participants and their families.

2.45. The Community Led projects demonstrated some daily changes in participants including increased levels of walking and reduced consumption of meat (replaced with vegetables), oil, salt and sugar in meals.

> **Example: The Healthy Families evaluation** showed that most of the parents who participated in the programme were Bangladeshi mothers in the age range 26 to 34. Sixty per cent of the parents across 10 settings said they had made changes to the family diet and 75 per cent said the whole family had become more active.

Raised profile of health among key partners

2.46. Raising the profile of health is an important step towards cultural change. Raised awareness leads to changes in attitudes, values and ultimately, changes in behaviours and working practices. Evidence of a raised profile for health among partner organisations is therefore important to document, as it will often encourage staff to use health based approaches to their work.

2.47. The Healthy Families project built on an existing service in schools that supports parents. A healthy eating and physical activity course has been offered which has been very popular with schools and parents. However, this required the Parent Support Staff in the LBTH Children, Schools and Families Directorate to gain knowledge and skills in delivering health messages. In the past there had been no involvement by the NHS in this strand of work but those links have now been made through training and support to deliver health improvement messages.

> **Example: The Healthy Spatial Planning stream** of the HBP programme has increased the awareness of health widely amongst the planning department of Tower Hamlets Council. This has been brought about through joint working between the strategic planners and the PCT through the process of developing the LDF, and also more widely through the current adoption of the Core Strategy and involvement of other planners (e.g. Development Control) in the development of the Development Planning Documents (DPD).

2.48. The majority of community members who engaged with a Can Do project said it had increased their level of health-related knowledge. Participants valued the input from professionals or community members with specialist knowledge or experience of health-related issues.

Evidence of wider influence

2.49. There is evidence to show that the Healthy Borough Programme has influenced and is working towards influencing **change outside the London Borough of Tower Hamlets**.

2.50. For example, building on the successful approach of the women only swimming sessions and the partnership between GLL and LBTH, Tower

Hamlets has been awarded Sport England's Sport4Women funding for three years to provide additional sport activities in women only sessions.

2.51. The Assistant Director for Public Health (ADPH - the main driver for the initial HBP bid) sits on a NICE expert panel, through which she is influencing and supporting the development of guidance for whole systems approaches, drawing on lessons learned through the HBP.

2.52. There is also evidence of the HBP Team engaging in wider dissemination of learning from the programme. Examples include:

- The HBP Team has developed a good relationship with the Regional Public Health Group, and through this disseminates learning, and pan-London dissemination. The team has attended a meeting of all the obesity leads in London - but discussions started on London-wide basis.

- The team has been in touch with GLA to explore options for influencing London-wide fast food production (such as contributing to the delivery of a strand of the Mayor's London Health Inequalities Strategy);

2.53. The team is involved in Healthy Towns Network and attends meetings to share knowledge and learning across the country.

3. MECHANISMS FOR STRATEGIC AND CULTURAL CHANGE

3.1. Our interim evaluation identified a number of mechanisms (which we define here as specific means or ways of working) that were key to bringing about strategic and cultural change in partner organisations through the Healthy Borough investment. These key mechanisms were found to be:

- Shared vision;
- Strong leadership;
- Partnership working;
- Learning, feedback and communications; and
- Community input and influence.

3.2. The interim evaluation evidenced the extent to which each of these mechanisms were found to be in place through the Healthy Borough Programme, to enable strategic and cultural change to occur. This final phase of the evaluation builds on our interim findings and provides more detail on a wider pool of mechanisms that have enabled change to occur. Overall, we have also found that these mechanisms are now more evident and stronger than in the first phase research, which has accelerated the pace of strategic and cultural change and increased its impact.

3.3. The key mechanisms that have contributed to strategic and cultural change can now be best described as:

- Effective leadership at all levels
- Partnership working in all areas
- Building on a strong foundation
- Financial resources as a catalyst for change
- Community engagement
- Commitment to evaluation and learning
- Strong programme identity

Effective leadership at all levels

3.4. There is evidence of some degree of leadership at all levels within the organisations involved in the Healthy Borough Partnership. This *distributed leadership* was found to be one of the most important mechanisms to bring about strategic and cultural change.

3.5. The Programme itself was designed to be led by the dedicated programme team that has managed, co-ordinated and promoted the programme in the

local authority and with partners. Other leadership functions that were put in place included a programme director and a programme board; service heads in the local authority; project leads leading projects both in the statutory and voluntary sector; and community leaders co-ordinating and delivering community projects.

3.6. The Healthy Borough Programme Team has shown itself to be a *change resource*, in terms of pushing forward the agenda and keeping programme delivery on track. For example, when 'mixed messages' arose about the use of cycling in a local park in the borough, the Programme Director took the initiative to meet with the relevant service heads to resolve the situation.

3.7. Having leadership at all levels has been important when a gap or changes occurred in the structures or leadership/champions of the HBP, which is inevitable in a two-year programme and particularly at a time of unprecedented internal and external change. For example, the original programme director of the Partnership moved to another job, the programme (which was originally led by the PCT) moved into the local authority, the chair of the Programme Board changed, the programme moved local authority departments from the corporate directorate to adult social care, and a key champion, who was leading the links with GPs and with council members, left the programme. However, because leadership was distributed at a number of levels, the strategic direction of the programme was maintained and the delivery process remained on track.

3.8. Although there is evidence of leadership at all levels, this hasn't always been consistent, which has to some extent affected the rate and scale of strategic and cultural change to date. The Board could play a stronger and more effective role in terms of all members taking on the responsibility of an active championing role for the programme's vision which could heighten transformational change. Likewise, the level of leadership has varied across both the borough council and PCT – with different levels of drive from senior managers in the various departments and teams. This is to some extent inevitable at this stage but does affect whole organisation strategic and cultural change. This is discussed further in section 4.

Partnership working in all areas

3.9. Strong partnership working in all areas was found to be a vital mechanism for strategic and cultural change. The areas where we found the strongest evidence of strategic and cultural change also tended to have strong partnerships. These included strong partnership working between the local authority and the PCT, between specific service areas within the local authority and PCT, and between the HBP and particular voluntary organisations and communities.

3.10. The way in which the initial bid engaged and involved key partners was an effective way to build ownership of work streams within service areas in the local authority. Initial negotiations and discussions around the possibilities and scope of the bid was led by the NHS but taken to different departments

for example the Planning Department of LBTH. This was based on evidence from the Foresight Report and Marmot Review on Wider Determinants of Health – reflecting that health is not entirely the responsibility of the NHS but requires a partnership-based, whole system approach.

3.11.   Associated with 'ownership within a partnership' and something that was a consciously built into the original bid was the concept of placing the programme team in the local authority – and shifting the balance from Public Health ownership to joint responsibility through more of a partnership. Some stakeholders also thought that this 'cross fertilisation' of responsibility and staff helped with the cultural shift in specific work streams:

> *"They seconded someone from Healthy Development Unit [who] worked part-time at the PCT and part-time in planning and supported the development of the Core Strategy. They had both a functional role and a symbolic role – 'health' being there with planners, in terms of trying to get cultural change."*
>
> Stakeholder, Public Health

3.12.   Inevitably, the strength of other, more specific partnerships was found to be variable because of a number of factors: the different 'starting points' of partnerships – some starting from scratch and others building on an already strong working relationship; the extent to which partners' agendas were naturally aligned; the extent of partner involvement in the original bid; the amount and nature of leverage/additional resource and personalities of those key contacts in partner organisations.

> *"I think we've always had a close relationship with the PCT, [but] the Healthy Borough Programme has definitely strengthened it."*
>
> Stakeholder, Planning Department, LBTH

> **Example: The partnership between the Planning Department of LBTH and Public Health** was based on an already strong working relationship. The Healthy Borough Programme has strengthened this partnership working through the close working relationship forged through the Healthy Spatial Planning work steam. This includes working together on the development of the Green Grid, the Core Strategy and other pieces of work such as the commissioned research into the impact of over-concentration of certain building uses.

3.13.   Another example was the partnership that existed between the Third Sector organisation PATH (Play Association Tower Hamlets) and NHS Tower Hamlets on an obesity project. The extra resource from the HBP enabled that work to progress further because the relationships were well established.

Building on a strong foundation

3.14.   A key mechanism for increasing the rate of strategic and cultural change was found to be having the strong foundation and opportunities already in place for the additional investment to capitalise upon. In other words there was

'fertile ground' to build on and to kick start programme delivery – particularly important in a short-term change programme. For example:

- the groundwork for the HBP had been started through the delivery of the Healthy Weight, Healthy Lives strategy;

- some strong partnerships were already in place (e.g. Planning and Public Health);

- the intent was there from key partners (through engagement in HWHL and involvement in the HBP bid);

- There were opportunities to take advantage of (such as the timeliness of the Core Strategy refresh and the Green Grid concept).

3.15. There were a number of examples of where partnerships already existed with the intent and enthusiasm to develop working relationships further, but not necessarily the catalyst and/or resources to enable this to happen. The HBP provided the 'push' to strengthen and build on existing work.

3.16. The Healthy Families project also built on a well-established programme being offered in schools and Children's Centres by the Parent Support Service's Parental Engagement Team and Parents as Partners in learning teams. These well-regarded services were strong foundations to add in sessions on healthy lifestyles.

> **Example: The Play Association** which was already involved in developing and implementing the Play Strategy for the borough, but financial support from the HBP allowed them to develop that further and employ Community Play Coordinators to extend their work.

3.17. The research found evidence of the HBP resource becoming available 'at the right time' to have the most effective impact. For example, the programme started when Planners were beginning to draft the new Core Strategy, which is set to a quasi-legal timeframe. This was the ideal time for additional resources from the HBP to influence that strategy. During the two-years of the HBP, a number of other strategies and policies have/are being refreshed, again giving the ideal opportunity for influence from the HBP.

Financial resources as a catalyst for change

3.18. The finance provided through the HBP has acted as a catalyst for change. These resources have brought partners together, enabling ideas and concepts to be taken forward and allowed organisations/partners to trial new ways of working to bring about change. In some areas, the financial resource has helped to engage partners in terms of affecting a cultural shift, by endorsing work streams and giving it standing through the financial investment:

> *"If you say something's important, people listen and say 'we'll see what we can do'. If you say something's important and we've got some extra money for it… [It's]*

almost as if you mean it more if you're prepared to put your money where your mouth is. Whereas in the past, there may have been a sense that health was just a passing thing… rather than health really engaging in processes."

Stakeholder, Public Health

3.19.   The HBP resource has allowed organisations to pilot food growing schemes, and coupled with promotion of successes has shown how it can be delivered and its potential benefits; extra resource has allowed HBP to work in that way. As a result, both Tower Hamlets Council, and Tower Hamlets Homes, have signed up to the Mayor of London's Capital Growth initiative, which aims to deliver 2012 new community food growing plots across London by 2012. This means that the two organisations are committed to expanding food growing over the next year.

> **Example: The Green Grid** was a concept before the HBP funding was secured, but key stakeholders felt it would have been difficult to find the necessary resources to take the concept forward either at all or in the same way, without the HBP investment. The Green Grid has been an important blueprint for the borough in terms of green space and cycle and walking routes, and since its development has fed into key strategies.

3.20.   The Community led project grants of up to £5000 were awarded to voluntary sector organisations, which helped groups to develop or expand projects where a need had been identified. For example, the Ocean Somali Community association had recognised a need for healthy lifestyle interventions in their community, and through the HBP grant they were able to run a healthy eating project and a traditional dance class.

3.21.   The Can Do project, which gave grants of up to £500 to applicants from the community, enabled community members to follow through on initiatives that were important to them and influence change in their own communities.

Community engagement

3.22.   Community engagement has been a key mechanism for change within the community – both through community led projects and participation in project activities by communities.

3.23.   There is evidence that community engagement in some cases, has led to self organisation in the community by enabling and empowering groups through the provision of small grants.

3.24.   It could be argued that community empowerment in this sense (e.g. self-organisation of community groups and activity) is a step in the right direction towards real involvement from the

> **Example: Active Travel**. Before the HBP, Tower Hamlets had a fairly well established active travel team, which mainly ran awareness campaigns and marketing drives. The HBP funding was used to support the post of an Active Travel Officer, a joint appointment between the Borough council and NHS Tower Hamlets. This brought the opportunity to wrap the work up into a broader theme, add extra activity and influence and make more explicit links with health.

community in decision-making – in partnership with statutory organisations.

3.25. However, there is little evidence to suggest that there has been any community input in strategic decision-making, which has acted as a mechanism that has helped drive strategic and cultural change in organisations and the borough more generally. In the early days of the programme, there was community representation on the HBP Board; however, this fell away and was not replaced.

3.26. For a true whole-systems approach, it is important for the programme to be clear about how communities move from engagement in projects to influence strategic decision-making and the prioritisation of mainstream resources.

3.27. This could be an opportunity to build on the funded programme and develop explicit pathways from community engagement and empowerment within communities to input as a partner to enable communities to play an active role in the Health Borough governance structures and have a meaningful involvement in delivering and sustaining strategic and cultural change.

Commitment to evaluation and learning

3.28. The Healthy Borough Team consciously tried to get the balance right between the rigour – but also rigidity - associated with performance management and a self-reflection/learning approach to motivate those involved in the delivery and development of the HBP. As such, there was a visible commitment to supporting learning and developing evaluation through the programme.

3.29. A culture of learning was built into the programme from the beginning. This has included commissioning of external evaluations at programme, theme and project level. A self-evaluation approach was introduced at the start of the programme with all projects being required to develop evaluation plans using logic models and outcome/ indicator tables. The same approach was used at strategic and programme level, and in an adapted format with community projects.

3.30. A series of action learning sets were planned for project leads to provide an opportunity to share and develop learning across the programme. These have taken place and have enabled participants to take time to reflect on progress, make connections with other work and have support to problem solve and take ideas forward.

3.31. The commitment to learning is further demonstrated by the programme manager remaining in post for two months after the programme finishes in March, order to synthesise and draw together all the learning from the various elements of monitoring and evaluation. This will enable learning from the Healthy Borough approach to inform the new public health agenda.

3.32. The research suggests that there has been more of a learning style at operational level than at strategic level, and that more could be done to

disseminate messages better externally. This is discussed further in section 4.

Strong programme identity

3.33.   Having a strong programme identity was seen as a key mechanism to driving strategic and cultural change by those involved in the HBP. Being part of the HBP brand' and feeling a part of 'something bigger' was found to be a driver and motivator for change. This has resulted from both the specific branding of the programme and the strength of its marketing and publicity drive.

3.34.   The programme team made a conscious decision to use the branding in an inclusive way, in order to get the messages out as widely as possible, while being careful to maintain some control over what is seen as part of the programme and the messages that sends out.

3.35.   There was also evidence that linking the programme's publicity to national campaigns around healthy living as a two tier approach helps raise awareness. So making connections with the national Change4Life campaign at the same time as adapting the brand locally was particularly effective.

> **Example: The Capital Growth and Change4Life programmes** were used to support the HBP's successful work around Healthy Food by helping to reinforce key messages.

4. BARRIERS, CHALLENGES AND MISSED OPPORTUNITIES

4.1.   This section of the report highlights the barriers, challenges and missed opportunities of the Healthy Borough Programme. Within the research, we explored the key factors that prevented the partnership from going 'further, faster' in terms of influencing strategic and cultural change. Where relevant, we looked at how the programme tried to overcome these as well as identifying areas where these are more likely to be addressed in future delivery.

Barriers and challenges

4.2.   The evaluation has highlighted some examples of areas where the programme could have gone further in terms of influencing strategic and cultural change. These findings as outlined below, illustrate important learning for a 'long term change through a short-term approach' such as the Healthy Borough Programme. We have also highlighted areas where the programme could work towards to tackle some of these barriers and challenges in the future.

Limits of influence

4.3.   There was some evidence of staff and the public feeling that they were receiving mixed messages about what constitutes a healthy borough in certain areas of the programme. This was found to stem from the limits of influence of the Healthy Borough Programme, where competing organisational priorities and timescales led to contradictory working practices and therefore mixed messages for the user. For example, the Breastfeeding Welcome accreditation was a successful local initiative to encourage more places to allow breastfeeding, but was not adopted by the Borough Council.

4.4.   Similarly, although the HBP gives a strong message encouraging cycling through the Healthy Travel work stream and a number of community led projects, some parks in the borough disallowed the use of bikes within them (although this has since been resolved by the Healthy Borough Team).

> **Example:** In the **Borough Council building,** the owners do not permit staff to use the stairs for insurance reasons, which means staff and visitors must use the lifts. This was seen to contradict the messages of the Healthy Borough Programme's Healthy Workplace work stream and its messages around promoting a healthy workforce.

> **Example:** **Greenwich Leisure Limited (GLL),** the local leisure provider promoted the HBP through increasing its range of physical activities and through its women and girls programme but continues to stock unhealthy foods such as crisps and fizzy drinks in its vending ...

Cascading messages 'down and out'

4.5.   There was some evidence to suggest that the extent to which key messages have been cascaded down through partner organisations and key service areas, and out into the community (e.g. key health messages and learning from projects/evaluation), could have been stronger. Our research suggests that this might have led to strategic and cultural change occurring at a faster pace.

4.6.   For example, the research found managers gave limited support to staff (in Leisure) who have not traditionally included health in their work to communicate health messages. There was also evidence to suggest that although strategic planners were bought into the Healthy Strategic Planning work stream, there is currently limited understanding of health messages from other planners such as those who work within Development Control.

4.7.   There was a delay in working with the Healthy Schools Team, within the Borough Council's Healthy Lives Team, because the team in place at the time was under review and a new team was not in place until later in 2009. This held up the ability of the Extended Schools Team to initially communicate messages to schools through the Healthy Lives Team as originally planned.

4.8.   However, there is an opportunity for the Programme Team to work on strengthening dissemination during the next phase of the programme, once key messages have been distilled from programme evaluation activity.

Changing social, economical and political environment

4.9.   The unprecedented changes in the social, economic and political environment that have arisen during the course of programme delivery have resulted in a difficult operational environment. This has no doubt affected and will continue to affect the rate and scale of strategic and cultural influence of the programme. The Programme Team factored the likelihood of some social, economical and political turbulence into the programme through designing in a certain element of flexibility. However, the level of change in terms of political priorities and public spending cuts at the present time could not have been foreseen.

4.10.   These changes have impacted and will continue to impact on a number of levels particularly relating to some of the key mechanisms of strategic and cultural change, such as sustaining effective leadership and partnerships amidst the scale of public sector cuts and inevitably, staff reorganisation and turnover.

4.11.   A changing political environment includes changes to priorities. For example, if addressing the environmental causes of health does not remain a local and national priority and there is a risk of a legislative shift to reflect a change in planning ideology, this would affect policy developments within specific areas of the HBP such as Healthy Spatial Planning.

4.12.   There is also the risk of the need for the HBP increasing at the same time as resources are decreasing, for example, in relation to rising obesity levels as a result of wider social trends.

Sustaining partnerships

4.13.   As a consequence of the rate and scale of the social, economical and political environment, the programme has come up against challenges in keeping specific partners 'on board' and sustaining partnerships in certain areas. Particularly challenging has been maintaining political involvement, Primary Care/GP engagement and challenges associated with the relatively late involvement of the schools partnership.

4.14.   Involvement of Members in programme strands was found to be patchy, but reflected upon by key stakeholders as an important driver for strategic and cultural change. In some areas, Member engagement is now being thought about in the latter stages of delivery, but on reflection, stakeholders agreed that early engagement would have been more beneficial for political buy-in and therefore wider change, such as in the Healthy Spatial Planning work stream.

4.15.   In other areas, Members have proved difficult to engage, such as for the Active Travel Team who found it difficult to find Councillors willing to champion this area of work. Member engagement has been further complicated due to the changes in the political make-up in the borough, and there is no indication yet that the Mayoral priorities align to the principles underlying the HBP.

Use of contracting, procurement and policy

4.16.   A missed opportunity has been the use of contracting, procurement and policy as levers - particularly regarding food policy. The Programme Team has reflected that building this into the Healthy Food work stream as a separate strand could have facilitated faster change as, without these levers, this has been the most difficult change for the programme to achieve.

Championing role of the Board

4.17.   Another missed opportunity, but which remains an opportunity for developing future programme governance, has been to encourage all Board members to take on more responsibility for a more formal championing role for the programme. This would represent real transformational leadership, which in some cases does occur, such as the new representation from the Local Authority, but there isn't evidence that this is consistent across the board. This is an area that will need longer to develop, but which has the potential to influence the rate and scale of strategic and cultural change in the context of going forward into more turbulent times (e.g. the reorganisation of Public Health).

5.   CONCLUSIONS

Value added by the Healthy Borough Programme

5.1.   In this report, we have evidenced and illustrated the extent to which strategic and cultural change has taken place in Tower Hamlets and pinpointed the mechanisms which have driven and enabled this change to happen.

5.2.   But how much can these changes – and the mechanisms that have brought them about – be attributed to the Healthy Borough Programme? Through robust qualitative research and analysis - asking searching, depth questions around attribution and exploring 'critical incidents' - we have assessed the contribution that the HBP specifically has made to strategic and cultural change i.e. how the programme has added value.

5.3.   The key ways in which the HBP was found to add value were:

Building on existing work

5.4.   The HBP facilitated expansion of existing work. For example, community food gardens existed in Tower Hamlets prior to the Healthy Borough Programme, but the HBP gave the 'push' needed to create a critical mass of activity for sustainable cultural change, and prompted organisation to think about it more strategically. Buywell was initiated as part of the Well London programme, but with additional HBP funding, it was able to deliver much more in Tower Hamlets than otherwise would have been possible.

5.5.   HBP also gave the opportunity for organisations to develop activities where a need had been identified but they had not been able to address it. For example, there was a business risk for the leisure provider to put on women and girls swimming sessions, to tackle the under-use from the Bangladeshi community. The money from the HBP allowed that risk to be reduced and the sessions to be offered.

Giving coherence, structure and shape to existing projects

5.6.   HBP gave coherence, structure and shape to existing projects and activities through bringing together a number of initiatives under one work stream such as Active Travel or Healthy Eating. This raises the profile which in itself helps to make a bigger impact. It also helps delivery gets to a scale that can make a critical difference (the 'threshold effect').

> *"The HBP has brought a number of initiatives together – walking and cycling, aspects of Green Grid – all that is spatially encapsulated in the Core Strategy"*
>
> Stakeholder, local authority

Enabling innovation, ideas and concepts to be taken forward

5.7.   The HBP has enabled innovation – the additional resource meant that ideas and concepts could be taken forward, providing a test bed for new approaches. Without this investment, some of the most influential pieces of work in terms of affecting strategic and cultural change may not have happened.

5.8.   For example, the HBP supported innovation through initiatives such as the Food for Health Awards. As well as supporting this pilot, the programme funded research, which helped shape the approach and has given a greater understanding of the views of fast food businesses and customers. This has generated new learning about how to influence existing businesses.

5.9.   Although the Green Grid was a concept before the HBP funding was secured, key stakeholders felt it would have been difficult to find the necessary resources to take the concept forward either at all or in the same way, without the HBP investment.

Embedding health into work streams

5.10.   The HBP has helped to embed health into work streams - making current links with health more pronounced or explicit as well as nurturing new links. This is unlikely to have happened without the programme.

5.11.   The HBP has strengthened the health focus of key documents including the Local Development Framework, which is set to a strict, quasi-legal timeframe. The HBP is also enabling the more detailed policy documents to contain robust evidence around over-concentration of use, for example, which will ensure that planners have the necessary tools to properly consider health implications of planning decisions.

Learning from the programme

5.12.   There are many examples of strategic and cultural change that have been brought about by the Healthy Borough programme. If Tower Hamlets is to build on these it is important to go beyond promoting success to reflecting on the learning from the two year programme.

5.13.   Specifically it is important to understand what has and worked well and not so well; what are the necessary mechanisms and resources to drive and/or enable strategic and cultural change; what barriers and risks need to be considered and how best can these be overcome?

5.14.   The evaluation has shown that the key learning from the programme, in terms of what is needed to achieve cultural change in a complex system, is being able to identify the positive **mechanisms for change** – sometimes thought of as 'success factors'. These can be summarised as:

- Using an evidence-based rationale for the original HBP bid and building in 'mainstreaming' from the beginning

- Putting in place leadership at all levels – strategic, operational and project delivery – in all partner organisations for transformational change

- Building on existing partnerships and developing new ones - to foster new working relationships and encourage collaboration with partner responsibility and accountability through 'ownership' of work streams

- Linking in with wider initiatives – to help the HBP reinforce its messages and spread its influence more widely

- Using funding as a catalyst to build relationships with local communities to increase participation and engagement - and recognising the importance of community involvement in partnerships to sustain this progress

- Using high profile communications and branding to build a Healthy Borough identity

- Fostering a learning culture – to involve all delivery staff, partners and stakeholders in reflection and continuous improvement

- Adapting to the changing policy context – through flexibility and identifying opportunities as well as being prepared to tackle new challenges

Sustaining strategic and cultural change

5.15.   Given the fast changing external environment, it will be important to use learning from the healthy Borough programme to maintain and build on the strategic and cultural change that has been achieved.

5.16.   The biggest risk to the future sustainability of the programme is the ending of the specific HBP resources in a context of budget cuts and restrictions on public sector spending. These resources do not only include the funding for specific projects and work streams, but also for a dedicated Programme Team and project leads in a number of areas.

5.17.   Against these risks must be balanced both the increased profile of the healthy borough agenda and new opportunities to take advantage of this.

5.18.   The evaluation has found that health is now being embedded in a wide number of service areas, including planning, travel, play and leisure so there should be acceptance of a 'business case' that further support will require mainstream service budgets rather than 'special projects'.

5.19.   There are also opportunities to embed health into public services still further, not least through the new responsibilities that local authorities will have for public health (to be in place by April 2012). The government's localism approach also stresses the importance of agencies working together – and with local communities – through a 'Community Budgeting' approach' (currently being piloted in relation to families with complex needs) whereby

"councils and their partners will have greater flexibility to work across boundaries in health, policing, worklessness and child poverty."
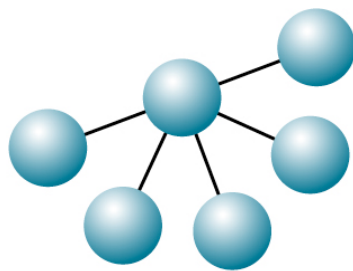
5.20. Taking advantage of the opportunities and combating the risks will require the mechanisms for change that we have identified through the evaluation, to remain in place and in some cases, be strengthened further.

6. RECOMMENDATIONS FOR THE FUTURE

6.1. To build on achievements to date, strengthen the mechanisms that helped bring these about, and address any barriers, challenges and missed opportunities, we recommend that:

- The findings from this evaluation, together with those from the synthesis of all the HBP programme and project evaluations, are disseminated widely to all partners, delivery organisations and other stakeholders to encourage learning from the programme and provide a focus for discussions about how to sustain and build on the strategic and cultural change that has been achieved so far;

- The Board's role of providing strategic direction for a Healthy Borough and championing this approach in all partner organisations and the wider community is strengthened by the addition of several community representatives together with voluntary and private sector partners;

- Mainstream resources are allocated to fund a Healthy Borough Director post to support the Board and provide operational leadership and co-ordination to encourage healthy living to be embedded in all statutory organisations and public services in Tower Hamlets;

- A wider Healthy Borough Network is set up to bring together operational leads and service managers who are promoting health in their work areas. This would provide a structured opportunity to share learning and good practice as well as peer support for participants as 'change agents'; and

- A fund for supporting small, community led Healthy Borough projects is established drawing from partners' resources, as well as investigating any relevant external grants, to encourage and sustain this strand of activity.

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