Section 5: health promotion and preventative services

Health promotion projects in Wiltshire

a single version of the truth

NHS Wiltshire Clinical Commissioning Group

Wiltshire Council
Where everybody matters

Wiltshire Assembly Public Services Board

Related briefings in the JSA for Health and Wellbeing

Briefing (and hyperlink)	Section
Entire section	Health inequalities
Cancer	Burden of ill-health: general health
Cardiovascular disease	Burden of ill-health: general health
Respiratory disease	Burden of ill-health: general health
Mental health	Burden of ill-health: mental health and neurological disorders
Entire section	Health promotion and preventative services
Economy	Wider determinants of health

Outcome Frameworks summary

The Public Health Outcomes Framework for England, 2013-2016[1] outlines the overarching vision for public health as "to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest". The following indicators from this framework are relevant to this section.

Framework	Reference	Indicator
Public Health	1.16	Utilisation of green space for exercise/health reasons
Public Health	1.18	Social isolation
Public Health	2.11	Diet
Public Health	2.12	Excess weight in adults
Public Health	2.13	Proportion of physically active and inactive adults
Public Health	2.14	Smoking prevalence – adults (over 18s)
Public Health	2.23	Self-recorded wellbeing
Public Health	4.3	Mortality rates from causes considered preventable
Public Health	4.4	Under 75 mortality rate from all cardiovascular diseases
Public Health	4.5	Under 75 mortality rate from all cancers
Public Health	4.13	Health-related quality of life for older people

Edition

Edition	Version no.	Changes/Comments
2013/14	1	New report for 2013/14

Executive summary

Wiltshire Council's Public Health department commissions projects aimed at improving the health of the population and addressing inequalities. Projects vary according to need and audience. Recent projects have been aimed at increasing physical activity, losing weight, stopping smoking, improving self confidence, managing debt, increasing access to health information and building social capital.

Project	Approximate numbers per year
Active Health: GPs refer patients to Leisure Service specialists coordinators for appropriate activity	3,828 (1st Feb 2012 – 31st Oct 2013)
Slimming on referral: GPs refer patients with BMI over 30 to join Slimming World or Weight Watchers.	852 and increasing
Stop smoking service: patients can self refer or be referred by a wide variety of agencies for help to stop smoking.	5,000
Health Information and Support Service - HISS community nurses in libraries are often able to make contact with vulnerable and socially isolated people who might not contact a GP	3,700
Citizens Advice staff in GP practices help with a wide range of issues including benefits, debt, housing etc where these impact upon health	400
Health trainer programme recruits and trains local Health Trainers who provide peer support in their own community	350
Free family swimming offered to families of overweight children	In first 6 months 1,000 families contacted – 56 families used facilities
Bike It Plus: cycle training in schools	3,300 pupils plus teachers and parents
ASSIST: peer support to stop smoking in schools	200-400 year 8 pupils
Health MOTs: events organised by the Stop Smoking Service to deliver health checks in the community or workplace	850 in 9 months
Counterweight: specialist primary care staff trained to provide detailed advice on diet and nutrition	220
AnyBody can Cook (ABC)	200
Walking, running and cycling groups aimed at the general population	2,000
Community pharmacy campaigns	7,000 members of the public
Behaviour change workshops	130 staff members

Overall, these projects directly reach many thousands of people each year; and indirectly influence many more through such schemes as behaviour change support. Most of the initiatives are targeted (e.g. at those overweight, smoking or having a condition which could benefit from increased physical activity). By accepting the service or support, those in need are self-selected, therefore, health inequalities are addressed, as risky lifestyle behaviours tend to be higher in lower socio-economic groups.

Health promotion projects are often located in specific geographic areas of need. The general health promotion programmes are most used by those from deprived areas.

Conclusions

A healthy lifestyle is the best protection against avoidable disease in all sectors of the community. A healthy lifestyle is, therefore, of value to all. Although many of the projects, either by location or inclusion criteria, successfully target those most in need, success in these groups is often more difficult to achieve. The sections on Active Health, slimming on referral and smoking cessation illustrate this challenge as there can be an apparent effect of increasing inequalities. It is therefore, important to continue efforts to target the hard to influence groups.

Active Health

Active Health is a scheme where GPs refer patients, with conditions likely to be improved by exercise, to a leisure centre for a tailored 12 week programme. 3,823 people had participated in the scheme between February 2012 and October 2013. This report is in addition to the reports produced by the Active Health Team. It focuses on deprivation analysis and considers the 1,667 patients who started between February 2012 and January 2013. As well as standard referrals, 126 patients were referred for specialist services: for stroke recovery, CHD, and stability and balance.

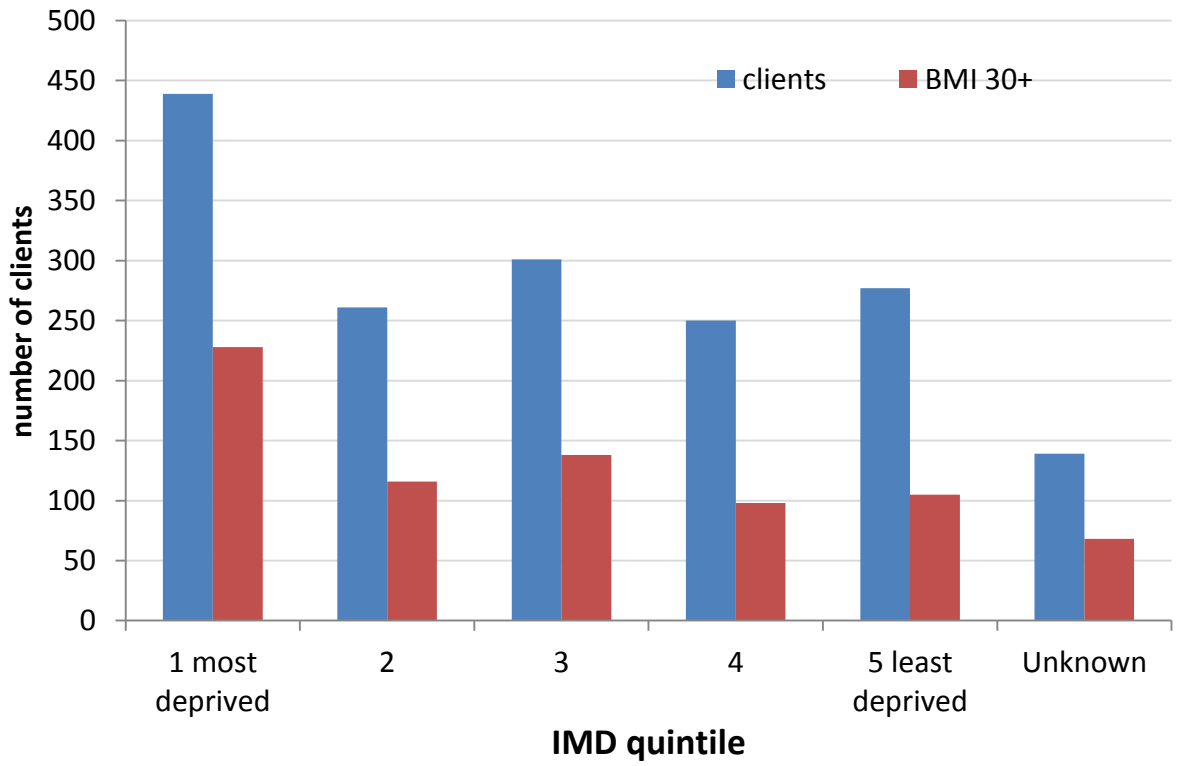
Age and sex of participants

There are more women than men in every age-group. The peak age is 40-49.

Deprivation

When postcodes of clients were linked to quintiles of deprivation using the Index of Multiple Deprivation analysis showed that 26% of clients were from the most deprived quintile of Wiltshire, and 42% were from quintiles 1 and 2.

Figure 1: number of clients, and number of clients with BMI 30+ by IMD quintile



Source: Active health database

Reasons for referral

43% of patients were referred for overweight or obesity, 23% for impaired strength or mobility, 11% for back pain and 10% for mild depression. Apart from obesity there was no obvious social patterning.

Extreme overweight and IMD

BMI is measured at entry and at review, although the review data are not yet available. Overweight or obesity is the common reason for referral, and figure 1 shows that it is socially patterned. 52% of those in quintile 1 had a BMI of 30+, while the average of all clients is 45%.

Non completers

16% of patients did not complete, of whom 12% did not start. Of the non starters, 1% found alternative exercise. Others who did not start felt it was 'not for them', wanted to defer for health or family reasons, did not answer, or were deterred by expense.

Outcomes

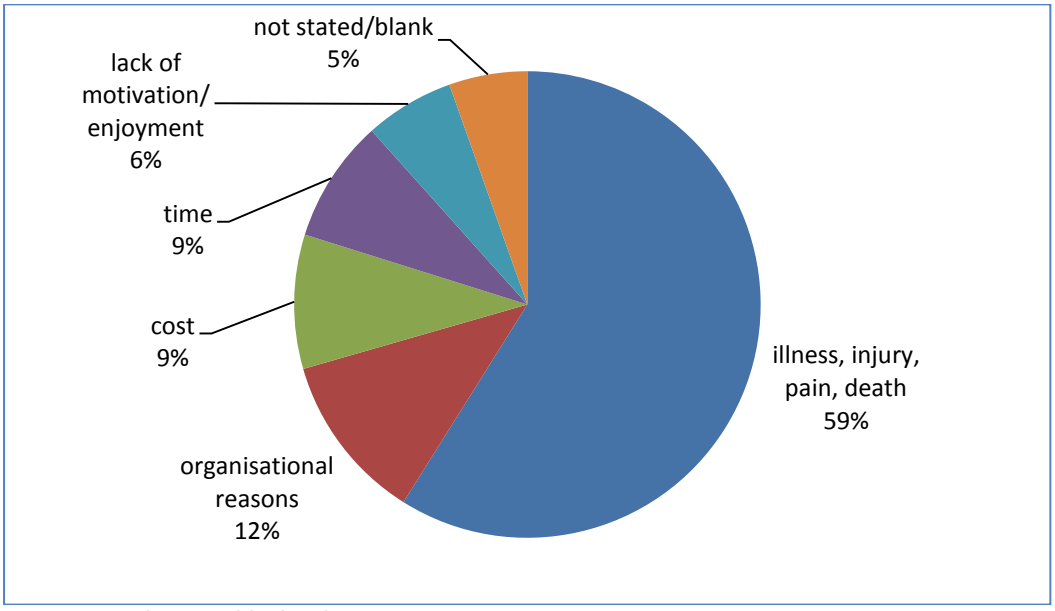
Problems of record linkage (now addressed) made it difficult to match records at review. It was possible to analyse the records of 417 clients.

Continuing to exercise

70% of clients were still exercising at 6 months. In quintile 1 (most deprived) this was lower at 60%, while all other quintiles were very similar. The range of exercise was very wide, but the most popular were gym (42%), walking (20%), exercise class (10%) and swimming (9%).

The most common reason for not exercising was illness, injury, pain, death (59%). Cost was 9%, lack of time 9%, lack of motivation or enjoyment was 6%. In the most deprived quintile cost was cited by 11% of participants. Organisational reasons were mentioned by 12%. These included lack of organisation, lack of referral, pool closure, location and parking.

Figure 2: reasons for not continuing to exercise



Source: Active Health database

Summary

Target group: people who need physical activity to improve health.

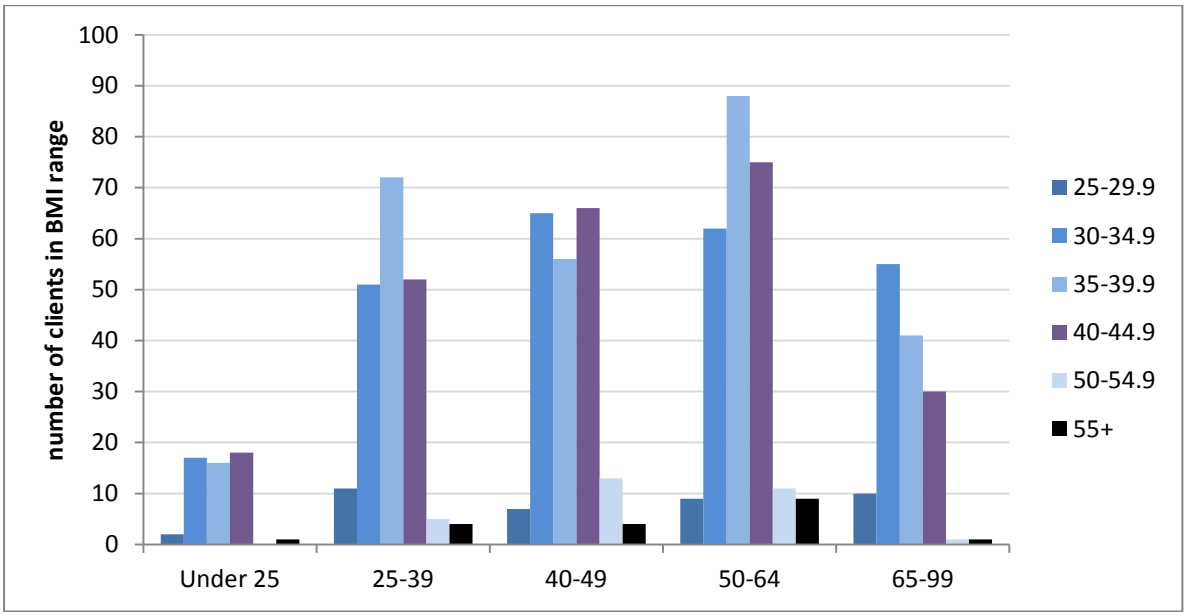
Inequalities: Obesity and inactivity are socially patterned. 42% of clients are from the most deprived two quintiles.
Outcomes: The Exercise after Stroke Programme has been evaluated by Glasgow Caledonian University and participants have seen a 38% improvement in basic functional Timed Up and Go, and Sit to Stand tests and a 31% improvement in participant's perception of their recovery from their stroke.

Slimming on referral

In 2012/13 852 clients with BMI of 30+ (or 28+ with co-morbidities) were referred by GPs and signed up to attend either Slimming World or Weight Watchers sessions for 12 sessions. Success is defined as losing at least 5% of starting body weight. Data from both organisations were combined for analysis. There appeared to be little difference in the success of the two organisations.

86% of clients were female, 14% male. 44% were aged between 35 and 54. Generally clients referred were heavier up to the age of 64. Slimming World attracted younger clients.

Figure 3: BMI range by age-group

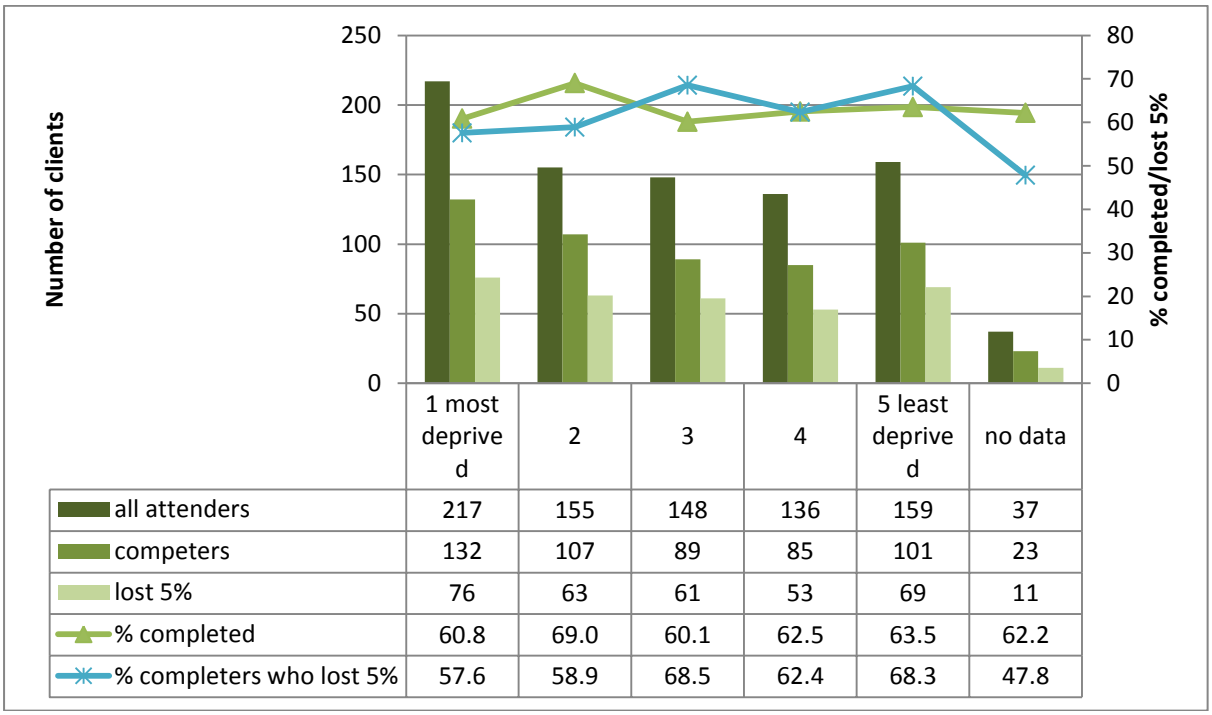


Source: Wiltshire slimming database

Inequalities

The project attracted more people living in the most deprived areas of Wiltshire. 26% of clients came from IMD quintile 1 (most deprived). Clients from quintile 2 were most likely (69%) to complete the course: of those who completed the course, 62% lost 5% or more of bodyweight. There was little difference in weight loss by IMD. The average weight loss for completers was 6.5 kilos.

Figure 4: attenders, completers, and success rates by IMD quintile



	1 most deprived	2	3	4	5 least deprived	no data
all attenders	217	155	148	136	159	37
competers	132	107	89	85	101	23
lost 5%	76	63	61	53	69	11
% completed	60.8	69.0	60.1	62.5	63.5	62.2
% completers who lost 5%	57.6	58.9	68.5	62.4	68.3	47.8

Source: Wiltshire slimming database

Outcomes

63% of clients completed the course (attended 10 or more sessions). Weight loss increased with the number of sessions attended. Of the 537 clients who completed:

- 62% lost 5% of more of bodyweight.
- 9% of clients lost 10% or more.
- One patient lost 38% of bodyweight.
- 94% lost 1% or more.
- 2% of clients either failed to lose weight or gained weight.
- Retention rose from 49% in the 25-34 age-group, to 82% in the 75+ group.
- Clients with lower initial BMI were slightly more likely to complete, with the exception of the very small number of patients with initial BMI of 60+, who all completed the course.
- There was little difference between organisations: Slimming World 61% success, Weightwatchers 66%.

The project is successful in supporting weight loss in those who complete the course. Attention might be given to those who, having been referred, do not start the course, and those who start but do not complete

For more information see the Wiltshire Intelligence Network[2]

Summary

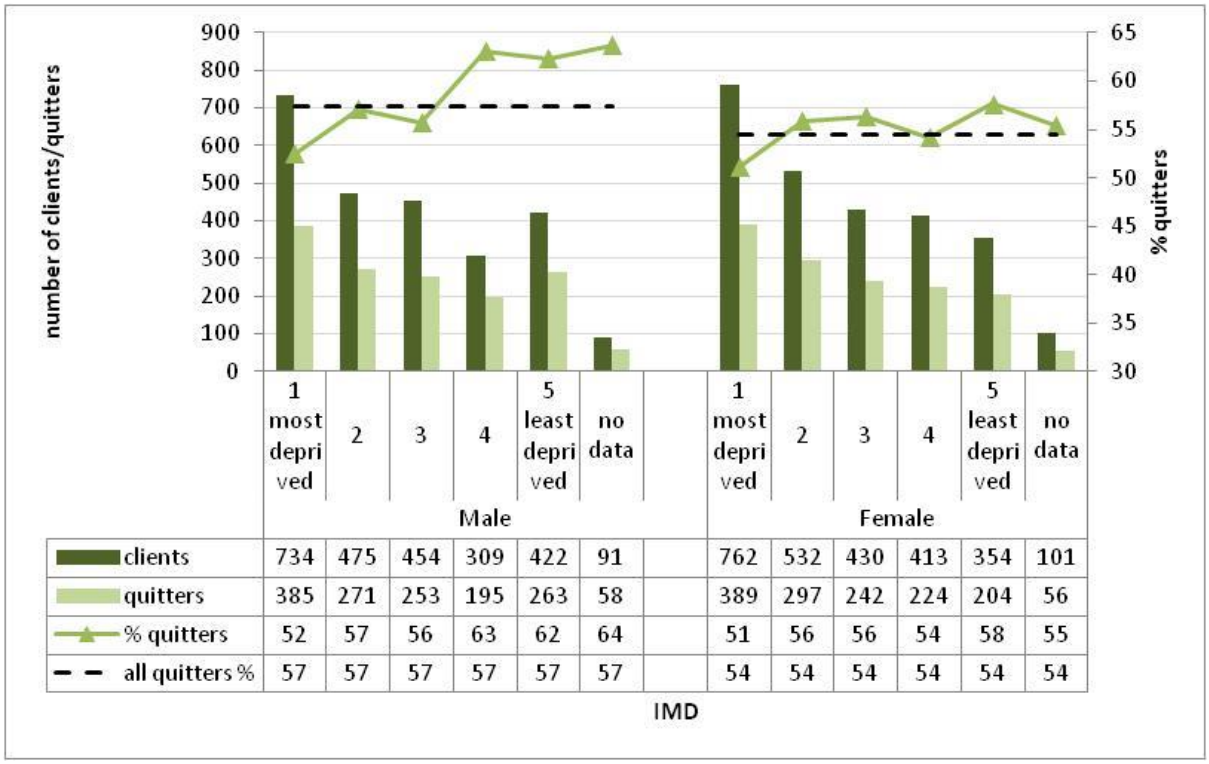
Target group: overweight or obese people.
Inequalities: more clients from deprived areas.
Outcomes: good weight loss for clients who completed the course.

Stop smoking service

The Health Profile for Wiltshire[3] calculates that 651 people each year die each year of smoking related diseases, and that 17% of adults over 18 smoke. Although these rates are lower than England, smoking remains the biggest single cause of preventable mortality and morbidity in the world.[4.] To this end Wiltshire commissions a Stop Smoking Service. The success of the service is described in the health and wellbeing JSA smoking section briefing. This report concentrates on inequalities aspects, not previously analysed.

In 2012/13, 5,077 (2,485 men and 2,592 women) had contact with the stop smoking service. Some of these are returning clients, but it is not possible to distinguish between these and new clients. There were also 110 prisoners from HMP Erlestoke (analysed separately).

Figure 5: clients, quitters and success rates by IMD quintile



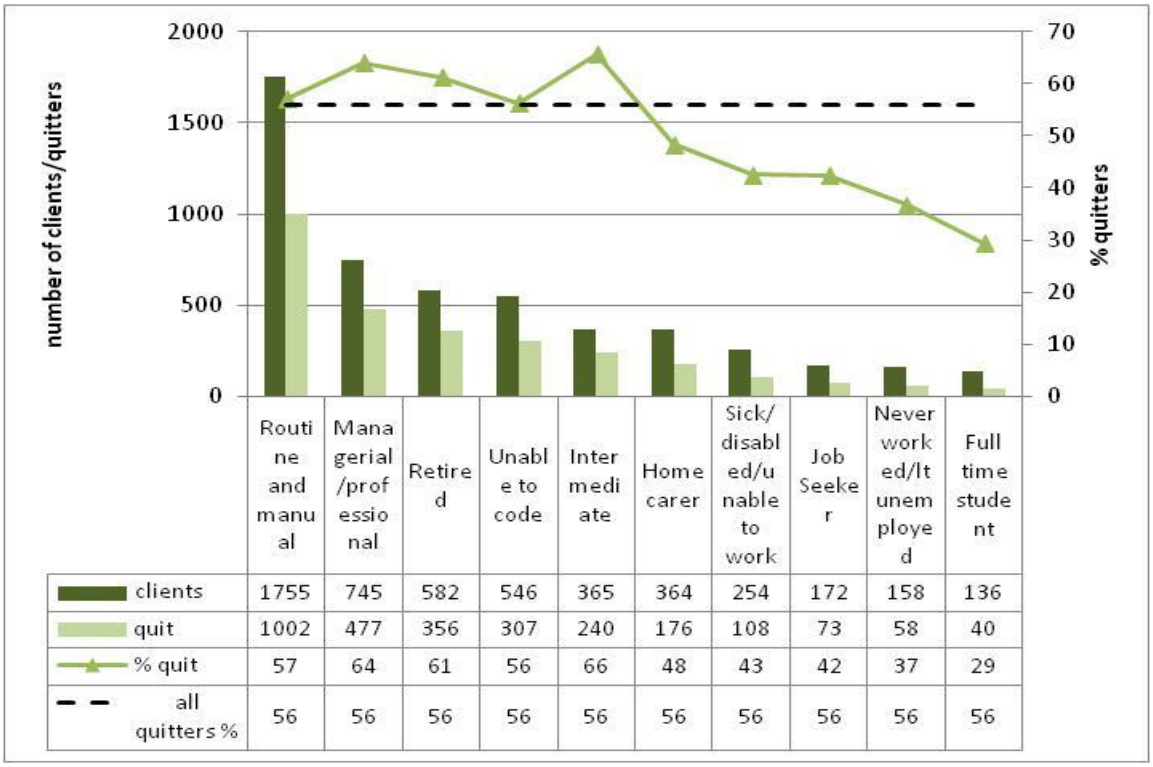
	Male						Female					
	1 most deprived	2	3	4	5 least deprived	no data	1 most deprived	2	3	4	5 least deprived	no data
clients	734	475	454	309	422	91	762	532	430	413	354	101
quitters	385	271	253	195	263	58	389	297	242	224	204	56
% quitters	52	57	56	63	62	64	51	56	56	54	58	55
all quitters %	57	57	57	57	57	57	54	54	54	54	54	54

Source: Wiltshire Stop Smoking database

The socio-demographic profile of clients reflects the known social patterning of smokers. 30% of clients live in the most deprived quintile, and 49% in quintiles 1 and 2.

Routine and manual workers were the most common occupational group (35%) followed by managerial and professionals at 15%. The Public Health England Tobacco Control Profile[5] indicates that 25.9% of routine and manual workers smoke, so it important to target this group.

Figure 6: clients, quitters and success rates by occupational group



	Routine and manual	Managerial/professional	Retired	Unable to code	Intermediate	Home carer	Sick/disabled/unable to work	Job Seeker	Never worked/lt unemployed	Full time student
clients	1755	745	582	546	365	364	254	172	158	136
quit	1002	477	356	307	240	176	108	73	58	40
% quit	57	64	61	56	66	48	43	42	37	29
all quitters %	56	56	56	56	56	56	56	56	56	56

Source: Wiltshire Stop Smoking database

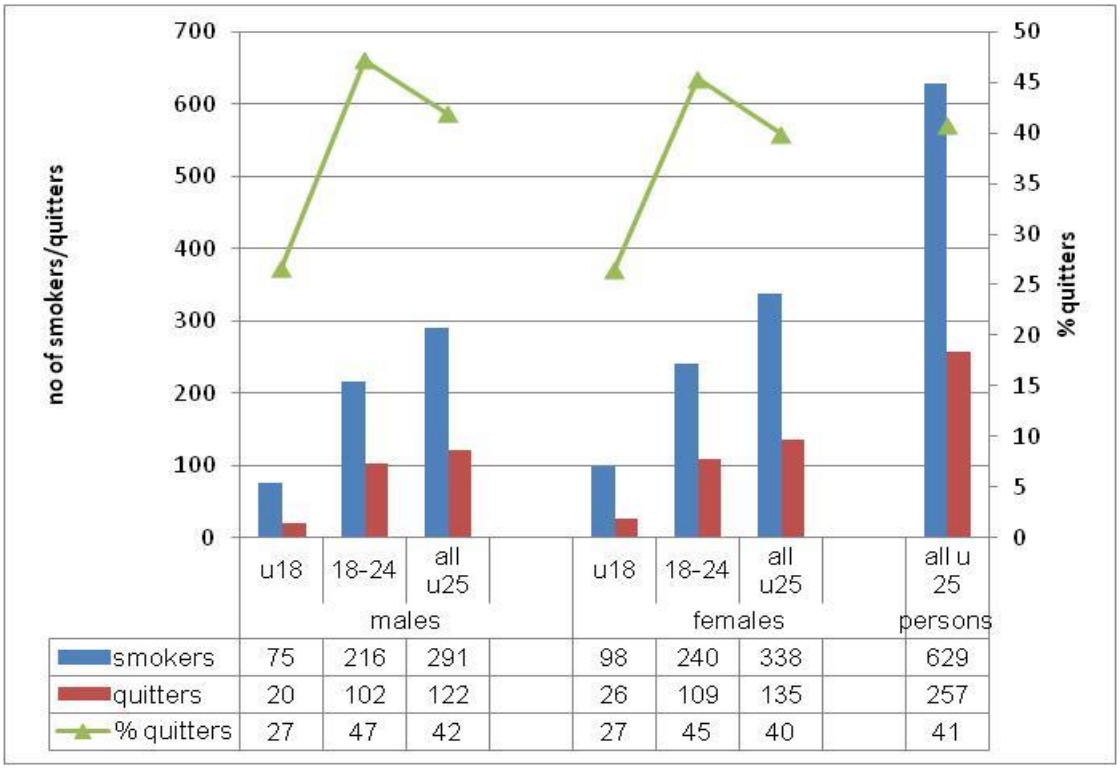
Success rates

Figure 5 and demonstrates that people living in the least deprived quintile were the most successful at quitting smoking, their success rate was 60%. Quintile 1 (most deprived) had a success rate of 52%. This has the effect of increasing inequalities. The same result is seen when analysed by occupational group (figure 6). Intermediate workers (66%) and managerial and professional groups (64%) had best results. Rates were low among those who had never worked or were long term unemployed (37%) and full time students (29%). Overall, the success rate of 56% is higher than the national average of 52%.

Smokers under 25

Of all the smokers contacting the stop smoking service 629 (12%) were under 25. They followed the socio-demographic distribution of the adult smokers. Quit rate of under 18s was 27%, but of the 18-24 age-group was 46%. For all under 25 the quit rate was 41%. There was little difference between sexes.

Figure 7: clients, quitters and success rates of smokers under 25



	males			females			persons
smokers	75	216	291	98	240	338	629
quitters	20	102	122	26	109	135	257
% quitters	27	47	42	27	45	40	41

Source: Wiltshire Stop Smoking database

HMP Erlestoke

110 prisoners from HMP Erlestoke set a quit date in 2012/13. They ranged in age from 22 to 59, with the peak age 30-34. Quit rate was 48%, lower than the county average of 56%. It is possible that some of those lost to follow-up may have moved from the prison. Quit rates by age or ethnic group are not robust. In 2014 the prison will become smoke free.

Summary

Target group: smokers
Inequalities: the service is successful in targeting and reaching our most deprived communities
Outcomes: those with the highest rates of smoking have lower quit rates than others.

Health Information and Support Service (HISS)

Started in 2009, HISS is a partnership project between Wiltshire Council Library Service and Public Health, the NHS and Macmillan Cancer Support. The aim of the service is to deliver a health information and support in a neutral setting

The scheme provides a community nurse in twelve libraries, for half a day each week, who provides advice or signposting. Between April 2012 and March 2013, the service dealt with 3,662 enquiries, which is an average of 6.3 people asking for help or advice at every weekly session. Table 1 shows the type of enquiries received

Table 1: HISS: types of enquiry

	Number of enquiries	%
General health	2270	62
Cancer advice	549	15
Mental health	586	16
Social care	146	4
Other health issues	110	3
Total	**3662**	**100**

Source: HISS project

Each month a particular national or local health campaign is the focus, e.g. stop smoking, breast cancer awareness, men's health. The nurses often use these and blood pressure testing as a way starting conversations with the public.

77% of clients were between 35 and 80. Although only 2.6% of clients were under 18, the service was heavily used by younger people in holiday periods. 61% of clients were female. 94.5% of clients were White British, and 3.8 other white groups.

Local library staff often refer members of the public to the nurse if they feel it appropriate when answering an enquiry or if they have concerns about a regular user. The library has also extended its range of health books to help back up the service

Summary

Target group: People who would not access GPs for health information eg men and those who are less confident/articulate.
Inequalities: Accessing vulnerable and socially isolated people.
Outcomes: much appreciated by patients. Nurses suggest that many problems (some serious) are being dealt with for patients who do not have the confidence to book a GP appointment.

Citizens Advice in GP practices

Started January 2012 in two (later three) GP practices, the project offers free, confidential, impartial, and independent advice and support by trained Citizens Advice Bureau staff on a wide range of issues. The two advisors each work 18.5 hours a week. Clients are referred by any of the practice staff, or increasingly self refer.

> "*It is hoped that by getting to the roots of the issues that are troubling our clients, such as finances, housing problems and employment, and dealing with the problems quickly and effectively, that we can reduce long and short term stress and anxiety. This should lead to improvements in their general health and wellbeing, which in turn will reduce the need for prescribed medication as well as freeing up GP time.*"

During the year April 2012 to March 2013, advisors held 391 appointments. This does not include failed appointments and cancellations. There has been a noticeable increase in activity in 2013 as the service becomes more established. 60% of appointments concern benefits.

Table 2: Citizens Advice in GP practices: types of enquiry

	Number of enquiries	%
Benefits	235	60
Debt	66	17
Housing	39	10
Employment	16	4
Other	35	9
Total	**391**	**100**

Source: CA project

Improved mental health

The first 50 clients to complete questionnaires at the beginning and end of the sessions were analysed. Part of this is the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), which consists of a list of statements which the client ticks to assess the level of mental well-being the client before and after receiving help. Of these, 46 completed both sets of the WEMBS wellbeing questionnaire. In 72% of cases the score improved. Overall the average improvement was 16.4%. 70% of clients rated the service as either 'better than expected' or 'very useful'. 6% rated it 'not as good as expected'. There was little evidence of less smoking or drinking, which might have been hoped for as a side effect of receiving help. There was, however, a decrease of people doing no exercise, and an increase of those doing moderate exercise. This is likely to improve physical and mental health.

Summary

Target group: patients whose health is felt to be worsened by non-health problems.
Inequalities: the advisors work in some of the most deprived practices in the county and tackle the problems of some of the most disadvantaged people.
Outcomes: many clients have improved benefits. Personal testimonies speak of empowerment. Practice staff give very positive feedback.

Health trainers

The role of Health Trainer was first outlined in the 2004 White paper 'Choosing Health'. Since their inception they have generated a great deal of interest from commissioners, collaborators and members of the public. They offer 'support from next door' rather than 'advice from on high' and their aim is to:

- Target 'hard to reach' and disadvantaged groups.
- Increase healthy behaviour and uptake of preventative services.
- Provide opportunities for people from disadvantaged backgrounds to gain skills and employment.
- Reduce health inequalities.

Health Trainers need no prior qualifications but a good understanding of the community they will work in. Being a good communicator is key to the role. They are trained to City and Guilds Level 3 in order to work on a one to one basis to support behaviour change and improve health. The health trainers themselves gain knowledge and self esteem. The transferrable skills can be used to support future employment and learning. They concentrate on behaviours in their clients associated with ill health including unhealthy eating, often linked to obesity, stopping or reducing smoking, increasing physical activity, sensible drinking, reducing anxiety and boosting self esteem. They also have a key role in signposting and supporting access to other services and activities.

The Health Trainer works with a client for six sessions, building motivation and confidence to enable the client to help themselves and maintain the changes. Goals are set early in the process, achievement monitored at the end, and maintenance is ascertained 6-8 weeks after the end of the project. Each service is tailored to its clientele and projects vary widely across England.

More information on Health Trainers can be found in the Health Trainers section briefing for the health and wellbeing JSA.

Wiltshire projects

HMP Erlestoke

This project has been running since 2009, prisoners are recruited as health trainers. The transient prison community means that health trainers need to be recruited and trained on an annual basis. On average there are 2.5 (whole time equivalent) trainers at any one time. Between August 2012 and July 2013, 62 prisoners were recruited. Clients are mostly young males, reflecting the prison population.

One hundred and fifteen mini goals were set, of which 86% were achieved, 7% part achieved. These most often related to exercise or diet. Clients' wellbeing was tested using the measure WHO5, and the score improved by 26%.

Longer term gains: Health Trainers improved self confidence. They take their skills to other prisons or into the outer world, and have used these to initiate health training programmes in other prisons, or work in other support organisations. One prisoner

now manages his diabetes by healthy eating and exercise. Another has maintained a 3 stone weight loss.

Wiltshire Probation Trust

Two ex-offenders have become trainers who work with discharged prisoners. Wiltshire trainers supported 262 clients from the beginning to end of March 2013. They are 84% male, and mostly young. 68% of clients are from quintiles 1 or 2 or of no fixed abode.

The goals set include supporting alcohol reduction, healthy eating, exercise, stop or reduce smoking, social skills. 80% of goals were fully achieved, and clients report improved WHO 5 scores and good qualitative outcomes. In the initial assessment the health trainers check clients are registered with a GP and dentist. If not they support registration. Clients are supported to engage with voluntary or paid work and many have been successful.

WASP (Wiltshire Addiction Support Project)

The WASP health trainer supports the second phase of recovery from drug and alcohol misuse. The project was set up in July 2011. In 2012/13, 210 goals were set, of which 51% related to alcohol, and 32% to diet. Overall, the goals were achieved in 75% of cases, and achieved or part achieved in 91% of cases. Many of the clients have maintained abstinence. The goals often support a client to build structure into their day and can be simple changes such as eating breakfast. Many clients have started to engage with communities, including voluntary work and evidence shows a clear improvement with family relationships.

Community First: support to military families

Trainers work in the Tidworth area to support military and civilian personnel and their families. This project has suffered from change of personnel. The health trainer supported the military health fairs and worked closely with the skilled for health programme. The community Health Trainers programme which will be launched in 2014 will continue to support military families.

Successes

Within the programme as a whole 91% of goals set were achieved or part achieved. Health trainers increase their confidence. Prisoners who trained often helped to set up similar services in other prisons or in association with probation services.

Not all clients are suitable or ready for this intervention, and some may be directed to other services. Where this is an appropriate intervention clients often report improvements in lifestyle, wellbeing, volunteering, applying for paid work. Objectively, most report improved mental health scores.

Free family swimming

(Report on first 6 months)

The free family swimming scheme is currently targeted at parents/carers of children identified as overweight or obese in the National Child Measurement Programme (NCMP) and families attending a MEND 7-13 (child obesity) programme. It extends and complements the existing free swimming for under-16s in school holidays. In 2013-14 the audience will be increased to include participants on ABC Cooking in Children's Centres. The scheme will also be offered by school nurses to motivated families with children in school Years 1 to 5.

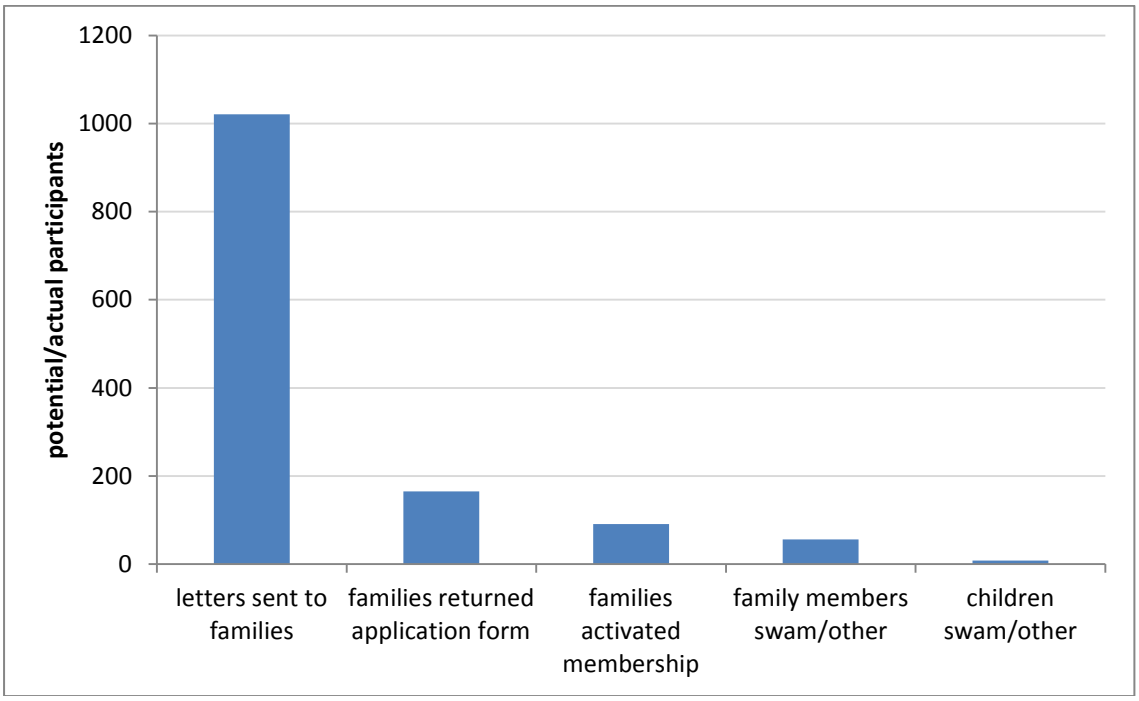
The project started in October 2012, and currently data are available for October 2012 to end of March 2013. The limited data period means that not all activity associated with the scheme will have been captured, e.g. if memberships have been applied for but no activities have been undertaken as yet. More complete record keeping in future will allow further analysis.

1,021 NCMP letters with swimming applications were sent between October 2012 and the end of March 2013. 165 (16%) families returned the application form. Of these, 91 families (55% of applicants) actually set up / activated their membership at their local leisure centre (representing 352 people).

Of the 91 families who received their membership cards, 56 (62%) were subsequently recorded as swimming or using other facilities – this usage was spread between 128 persons (36% of the number of people who were set up with a membership).

Within this group only 18% of NCMP measured children participated in any leisure activities (and that seemed restricted to Year 6). Some parents/carers used the facilities very extensively, swimming up to 44 times, and a small number used gym facilities without swimming.

Figure 8: NCMP contacts, membership, and active children



Source: family swimming database

Summary

The fact that the majority of people offered this (free) service did not take it up suggests that cost is only one of the barriers to activity.

Target group: families of overweight children.
Inequalities: since overweight and obesity is socially patterned this attracts some families in need.
Outcomes: very low take-up.

Bike It Plus

A project funded jointly by the Wiltshire Public Health Department and Sustrans to encourage schoolchildren in active travel. Apart from tackling obesity and inactivity there is evidence linking physical activity, concentration and educational attainment. The BikeIt officer works with a key member of staff and groups of pupils to develop a program of events and activities tailored to the needs and interests of each school.

In the 2012/2013 academic year the officer worked in 17 primary schools with a total of 3,316 pupils, and also engaged with teachers and parents. She runs many different events including assemblies, breakfasts, bike maintenance sessions and coaching sessions. Next year two secondary schools will be added.

Summary

Inequalities: Schools are chosen on a basis of need.
Outcomes: this is a long term project.
Case Study: Holt Primary school became a BikeIt plus school in 2011. Since then there has been an 8% decrease in pupils driven to school, and a 19% increase in scooting and cycling to school.

ASSIST (A Stop Smoking In Schools Trial)

The ASSIST programme aims to reduce smoking and other risk behaviours in Year 8 pupils. It is based on an understanding of the importance of social influence and identity in the adoption of smoking and other risk behaviours by adolescents. Rather than falling victim to the pervasive influence of peer pressure, the ASSIST programme harnesses peer influence and utilises social networks, social interaction and peer socialisation to promote the benefits of being smoke-free. The programme encourages new norms of smoking behaviour by:

- identifying the most influential young people in Year 8,
- training them to engage in informal conversations with their peers about the effects of smoking and the benefits of not smoking and
- supporting them over a ten week intervention period.

As of August 2013, nine schools in Wiltshire received training, and two more are planned. The programme is delivered by a peripatetic team of experienced trainers, with the main two-day training session held away from the school premises. The training manual details the critical components of the training and follow-ups, as well as other additional activities to be included and tailored to the requirements of each specific school.

Summary

Inequalities: the schools are selected according to deprivation and smoking rates.
Outcomes: While no local evaluation is yet available, the national ASSIST programme has been evaluated by a randomised controlled trial funded by the Medical Research Council, and has been shown to be effective in reducing smoking amongst school students over a two year follow up period. The results of the trial have been published in the Lancet[6].

Health MOTs

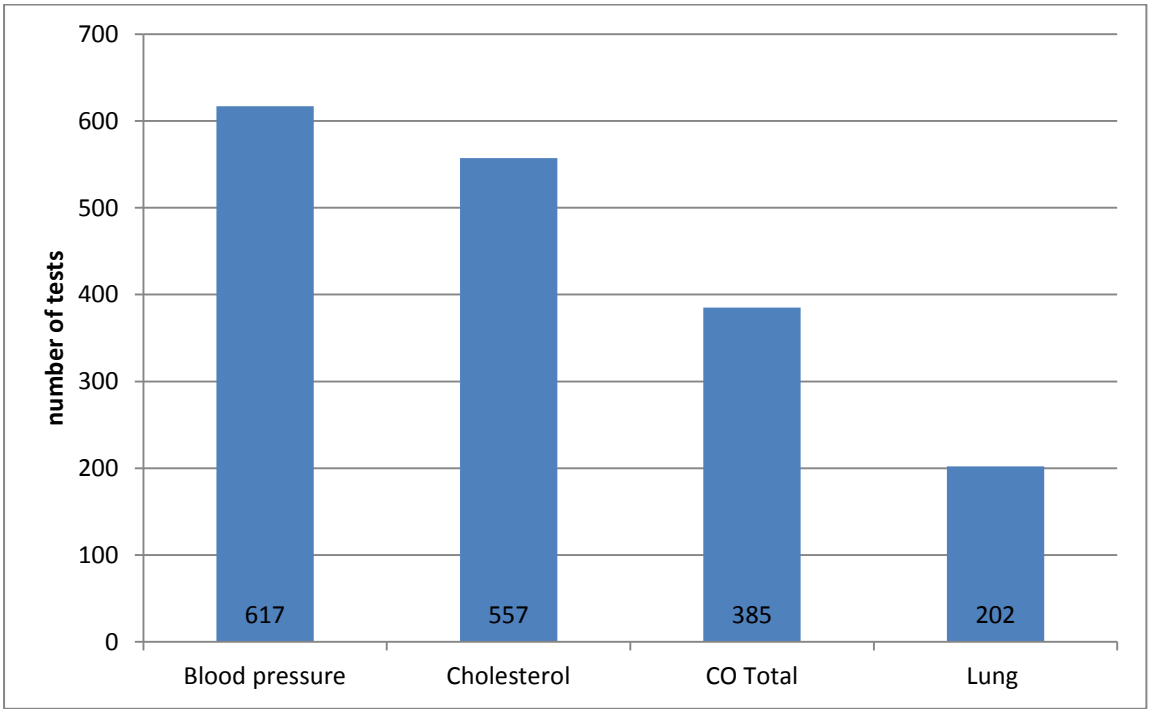
This programme is a series of events organised by the Stop Smoking team to deliver health check activities in an accessible way to people in the community or workplace. The events are located in health fairs, supermarket car parks, trading estates, military locations, and others. The aim is to contact those, particularly men, who through time or disinclination might not access a GP.

In the period from February to October 2012, 25 events were held. More than 1,700 tests were carried out on about 850 people. Not all tests are offered on every occasion. The most common test offered was blood pressure, 35% of all tests. Cholesterol was tested in 30% of consultations.

The carbon monoxide test identifies not only smokers, but also those who work or live in a smoky atmosphere. Non-smokers who test positive for Carbon monoxide have a high risk of smoking related diseases.

Lung screening is for early stages of COPD. The aim is to reduce unplanned hospital admissions and warn patients whose lung function might have been impacted by the atmosphere in which they work.

Figure 9: Health MOTs: tests offered to clients



Source: MOT data

Summary

Inequalities: the fact that of those tested for carbon monoxide 83% were smokers suggests that the events were appropriately targeted.
Outcomes: overall 42% of patients tested received written information, and 9% reached the threshold for referral to a GP or practice nurse. 83% of all receiving a CO test were smokers. Of these, 243 were given stop smoking support at the event and 121 (31% of the smokers) were referred to the stop smoking service.

Counterweight

Counterweight is a nationally developed weight management programme for delivery in Primary Care and has a significant evidence base demonstrating its effectiveness. The programme is delivered in Wiltshire within 20 GP Practices by Primary Care nurses who are trained and supported by dieticians experienced in weight management. Patients on the Counterweight programme clients tend to have more co-morbidities and a medical setting may be more appropriate to their needs.

The programme offers tailored advice to patients with a Body Mass Index (BMI) of 30 or more, aiming to achieve a weight loss of 5-10% of their initial body weight. This brings measurable health benefits and a reduction of risk from diseases associated with being overweight or obese, such as coronary heart disease, type 2 diabetes, osteoarthritis and some cancers.

A 12-week Counterweight in the Workplace group programme has also been trialled in several locations in Wiltshire with very similar results to those achieved in primary care. Counterweight dieticians also run clinics within some GP surgeries.

Summary

Outcomes: In 2011/12 there were 220 clients. 36% of those starting Counterweight are achieving the 5% weight loss goal. This compares favourably with the 14% who achieved this target in the original trial. Some practices are achieving even better results - up to 78%. This is Wiltshire's best result since the programme began in 2007.

AnyBody can Cook (ABC) workshops

Re-commissioned for 2013-14 and extended to include an offer of achieving Level 2 Food Safety & Hygiene qualification. During 2012-13, 52 families took part in the 6-week courses at Children's centres with 48% assigned to quintile 1 (see table 3). In total about 200 participants were involved including 117 children.

Table 3: AnyBody can Cook: deprivation

Deprivation quintile	Description	No. of families	%
1	Most deprived	25	48.1%
2		7	13.5%
3		8	15.4%
4		3	5.8%
5	Least deprived	9	17.3%

Inequalities: nearly half the families lived in the most deprived quintile.

Cycling, walking and running groups

These are organised by Wiltshire Council for the whole community

Skyrides

A series of cycle rides, sponsored by British Cycling, organised over summer of 2013. There were 25 rides of varying difficulty.

168 people cycled on 269 occasions. 46% of participants either did not give a valid postcode or gave a postcode outside Wiltshire. Those who lived in Wiltshire and gave a postcode were spread evenly across deprivation quintiles. 50% were in the 35 to 44 age-group.

Most participants are already frequent cyclists. Only nine participants (8% of those who gave information) appeared to be infrequent cyclists.

Summary

Inequalities: participants were drawn from all areas.
Outcomes: difficult to assess.

Get Wiltshire Walking

Walking for Health is an initiative of the Department of Health and Natural England jointly with Wiltshire Council, as part of a package of public health initiatives aimed at getting people more active in order to benefit their health. A key aim of the Walking for Health was to contribute towards moving sedentary and less active people.

Nationally, the project has shown a decrease in the proportions conducting no physical activity per week and an increase in the proportions conducting physical activity on one or two days per week[7] despite showing a decrease in the proportion doing activity on three or more days per week.

Local participation figures show that walks run from 18 different centres. In 2012/13, 9,684 person walks of people 16+ were recorded. It is not possible to determine how many individual people are involved. 73% were women, and 419 were new participants.

Summary

Inequalities: no information is available. This is an ideal activity for all ages, as costs and equipment are very low. This is a good activity to signpost for patients coming to the end of a referral to Active Health or slimming.
Outcomes: local evaluation is very positive. Good case studies of walkers with greatly improved health and social networks.

Running

Wiltshire Council organises running groups, in collaboration with Run England. In 2012/13, 12,868 person runs were recorded. It is not possible to determine how

many people ran. 75% of runs were made by women and 573 made by new recruits during 2012/13.

Summary

Inequalities: no information is available.
Outcomes: local evaluation is very positive. Good case studies of runners with improved health and weight loss.

Wiltshire Community Pharmacies (evaluated Public Health Campaigns)

The national Pharmacy Contract stipulates that community pharmacies should take part in six public health campaigns annually as an essential service. The audience available to pharmacies is different to that of other 'health outlets' such as GP surgeries and therefore usefully extends the reach of public health campaigns. Public Health staff in Wiltshire, both when part of the NHS and now as part of Wiltshire Council, liaise with the Local Pharmaceutical Committee (LPC) over the provision of health promotion campaign materials and the evaluation of outcomes.

Table 4: pharmacy campaigns since November 2012

Campaign	Period	Pharmacies Engaged*	Numbers of campaign materials taken by customers or referrals
Alcohol scratch cards	Nov / Dec 2012	39 (54%)	1,519 customers; 750 (49%) recorded with high or medium alcohol risk result
No smoking Day	March 2013	26 (36%)	1,425 customers approached; 87 stop smoking referrals; 413 referral flyers (customers wanting to pass to smoking friend/family member)
Sun / cancer awareness	May / June 2013	31 (43%)	2,222 information postcards and themed child colouring sheets
Home Safety	July / Aug 2013	29 (40%)	1871 leaflets/flyers on child safety; adult falls; free fire home visits
STOPTOBER	Oct 2013	15 to date	Full results not currently available

***** Engaged = returned evaluation sheet to Public Health

Engagement of the 72 pharmacies in Wiltshire:

- 22 participated in three or four campaigns
- 34 participated in one or two campaigns
- 16 did not participate in any campaigns

The Local Pharmaceutical Committee and Wiltshire Council's Public Health are working jointly to increase engagement levels.

Behaviour Change training

In the UK today, behavioural and lifestyle factors are major contributors in around half of all deaths. The main contributors are smoking, unhealthy diet, excess alcohol consumption and inactive lifestyles.

Public Health provides free training programmes on supporting behaviour change. The workshops aim to identify and practice skills relevant to supporting people in helping themselves in the context of lifestyle changes that would benefit their health and well being.

The training programme which began in 2008 is available to paid and unpaid staff in statutory, non-statutory and voluntary organisations in Wiltshire who work with young people or adults.

Figure 10: numbers attending behaviour training sessions 2008/09 to 2012/13

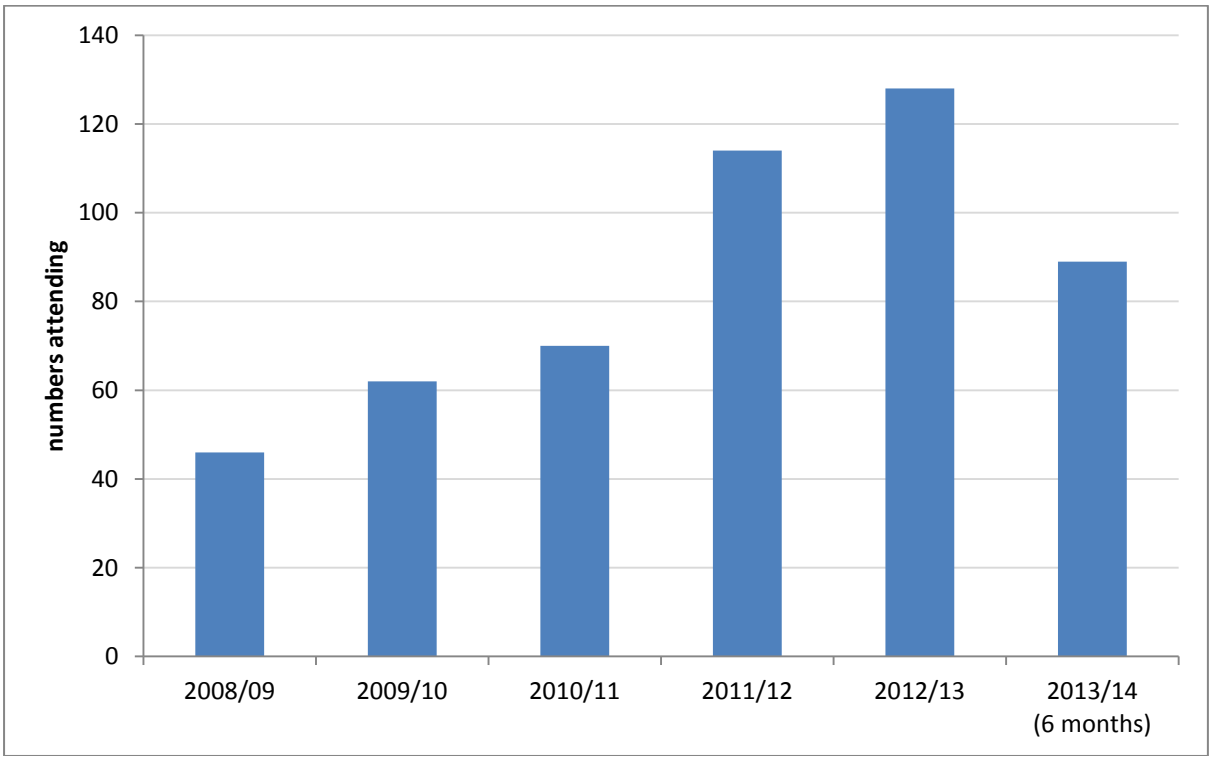


Table 5: occupational groups attending behaviour change training (Oct 2008 – Oct 2013)

Staff group	Applications
Community support (mostly voluntary organisations, adult and family social support)	155
NHS general (primary and secondary care; GP practice staff; family and community health centres; hospital staff; cardiac nurses)	128
C & YP Service (including Childrens' Centres; other C&YP focused community services)	82
Management / commissioning (PCT/CCG/LA)	32
Judicial	29
Education (school / college staff)	23
Housing (housing organisations)	21
Mental health (NHS and vol org; mental health, counselling, therapy, support)	21
Addiction services (drugs & alcohol)	12
Military Welfare (support services for military staff and their families)	12
Leisure / sport	11
Dietetics (NHS)	8
Learning disabilities	8
Physiotherapy (NHS)	6
Total	**548**

Summary

Outcomes: the training programme has attracted attendees who interact with the public in a wide range of contexts. As such the potential for eliciting behaviour changes across Wiltshire is immense, being directly correlated with the total number of people that trained staff interact with in their daily encounters. The number of potential behaviour change interactions (involving the skills taught) therefore continues to grow with each workshop delivered by Public Health. This over time should increase social capital as more and more people are empowered to do things for themselves in local communities.

Conclusions

A healthy lifestyle is the best protector against avoidable disease in all sectors of the community. Many thousands of people each year engage with health promotion projects. Although many of the projects successfully target those most in need, success in these groups is often more difficult to achieve. See for instance the sections on Active Health, slimming on referral or smoking cessation. Since this has the effect of increasing inequalities, efforts to target hard to reach or hard to influence groups is ever more important.

Despite the fact that on most health measures men do less well than women, they are notoriously difficult to engage in activities to improve their health. In most projects discussed here women outnumber men. The exception is Health MOTs, which are deliberately run in venues where men are the likely audience.

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[7] What impact did Walking for Health have on the physical activity levels of participants http://publications.naturalengland.org.uk/publication/2184111